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
100367828
07-22-2010

Candidate or Committee Name (Do not abbreviate. Use full name.)
STEPHEN P THARINGER (Tharinger for State Representative)

Mailing Address
PO Box 834

City	Zip + 4	Office Sought (candidates)	Election Date
Sequim, WA	98382	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		
07/15/10	e. Small contributions $25.00 or less not itemized and number of persons giving 2 (persons)	50.00	

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
07/15/10	SANDRA MARSH 403 Fox Hollow Rd Sequim, WA 98382	Occupation	X		50.00	50.00
07/15/10	TOM RIEPE 416 Marmot Loop Port Angeles, WA 98362	Occupation	X		100.00	100.00
07/15/10	BRONSON WEST 154 Klahhane Ridge Drive Port Angeles, WA 98362	, Occupation RETIRED	X		250.00	250.00
07/15/10	JEAN HORDYK 1122 E 9th Port Angeles, WA 98362	Occupation	X		100.00	100.00
07/15/10	LAURA HORROCKS 2410 S Lincoln St Port Angeles, WA 98362	Occupation	X		50.00	50.00
	☒ Check here if additional pages are attached	Sub-total Amount from attached pages			600.00 2,000.00	*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
07/19/10

Treasurer's Daytime Telephone No.: (360)683-6480

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

Treasurer's Signature	Date
Yvonne M Yokota	07-22-2010

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
STEPHEN P THARINGER (Tharinger for State Representative)

Deposit Date
07/19/10

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*
07/15/10	JAMES WILLIAMS PO Box 908 Sequim, WA 98382	Occupation	X		100.00	100.00
07/15/10	DOROTHY NICASSIO 41 Doe Place Sequim, WA 98382	Occupation	X		100.00	100.00
07/15/10	D B MOORE 11 Opal Lane Sequim, WA 98382	Occupation	X		100.00	100.00
07/15/10	SEIU HEALTHCARE 775NW 33615 1st Way S, Suite A Federal Way, WA 98003	Occupation	X		500.00	500.00
07/19/10	WASHINGTON STATE COUNCIL OF PO Box 750 Everett, WA 98206	Occupation	X		800.00	800.00
07/19/10	JOHN DURSO 1001 NW Meadows Loop Sequim, WA 98382	Occupation	X		100.00	100.00
07/15/10	SUE ERZEN 162 Covey Run Lane Sequim, WA 98382	Occupation	X		50.00	50.00
07/15/10	BOB ERZEN 162 Covey Run Lane Sequim, WA 98382	Occupation	X		50.00	50.00
07/15/10	DIANE SALYER 663 Brigadoon Blvd Sequim, WA 98382	Occupation	X		100.00	100.00
07/15/10	JAMES SALYER 663 Brigadoon Blvd Sequim, WA 98382	Occupation	X		100.00	100.00
		Occupation				

Page Total 2,000.00