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
100738104
12-12-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
MARY L DYE (Committee To Elect Mary Dye)

Mailing Address
285 6th Street

City	Zip + 4	Office Sought (candidates)	Election Date
Pomeroy, WA	99347	STATE REPRESENTATIVE	2016

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
12/02/16	STEPHEN SALLINS 407 E Alder Ave Ritzville, WA 99169	Occupation		X	50.00	50.00
12/02/16	CONSUMER FIREWORKS SAFETY ASSN 16526 Shore Drive N.E. Lake Forest, WA 98155	Occupation		X	150.00	150.00
12/02/16	A. C LINDSTRAND 11305 E. Flagstone Lane Spokane, WA 99206	Occupation		X	40.00	40.00
12/02/16	JIM'S FERTLIZER 609 W. Main Pomeroy, WA 99347	Occupation		X	100.00	100.00
12/02/16	KALISPEL TRIBAL ECONOMIC N. Hayford Rd Airway Heights, WA 99001	Occupation		X	500.00	500.00
	☒ Check here if additional pages are attached	Sub-total Amount from attached pages			840.00 500.00	*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. 1,340.00

4. Date of Deposit
12/09/16

Treasurer's Daytime Telephone No.: (208) 791-1649

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

Treasurer's Signature: Becky Tetrick
Date: 12-12-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
MARY L DYE (Committee To Elect Mary Dye)

Deposit Date
12/09/16

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*
12/09/16	CAMBIA HEALTH SOLUTIONS PO Box 1271 Portland, OR 97207	Occupation		X	500.00	500.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
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		Occupation				

Page Total 500.00