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
100740744
01-10-2017

Candidate or Committee Name (Do not abbreviate. Use full name.)
Lisa Z Wellman (Friends of Lisa Wellman)

Mailing Address
PO Box 1725

City	Zip + 4	Office Sought (candidates)	Election Date
Mercer Island, WA	98040	STATE SENATOR	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous	0.00	200.00
	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
12/08/16	Delta Dental of Washington PO Box 75688 Seattle, WA 98175-0688	, Occupation		X	1,000.00	1,000.00
12/08/16	K&L Gates Continuing PAC 925 4th Ave, Ste 2900 Seattle, WA 98104-1158	, Occupation		X	300.00	300.00
12/08/16	Puget Sound Energy PO Box 97034 Bellevue, WA 98009-9734	, Occupation		X	1,000.00	1,000.00
12/08/16	WashbankPAC 1601 5th Ave, Ste 1120 Seattle, WA 98101-3603	, Occupation		X	1,000.00	1,000.00
12/08/16	Washington Beer & Wine PO Box 86 Olympia, WA 98507-0086	, Occupation		X	1,000.00	1,000.00
	☒ Check here if additional pages are attached	Sub-total Amount from attached pages			4,300.00 2,300.00	*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. 6,600.00

4. Date of Deposit
12/14/16

Treasurer's Daytime Telephone No.: (206)682-7328

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

Treasurer's Signature: Suzanne Naughton
Date: 01-10-2017

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
Lisa Z Wellman (Friends of Lisa Wellman)

Deposit Date
12/14/16

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*
12/08/16	Washington Electric Cooperative PO Box 7219 Olympia, WA 98507-7219	, Occupation		X	300.00	300.00
12/08/16	Washington Hospitality 510 Plum St SE, Ste 200 Olympia, WA 98501-1587	, Occupation		X	1,000.00	1,000.00
12/08/16	WASHINGTON STATE MEDICAL ASSN 2033 6th Ave, Ste 1100 Seattle, WA 98121-2590	, Occupation		X	1,000.00	1,000.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
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		Occupation				
		Occupation				
		Occupation				

Page Total 2,300.00