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
101005191

10-12-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)
ANNA M RIVERS (FRIENDS OF ANN RIVERS)

Mailing Address
PO BOX 957

City	Zip + 4	Office Sought (candidates)	Election Date
LA CENTER, WA	**98629**	**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
10/09/20	**MERCK SHARP & DOHME CORP. 2000 Galloping Hill Rd Stop Kenilworth, NJ 07033**	Occupation		X	**$1,000.00**	**$1,000.00**
10/09/20	**SMILE DIRECT CLUB LLC 414 Union St Fl 8 Nashville, TN 37219**	Occupation		X	**$1,000.00**	**$1,000.00**
10/09/20	**WILLAMETTE DENTAL GROUP 6950 NE Campus Way Hillsboro, OR 97124**	Occupation		X	**$500.00**	**$500.00**
		Occupation				
		Occupation				
	☐ Check here if additional pages are attached	**Sub-total**			**$2,500.00**	
		Amount from attached pages			**$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. **$2,500.00**

4. Date of Deposit
10/09/20

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: **10-12-2020**