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
100366157
07-12-2010

Candidate or Committee Name (Do not abbreviate. Use full name.)
KATHRYN M HAIGH (The Committee to Re-elect Kathy Haigh)

Mailing Address
81 SE Walker Park Rd.

City	Zip + 4	Office Sought (candidates)	Election Date
Shelton, WA	98584	STATE REPRESENTATIVE	2010

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
07/09/10	ELI LILLY AND COMPANY POBOX Indianapolis, IN 46285	Occupation	X		100.00	100.00
07/09/10	WA STATE AUTO DEALERS P.O.Box 58170 Seattle, WA 98138	Occupation	X		400.00	400.00
07/05/10	LYNDA RING-ERICKSON 100 E. Old Winery Rd Shelton, WA 98584	Occupation	X		100.00	100.00
07/07/10	ALLIANCE FOR WASHINGTON P.O.Box 7174 Olympia, WA 98507	Occupation	X		100.00	100.00
07/07/10	WA STATE DENTAL PAC 126 NW Canal St. Seattle, WA 98107	Occupation	X		800.00	800.00
	☒ Check here if additional pages are attached	Sub-total Amount from attached pages			1,500.00 800.00	*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. 2,300.00

4. Date of Deposit
07/12/10

Treasurer's Daytime Telephone No.: 490-1977

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

Treasurer's Signature: Kathryn M Haigh

Date: 07-12-2010

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
KATHRYN M HAIGH (The Committee to Re-elect Kathy Haigh)

Deposit Date
07/12/10

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*
07/07/10	WA SATE DENTAL PAC 126 NW Canal St. Seattle, WA 98107	Occupation		X	800.00	800.00
		Occupation				
		Occupation				
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Page Total 800.00