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
100877151

12-10-2018

Candidate or Committee Name (Do not abbreviate. Use full name.)
Joseph F Fain (Friends of Joe Fain)

Mailing Address
PO Box 7809

City	Zip + 4	Office Sought (candidates)	Election Date
Covington, WA	**98042**	**STATE SENATOR**	**2018**

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
11/07/18	a. Anonymous		$395.00
	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c)		$1.00
	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 0 (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
11/01/18	American Chemistry Council 700 2nd St NE Washington, DC 20002	Occupation		X	$1,000.00	$1,000.00
11/01/18	Douglas E Lein 5428 Highland Dr SE Auburn, WA 98092	Occupation		X	$50.00	$50.00
11/01/18	Lucinda M Lein 5428 Highland Dr SE Auburn, WA 98092	Occupation		X	$50.00	$50.00
11/01/18	Matrix Anesthesia, PS 3005 112th Ave NE STe 210 Bellevue, WA 98004	Occupation		X	$1,000.00	$1,000.00
11/01/18	Washington Optometric PAC PO Box 1138 Walla Walla, WA 99362	Occupation		X	$1,000.00	$1,000.00
	☒ Check here if additional pages are attached	Sub-total Amount from attached pages			$3,100.00 $1,700.00	*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. **$4,800.00**

4. Date of Deposit
11/07/18

Treasurer's Daytime Telephone No.: **(253)988-2455**

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

Treasurer's Signature: **Tom Perry**

Date: **12-10-2018**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
Joseph F Fain (Friends of Joe Fain)

Deposit Date
11/07/18

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*
11/01/18	Washington State Association of 7030 Tacoma Mall Blvd Ste 300 Tacoma, WA 98409	Occupation		X	$500.00	$500.00
11/01/18	WSPMA-PODPAC 2150 N 107th St Ste 205 Seattle, WA 98133	Occupation		X	$200.00	$200.00
11/05/18	Washington Health Care 303 Cleveland Ave SE Ste 206 Tumwater, WA 98501	Occupation		X	$1,000.00	$1,000.00
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		Occupation				
		Occupation				
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		Occupation				
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		Occupation				

Page Total **$1,700.00**