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

110073806
AMENDS
110073699
02-11-2022

Candidate or Committee Name (Do not abbreviate. Use full name.)
BILL BOYCE (Friends of Bill Boyce)

Mailing Address
PO Box 6513

City	Zip + 4	Office Sought (candidates)	Election Date
Kent, WA	**98064**	**STATE SENATOR**	**2022**

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		**$200.00**
	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	PRI	GEN	Amount	Aggregate* Total
12/31/21	**GARY MCCULLEY** **18609 SE Newport Way Apt 308** **Issaquah, WA 98027**	, Occupation **RETIRED**	X		**$1,000.00**	**$1,000.00**
12/31/21	**CELESTE MCCULLEY** **18609 SE Newport Way Apt 308** **Issaquah, WA 98027**	, Occupation **HOMEMAKER**	X		**$1,000.00**	**$1,000.00**
12/31/21	**SUZANNE BERRIOS** **9506 S 234th Pl** **Kent, WA 98031**	Occupation	X		**$100.00**	**$100.00**
12/31/21	**JIM BERRIOS** **9506 S 234th Pl** **Kent, WA 98031**	Occupation	X		**$100.00**	**$100.00**
01/03/22	**NASH ALARCON** **26117 12th Avenue Ct E** **Spanaway, WA 98387**	, Occupation **RETIRED**	X		**$200.00**	**$200.00**
	☒ Check here if additional pages are attached	**Sub-total**			**$2,400.00**	
		Amount from attached pages			**$200.00**	***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. **$2,600.00**

4. Date of Deposit
01/07/22

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: **02-11-2022**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
BILL BOYCE (Friends of Bill Boyce)

Deposit Date
01/07/22

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*
01/03/22	RHONDA MALLORY 26117 12th Avenue Ct E Spanaway, WA 98387	, Occupation RETIRED	X		$200.00	$200.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total $200.00