PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

# CASH RECEIPTS MONETARY CONTRIBUTIONS

**C3**
(1/02)

THIS SPACE FOR OFFICE USE
100734856
11-08-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
JOE SCHMICK (PEOPLE FOR JOE SCHMICK)

Mailing Address
P.O. BOX 620

| City | Zip + 4 | Office Sought (candidates) | Election Date |
|---|---|---|---|
| COLFAX, WA | 99111 | STATE REPRESENTATIVE | 2016 |

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

| Date Received | | Amount | Total |
|---|---|---|---|
| | a. Anonymous | | 170.00 |
| | b. Candidate's personal funds deposited in the bank (include candidate loans in 1c) | | |
| | c. Loans, notes, security agreements. Attach Schedule L | | |
| | d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation | | |
| | e. Small contributions $25.00 or less not itemized and number of persons giving _____ (persons) | | |

2. CONTRIBUTIONS OVER $25.00

| Date Received | Contributor's Name, Address, City, State, Zip | Contributions of more than $100:* Employer's Name, City and State | PRI | GEN | Amount | Aggregate* Total |
|---|---|---|---|---|---|---|
| 10/12/16 | BRISTOL-MYERS SQUIBB COMPANY<br>P.O. BOX 840769<br>HOUSTON, TX 77284 | Occupation | | X | 500.00 | 500.00 |
| 10/21/16 | WASTE CONNECTIONS, INC.<br>2295 IRON POINT ROAD, SUITE<br>FOLSOM, CA 95630 | Occupation | | X | 250.00 | 250.00 |
| 10/26/16 | CAREMARK RX INC<br>P.O. BOX 287<br>LINCOLN, RI 02895-0287 | Occupation | | X | 500.00 | 500.00 |
| 10/27/16 | WASHINGTON STATE RADIOLOGICAL<br>P.O. BOX 13247<br>OLYMPIA, WA 98508 | Occupation | | X | 400.00 | 400.00 |
| 11/02/16 | WILLAMETTE DENTAL GROUP<br>6950 NE CAMPUS WAY<br>HILLSBORO, OR 97124 | Occupation | | X | 1,000.00 | 1,000.00 |
| | ☒ Check here if additional pages are attached | Sub-total | | | 2,650.00 | |
| | | Amount from attached pages | | | 1,150.00 | |

*See reverse for details.

3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT
Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4. 3,800.00

4. Date of Deposit
11/08/16

Treasurer's Daytime Telephone No.: (509)397-3121

I certify that this report is true and complete to the best of my knowledge

| Treasurer's Signature | Date |
|---|---|
| Freda Miller | 11-08-2016 |

# RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)



Candidate or Committee Name (Do not abbreviate. Use full name.)
JOE SCHMICK (PEOPLE FOR JOE SCHMICK)

Deposit Date
11/08/16

2. CONTRIBUTIONS OVER $25.00

| Date Received | Contributor's Name, Address, City, State, Zip | Contributions of more than $100:* Employer's Name, City and State | PRI | GEN | Amount | Aggregate Total* |
|---|---|---|---|---|---|---|
| 11/02/16 | WILLAMETTE DENTAL GROUP<br>6950 NE CAMPUS WAY<br>HILLSBORO, OR 97124 | Occupation | X | | 50.00 | 0.00 |
| 11/01/16 | BIOPAC<br>2324 EASTLAKE AVE. E SUITE 500<br>SEATTLE, WA 98102 | Occupation | | X | 1,000.00 | 1,000.00 |
| 11/01/16 | SEAN GRAHAM<br>416 4TH AVE SW<br>TUMWATER, WA 98512 | Occupation | | X | 100.00 | 100.00 |
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Page Total 1,150.00