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
100730894
10-27-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
JAMES (JIM) M COOPER JR. (Friends of Jim Cooper)

Mailing Address
PO Box 11396

City	Zip + 4	Office Sought (candidates)	Election Date
Olympia, WA	98508-1396	COUNTY COMMISSIONER	2016

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		110.00
	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 / Occupation	PRI	GEN	Amount	Aggregate* Total
10/24/16	DEIRDRE SULLIVAN 2234 Iroquois Dr. Fort Collins, CO 80525	Occupation		X	50.00	50.00
10/24/16	KELLY GREEN 9923 Overlook Dr. NW Olympia, WA 98502	Occupation		X	50.00	75.00
10/24/16	MATT HUOT 317 Nine Bark St. NW Olympia, WA 98502	Occupation		X	50.00	50.00
10/24/16	COLLEEN ROISE 401 San Mar Dr. NE Olympia, WA 98506	Occupation		X	100.00	100.00
10/24/16	STEPHEN KLEIN PO Box 201 McKenna, WA 98558	, Occupation RETIRED		X	650.00	1,000.00
	☒ Check here if additional pages are attached	Sub-total			900.00	
		Amount from attached pages			100.00	

*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. 1,000.00

4. Date of Deposit
10/24/16

Treasurer's Daytime Telephone No.: (360)464-7644

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

Treasurer's Signature	Date
Chris E Novelli	10-27-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
JAMES (JIM) M COOPER JR. (Friends of Jim Cooper)

Deposit Date
10/24/16

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*
10/24/16	JEANNE RAY 8049 68th Loop SE Olympia, WA 98513	MetMeds Lacey, WA Occupation PHARMACEUTICAL SALES		X	100.00	150.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total 100.00