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
100715713
08-15-2016

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	2016

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
08/04/16	PORT BLAKELY TREE FARMS 8133 RIVER DRIVE SE TUMWATER, WA 98501	Occupation		X	250.00	250.00
08/04/16	WASHINGTON TECHNOLOGY INDUSTRY 2200 ALASKAN WAY STE 390 SEATTLE, WA 98121	Occupation		X	1,000.00	1,000.00
08/04/16	WASHINGTON FOREST PROTECTION 724 COLUMBIA ST NW, SUITE 250 OLYMPIA, WA 98501	Occupation		X	1,000.00	1,000.00
08/11/16	K & L GATES CONTINUING PAC 925 Fourth Ave, Suite 2900 Seattle, WA 98104-1158	Occupation		X	400.00	400.00
08/12/16	WA HOSPITAL PAC 999 Third Ave, Ste 1400 SEATTLE, WA 98104	Occupation		X	1,000.00	1,000.00
	☒ Check here if additional pages are attached	Sub-total			3,650.00	
		Amount from attached pages			500.00	*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. 4,150.00

4. Date of Deposit
08/12/16

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 Yokota	08-15-2016

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
08/12/16

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*
08/12/16	ASTRAZENECA 3906 NW 119th Street Vancouver, WA 98685	Occupation		X	500.00	500.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
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		Occupation				
		Occupation				
		Occupation				

Page Total 500.00