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
100738532
12-13-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
JOHNNY R LOVICK (Committee for John Lovick)

Mailing Address
2403 157th Place SE

City	Zip + 4	Office Sought (candidates)	Election Date
Mill Creek, WA	98012	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
11/23/16	WASHINGTON MEDICAL 2033 SIXTH AVENUE SUITE 1100 SEATTLE, WA 98121	Occupation		X	1,000.00	1,000.00
11/30/16	PREMERA BLUE CROSS PO BOX 327 SEATTLE, WA 98111	Occupation		X	500.00	500.00
11/21/16	PREPARED RESPONSE, INC. 3518 6TH AVE, SUITE 200 B TACOMA, WA 98406	Occupation		X	500.00	500.00
11/21/16	LAW ENFORCEMENT ADMIN OF WA PO BOX 1358 TACOMA, WA 98401	Occupation		X	500.00	1,000.00
11/29/16	WASHINGTON COLLECTORS 521 W. MAXWELL SPOKANE, WA 99201	Occupation		X	700.00	700.00
	☒ Check here if additional pages are attached	Sub-total			3,200.00	
		Amount from attached pages			4,000.00	

*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. 7,200.00

4. Date of Deposit
12/06/16

Treasurer's Daytime Telephone No.: (425)328-4990

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

Treasurer's Signature	Date
Sabrina Combs	12-13-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
JOHNNY R LOVICK (Committee for John Lovick)

Deposit Date
12/06/16

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*
11/23/16	WASHINGTON HOSPITAL 999 3RD AVENUE STE 1400 SEATTLE, WA 98104	Occupation		X	1,000.00	1,000.00
11/28/16	WASHINGTON STATE AUTO DEALERS 621 SW GRADY WAY RENTON, WA 98057	Occupation		X	1,000.00	1,000.00
11/15/16	PEMCO MUTUAL INSURANCE COMPANY 1300 DEXTER AVE N SEATTLE, WA 98109	Occupation		X	250.00	750.00
11/29/16	ADULT FAMILY HOME COUNCIL 523 PEAR ST SE OLYMPIA, WA 98501	Occupation		X	250.00	250.00
11/18/16	AT&T SERVICES, INC. 16331 NE 72ND WAY RTC1 REDMOND, WA 98052	Occupation		X	1,000.00	1,000.00
11/28/16	WASHINGTON ASSOCIATION OF PO BOX 625 BOTHELL, WA 98041	Occupation		X	200.00	200.00
11/29/16	SUE CLOSSER PO BOX 2479 MILL CREEK, WA 98012	RETIRED MILL CREEK, WA Occupation RETIRED		X	150.00	400.00
11/29/16	C.E. CLOSSER PO BOX 2479 MILL CREEK, WA 98012	RETIRED MILL CREEK, WA Occupation RETIRED		X	150.00	400.00
		Occupation				
		Occupation				
		Occupation				

Page Total 4,000.00