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
100740831
01-10-2017

Candidate or Committee Name (Do not abbreviate. Use full name.)
Nicole Macri (Friends of Nicole Macri)

Mailing Address
PO Box 9100

City	Zip + 4	Office Sought (candidates)	Election Date
Seattle, WA	98109	STATE REPRESENTATIVE	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
12/30/16	a. Anonymous	0.00	230.00
12/30/16	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		
12/30/16	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
12/30/16	BIOPAC 1551 Eastlake Avenue East Seattle, WA 98102	Occupation		X	1,000.00	1,000.00
12/30/16	Campaign for Tribal 1110 Capitol Way South Suite Olympia, WA 98501	Occupation		X	1,000.00	1,000.00
12/30/16	WA Physical Therapy PAC 1855 1st Street Cheney, WA 99004	Occupation		X	500.00	500.00
12/30/16	Premera Blue Cross PO Box 327 Seattle, WA 98111	Occupation		X	500.00	500.00
12/30/16	Pacific Dental Services 17000 Red Hill Avenue Irvine, CA 92614	Occupation		X	500.00	500.00
	☒ Check here if additional pages are attached	Sub-total			3,500.00	
		Amount from attached pages			1,000.00	

*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. 4,500.00

4. Date of Deposit
12/30/16

Treasurer's Daytime Telephone No.: (206) 718-8600

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

Treasurer's Signature: Jason Bennett

Date: 01-10-2017

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
Nicole Macri (Friends of Nicole Macri)

Deposit Date
12/30/16

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*
12/30/16	WA Chiropractic Trust PO Box 2163 Seattle, WA 98111	Occupation		X	1,000.00	1,000.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total 1,000.00