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
100737820
12-12-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
Karen Keiser (Friends Of Karen Keiser)

Mailing Address
PO Box 13290

City	Zip + 4	Office Sought (candidates)	Election Date
Des Moines, WA	98198	STATE SENATOR	2018

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
11/14/16	a. Anonymous	0.00	0.00
11/14/16	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c)	0.00	0.00
	c. Loans, notes, security agreements. Attach Schedule L		
	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation		
11/14/16	e. Small contributions $25.00 or less not itemized and number of persons giving 0 (persons)	0.00	

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
11/09/16	Abbott Laboratories 100 Abbott Park Road Abbott Park, IL 60064-3502	Occupation	X		300.00	1,000.00
11/09/16	Abbott Laboratories 100 Abbott Park Road Abbott Park, IL 60064-3502	Occupation	X		400.00	1,000.00
11/09/16	Abbott Laboratories 100 Abbott Park Road Abbott Park, IL 60064-3502	Occupation		X	300.00	300.00
11/09/16	Bristol Myers Squibb PO Box 840769 Houston, TX 77284-0769	Occupation	X		500.00	1,000.00
11/09/16	University of WA Edu Cmte 1501 Capitol Way South Ste 203 Olympia, WA 98501	Occupation	X		500.00	500.00
	☒ Check here if additional pages are attached	Sub-total			2,000.00	
		Amount from attached pages			1,500.00	

*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. 3,500.00

4. Date of Deposit
11/14/16

Treasurer's Daytime Telephone No.: (206)325-5013

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

Treasurer's Signature: Jason Bennett
Date: 12-12-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
Karen Keiser (Friends Of Karen Keiser)

Deposit Date
11/14/16

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*
11/09/16	WA Chiropractic Trust PO Box 525 Port Orchard, WA 98366-0525	Occupation	X		1,000.00	1,000.00
11/09/16	Heartland Dental, LLC 1200 Network Centre Drive Ste 2 Effingham, IL 62401	Occupation	X		500.00	500.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total 1,500.00