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
100839655
06-20-2018

Candidate or Committee Name (Do not abbreviate. Use full name.)
BRANDON VICK (Committee to Elect Brandon Vick)

Mailing Address
PO Box 1434

City	Zip + 4	Office Sought (candidates)	Election Date
Battle Ground, WA	**98604**	**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
06/20/18	**AMERICAN INSURANCE ASSOC 555 12th St. Ste 500 Washington, DC 20004**	Occupation	X		**$1,000.00**	**$1,000.00**
06/20/18	**AMERICAN INSURANCE ASSOC 555 12th St. Ste 500 Washington, DC 20004**	Occupation		X	**$1,000.00**	**$1,000.00**
06/20/18	**PEMCO INSURANCE 1300 Dexter Avenue N Seattle, WA 98109**	Occupation	X		**$100.00**	**$1,000.00**
06/20/18	**PEMCO INSURANCE 1300 Dexter Avenue N Seattle, WA 98109**	Occupation		X	**$100.00**	**$1,000.00**
06/20/18	**MUTUAL OF ENUMCLAW INSURANCE 1460 Wells St Enumclaw, WA 98022**	Occupation	X		**$500.00**	**$500.00**
	☒ Check here if additional pages are attached	**Sub-total** **Amount from attached pages**			**$2,700.00** **$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. **$4,700.00**

4. Date of Deposit
06/21/18

Treasurer's Daytime Telephone No.: **(360)903-1552**

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

Treasurer's Signature: **Darci Vick** Date: **06-20-2018**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
BRANDON VICK (Committee to Elect Brandon Vick)

Deposit Date
06/21/18

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*
06/20/18	ENTERTAINMENT SOFTWARE ASSOC 601 Massachusetts Ave. NE #300 Washington, DC 20001	Occupation	X		$500.00	$500.00
06/20/18	ALLSTATE INSURANCE CO 18911 North Creek Pkwy Ste 301 Bothell, WA 98011	Occupation		X	$1,000.00	$1,000.00
06/20/18	PHYSICIANS INSURANCE PO Box 91220 Seattle, WA 98111	Occupation	X		$500.00	$500.00
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		Occupation				

Page Total $2,000.00