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
100747879
02-10-2017

Candidate or Committee Name (Do not abbreviate. Use full name.)
KRISTINE M REEVES (Friends to Elect Kristine Reeves)

Mailing Address
PO BOX 24163

City	Zip + 4	Office Sought (candidates)	Election Date
Federal Way, WA	98093	STATE REPRESENTATIVE	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		61.00
	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
12/01/16	WASHINGTON MEDICAL POLITICAL 2033 6th Ave Ste. 1100 Seattle, WA 98121	Occupation		X	1,000.00	1,000.00
12/01/16	WASHINGTON HEALTH CARE 303 Cleveland Ave SE, Ste 206 Tumwater, WA 98501	Occupation		X	1,000.00	1,000.00
12/01/16	WHPAC 999 3rd Ave, Ste 1400 Seattle, WA 98104	Occupation		X	1,000.00	1,000.00
12/01/16	WA FOREST PROTECTION ASSOC 724 Columbia St NW, Ste 250 Olympia, WA 98501	Occupation		X	250.00	250.00
12/01/16	PEMCO MUTUAL INSURANCE CO 1300 Dexter Ave N Seattle, WA 98109	Occupation		X	300.00	300.00
	☒ Check here if additional pages are attached	Sub-total			3,550.00	
		Amount from attached pages			2,000.00	

*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. 5,550.00

4. Date of Deposit
12/07/16

Treasurer's Daytime Telephone No.: (206)249-3327

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

Treasurer's Signature	Date
Camron A Schwarmann	02-10-2017

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
KRISTINE M REEVES (Friends to Elect Kristine Reeves)

Deposit Date
12/07/16

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*
12/01/16	WASHINGTON REFUSE AND RECYCLING 4160 6th Ave SE, Ste 205 Lacey, WA 98503	Occupation		X	500.00	500.00
12/01/16	DONNA CHRISTENSEN 15655 19th Ave SW Burien, WA 98166	Self Burien, WA Occupation CONSULTANT		X	1,000.00	1,000.00
12/01/16	UW EDUCATION COMMITTEE 1501 Capitol Way S, Ste 203 Olympia, WA 98501	Occupation		X	500.00	500.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
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		Occupation				
		Occupation				
		Occupation				

Page Total 2,000.00