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
100802474
12-05-2017

Candidate or Committee Name (Do not abbreviate. Use full name.)
JOE SCHMICK (People for Joe Schmick)

Mailing Address
P.O. BOX 620

City	Zip + 4	Office Sought (candidates)	Election Date
COLFAX, WA	99111	STATE REPRESENTATIVE	2018

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
08/17/17	ABBVIE PAC DEPT 0312, BLDG AP34-3, 1 N. N. CHICAGO, IL 60064	Occupation	X		500.00	500.00
09/12/17	AMERISOURCEBERGEN SERVICES P.O. BOX 247 THOROFARE, NJ 08086	Occupation	X		500.00	500.00
09/28/17	COMCAST CORPORATION ONE COMCAST CENTER, 1701 JFK PHILADELPHIA, PA 19103-2838	Occupation	X		500.00	500.00
09/26/17	ELI LILLY AND COMPANY 603 STEWART ST., SUITE 1014 SEATTLE, WA 98101	Occupation	X		500.00	500.00
10/09/17	DAVITA. P.O. BOX 2037 TACOMA, WA 98401-2037	Occupation	X		300.00	300.00
	☒ Check here if additional pages are attached	Sub-total			2,300.00	
		Amount from attached pages			2,750.00	*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. 5,050.00

4. Date of Deposit
11/21/17

Treasurer's Daytime Telephone No.: (509)397-3121

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

Treasurer's Signature: FREDA MILLER

Date: 12-05-2017

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
JOE SCHMICK (People for Joe Schmick)

Deposit Date
11/21/17

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*
10/19/17	DELTA DENTAL OF WASHINGTON P.O. BOX 75688 SEATTLE, WA 98125	Occupation	X		1,000.00	1,000.00
10/20/17	PACIFIC DENTAL SERVICES 17000 RED HILL AVE. IRVINE, CA 92614	Occupation	X		500.00	500.00
10/24/17	VALLY MOUA 101 KENWOOD ST. APT 110 WALLA WALLA, WA 99362-1627	Occupation	X		50.00	50.00
10/25/17	PULLMAN VISION SOURCE 238 E. MAIN STREET PULLMAN, WA 99163	Occupation	X		100.00	100.00
11/02/17	DENTAQUEST 465 MEDFORD ST BOSTON, MA 02129	Occupation	X		1,000.00	1,000.00
11/08/17	ROBERT H WHITE P.O. BOX 82 CLARKSTON, WA 99403	Occupation	X		50.00	50.00
11/08/17	ALICE J WHITE P.O. BOX 82 CLARKSTON, WA 99403	Occupation	X		50.00	50.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total 2,750.00