

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

100711419

07-26-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
 Kelsey Hulse (Friends of Kelsey Hulse)

Mailing Address
 PO Box 3623

City: Lacey, WA Zip + 4: 98509 Office Sought (candidates): COUNTY COMMISSIONER Election Date: 2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous	0.00	25.00
	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c).....	0.00	250.00
	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 _____ (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	P R I	G E N	Amount	Aggregate* Total
07/19/16	Tom Crawford 7430 Tsuga Ct SW Olympia, WA 98512-2349		X		100.00	100.00
		Occupation				
07/19/16	Nancy Hartung 3420 Centerwood Ct SE Olympia, WA 98501		X		50.00	50.00
		Occupation				
07/19/16	JZK Inc PO Box 1210 Yelm, WA 98597-1210		X		1,000.00	1,000.00
		Occupation				
07/19/16	Judy Knight PO Box 1210 Yelm, WA 98597-1210	JZK Inc Yelm, WA	X		1,000.00	1,000.00
		Occupation Executive				
07/19/16	Laverne Lamoureux 5344 Yearley Dr NE Olympia, WA 98516-2254		X		100.00	100.00
		Occupation				
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			2,250.00	*See reverse for details.
		Amount from attached pages			2,050.00	

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.

4,300.00

4. Date of Deposit: 07/19/16

Treasurer's Daytime Telephone No.: (206) 682-7328

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

Treasurer's Signature: Josie Olsen Date: 07-26-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.) Kelsey Hulse (Friends of Kelsey Hulse)	Deposit Date 07/19/16
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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	P R I	G E N	Amount	Aggregate Total*
07/19/16	William G Moore 5244 Deerfield Park Ct NE Olympia, WA 98516-2131	, Occupation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50.00	50.00
07/19/16	Washington Federation of State PO Box 105 Olympia, WA 98507-0105	, Occupation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,000.00	1,000.00
07/19/16	Washington Federation of State PO Box 105 Olympia, WA 98507-0105	, Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1,000.00	1,000.00
		, Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		, Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		, Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		, Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		, Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		, Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		, Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		, Occupation	<input type="checkbox"/>	<input type="checkbox"/>		