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
100970360
05-18-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)
CHRISTINE ROLFES (PEOPLE FOR CHRISTINE ROLFES)

Mailing Address
PMB 118, 19689 7TH AVE NE

City	Zip + 4	Office Sought (candidates)	Election Date
POILSBO, WA	**98370**	**STATE SENATOR**	**2020**

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
05/16/20	**PEMCO INSURANCE** **1300 Dexter Ave. N** **Seattle, WA 98109**	Occupation		X	**$300.00**	**$800.00**
05/16/20	**SIEU 775 QUALITY CARE** **215 Columbia Street** **Seattle, WA 98104**	Occupation		X	**$1,000.00**	**$1,000.00**
05/16/20	**WASHINGTON OPTOMETRIC** **PO Box 1138** **Walla Walla, WA 99362**	Occupation	X		**$500.00**	**$500.00**
		Occupation				
		Occupation				
	☐ Check here if additional pages are attached	Sub-total Amount from attached pages			**$1,800.00** **$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. **$1,800.00**

4. Date of Deposit
05/18/20

Treasurer's Daytime Telephone No.: **(206)451-4644**

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

Treasurer's Signature: **LYNN SMITH**

Date: **05-18-2020**