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
100804166
12-11-2017

Candidate or Committee Name (Do not abbreviate. Use full name.)
JOHNNY R LOVICK (Committee to Reelect Lovick)

Mailing Address
2403 157TH PL SE

City	Zip + 4	Office Sought (candidates)	Election Date
MILL CREEK, WA	98012	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
11/20/17	SILVER LAKE EYE CARE CENTER 10101 19th Ave SE Suite B Everett, WA 98208	Occupation	X		100.00	100.00
11/20/17	TOWN CENTER EYE CARE LLC 15118 Main Street Suite 600 Mill Creek, WA 98012	Occupation	X		100.00	100.00
11/20/17	SILVER LAKE EYE CLINIC 10217 19th Ave SE Suite 102 Everett, WA 98208	Occupation	X		150.00	150.00
11/20/17	FRED ARIMA 7134 NE 171st Lane Kenmore, WA 98028	Mill Creek Vision Mill Creek, WA Occupation OPTOMETRIST	X		300.00	300.00
		Occupation				
	☐ Check here if additional pages are attached	Sub-total Amount from attached pages			650.00 0.00	*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. 650.00

4. Date of Deposit
11/22/17

Treasurer's Daytime Telephone No.: (206) 486-0085

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

Treasurer's Signature: Jason Bennett
Date: 12-11-2017