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
100716692
08-22-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
THOMAS E DENT (Committee to Re-Elect Tom Dent State Representative)

Mailing Address
601 Pioneer Way #396

City	Zip + 4	Office Sought (candidates)	Election Date
Moses Lake, WA	98837	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
08/15/16	L REIMANN 582 RD 'N' NW QUINCY, WA 98848	Occupation		X	50.00	50.00
08/15/16	MARDINE BROWER 1106 E SPOKANE AVE ELLENSBURG, WA 98926	Occupation		X	50.00	50.00
08/15/16	DEANNA M PEMBERTON 700 N CLE ELUM ST ELLENSBURG, WA 98926	Occupation		X	25.00	25.00
08/15/16	DONALD THOMASON 251 N EARL RD MOSES LAKE, WA 98837	Occupation		X	100.00	100.00
08/15/16	LYNN GARZA 1664 JENNIFER LANE NE MOSES LAKE, WA 98837	Occupation		X	100.00	100.00
	☒ Check here if additional pages are attached	Sub-total			325.00	
		Amount from attached pages			2,075.00	

*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. 2,400.00

4. Date of Deposit
08/15/16

Treasurer's Daytime Telephone No.: (509) 765-6926

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

Treasurer's Signature: Dayna Dent
Date: 08-22-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
THOMAS E DENT (Committee to Re-Elect Tom Dent State Representative)

Deposit Date
08/15/16

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*
08/15/16	BOB'S CAFE AT THE INN INC P.O. BOX 1117 MOSES LAKE, WA 98837	Occupation		X	1,000.00	1,000.00
08/15/16	WASHINGTON TEAMSTERS 14675 INTERURBAN AVE S Ste 301 TUKWILA, WA 98168	Occupation		X	500.00	500.00
08/15/16	WASHINGTON ASSOCIATION OF P O BOX 719 OLYMPIA, WA 98168	Occupation		X	500.00	500.00
08/15/16	PAUL KERSEY 5985 MAE VALLEY RD NE MOSES LAKE, WA 98837	Occupation		X	37.50	37.50
08/15/16	CATHY KERSEY 5985 MAE VALLEY RD NE MOSES LAKE, WA 98837	Occupation		X	37.50	37.50
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total 2,075.00