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
100737335
12-11-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
PAUL S GRAVES (People for Paul Graves)

Mailing Address
PO Box 417

City	Zip + 4	Office Sought (candidates)	Election Date
Fall City, WA	98024	STATE REPRESENTATIVE	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		243.00
	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
11/17/16	LIBERTY MUTUAL INSURANCE CO 175 Berkeley St Boston, MA 02116	Occupation		X	1,000.00	1,000.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	☐ Check here if additional pages are attached	Sub-total			1,000.00	
		Amount from attached pages			0.00	*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. 1,000.00

4. Date of Deposit
11/17/16

Treasurer's Daytime Telephone No.: (206)818-5607

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

Treasurer's Signature: Paul S Graves
Date: 12-11-2016