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
100769176
06-13-2017

Candidate or Committee Name (Do not abbreviate. Use full name.)
DAVID UPTHEGROVE (Elect Upthegrove)

Mailing Address
7750 17th Ave NE

City	Zip + 4	Office Sought (candidates)	Election Date
Seattle, WA	98115	COUNTY COUNCIL MEMBER	2017

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
06/06/17	CONSUMER FIREWORKS SAFETY ASN 16526 Shore Dr. NE Lake Forest Park, WA 98155	Occupation	X		500.00	500.00
06/06/17	TEAMSTERS LOCAL 17 14675 Interurban Ave S Tukwila, WA 98168	Occupation	X		500.00	500.00
06/06/17	TEAMSTERS LOCAL 17 14675 Interurban Ave S Tukwila, WA 98168	Occupation		X	500.00	500.00
06/06/17	SEIU 775 QUALITY CARE 215 Columbia St Seattle, WA 98104	Occupation	X		500.00	500.00
06/06/17	SEIU 775 QUALITY CARE 215 Columbia St Seattle, WA 98104	Occupation		X	500.00	500.00
	☒ Check here if additional pages are attached	Sub-total			2,500.00	
		Amount from attached pages			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. 3,000.00

4. Date of Deposit
06/06/17

Treasurer's Daytime Telephone No.: (206)528-0078

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

Treasurer's Signature: Janet M Miller

Date: 06-13-2017

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
DAVID UPTHEGROVE (Elect Upthegrove)

Deposit Date
06/06/17

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*
06/06/17	TRANSDEV SERVICES, INC 9002 S 208th St, Building E105 Kent, WA 98032	Occupation	X		500.00	500.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total 500.00