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
100737433
12-12-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
JOSEPH F FAIN (Friends of Joe Fain)

Mailing Address
PO Box 7809

City	Zip + 4	Office Sought (candidates)	Election Date
Covington, WA	98042	STATE SENATOR	2018

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		
	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
11/06/16	GATEWAY USA LLC 8285 PERIMETER RD S SEATTLE, WA 98108	Occupation	X		500.00	500.00
11/06/16	NACDS 413 N. LEE ST. ALEXANDRIA, VA 22314	Occupation	X		300.00	300.00
11/06/16	MACPAC 965 JASPER AVE. NE OLYMPIA, WA 98506	Occupation	X		500.00	500.00
11/06/16	EMS MANAGEMENT LLC 6363 Fiddlers Freen Cir Greenwood Village, CO 80111	Occupation	X		500.00	500.00
11/06/16	FRIENDS OF WSU 227 Bellevue Way NE, #580 Bellevue, WA 98004	Occupation	X		750.00	750.00
	☒ Check here if additional pages are attached	Sub-total			2,550.00	
		Amount from attached pages			5,000.00	

*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. 7,550.00

4. Date of Deposit
11/06/16

Treasurer's Daytime Telephone No.: (253)293-5633

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

Treasurer's Signature	Date
Joseph F Fain	12-12-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
JOSEPH F FAIN (Friends of Joe Fain)

Deposit Date
11/06/16

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*
11/06/16	CEDAR GROVE ORGANICS RECYCLING 7343 E MARGINAL WAY S SEATTLE, WA 98108	Occupation	X		500.00	500.00
11/06/16	MOTOR VEHICLE SOFTWARE 29219 Canwood St, Ste 205 Agoura Hills, CA 91301	Occupation	X		1,000.00	1,000.00
11/06/16	ALLIANCE OF AUTOMOBILE 803 7th St NW, Suite 300 Washington, DC 20001	Occupation	X		500.00	500.00
11/06/16	CARDINAL HEALTH INC PAC 7000 Cardinal Pl Dublin, OH 43017	Occupation	X		250.00	1,000.00
11/06/16	CARDINAL HEALTH INC PAC 7000 Cardinal Pl Dublin, OH 43017	Occupation		X	250.00	250.00
11/06/16	MCKESSON CORP 1220 SENLAC DR CARROLLTON, TX 75006	Occupation	X		500.00	1,000.00
11/06/16	NASH CASCADIA VERDE, LLC 4790 Eastgate Mall, Suite 150 San Diego, CA 92121	Occupation	X		500.00	500.00
11/06/16	THE GLAXOSMITHKLINE PAC FIVE MOORE DR. RESEARCH TRIANGLE PK, NC 27709	Occupation	X		1,000.00	1,000.00
11/06/16	BRISTOL-MYERS SQUIBB COMPANY PO BOX 840769 HOUSTON, TX 77284	Occupation	X		500.00	1,000.00
		Occupation				
		Occupation				

Page Total 5,000.00