

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

100616995

12-14-2014

Candidate or Committee Name (Do not abbreviate. Use full name.)
 PAM ROACH (Citizen's for Pam Roach)

Mailing Address
 P.O. Box 682

City: Auburn, WA Zip + 4: 98071 Office Sought (candidates): STATE SENATOR Election Date: 2014

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		4.77
	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	P R I	G E N	Amount	Aggregate* Total
12/12/14	NASH CASCADIA VERDE, LLC 9820 Towne Center Dr. San Diego, , CA 92121			X	500.00	700.00
	Occupation					
12/12/14	NASH CASCADIA VERDE, LLC 9820 Towne Center Dr. San Diego, , CA 92121			X	200.00	700.00
	Occupation					
12/12/14	ELI LILLY AND COMPANY Lilly Corporate Center Indianapolis, IN 46285			X	500.00	500.00
	Occupation					
12/12/14	NWGA WA PAC 8565 SW Salish Ln Ste. 100 Wilsonville, , OR 97070			X	900.00	900.00
	Occupation					
12/12/14	AVISTA CORP. P.O. Box 3727 Spokane,, WA 99230			X	950.00	950.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			3,050.00	*See reverse for details.
		Amount from attached pages			1,450.00	

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.

4,500.00

4. Date of Deposit: 12/12/14

Treasurer's Daytime Telephone No.: (360) 825-2400

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

Treasurer's Signature: Eileen Erickson Date: 12-14-2014

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.) PAM ROACH (Citizen's for Pam Roach)	Deposit Date 12/12/14
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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*
12/12/14	ANHEUSER BUSCH 2312 Wedgewood Dr. S.E. Olympia, WA 98501	Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	950.00	950.00
12/12/14	WA AGGREGATES AND CONCRETE 22223 7th. Ave. S. Des Moines, WA 98198	Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	500.00	500.00
		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"/>		
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		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		