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
100729374
10-22-2016

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
10/21/16	KAREN CHAPA PO BOX 520 SEQUIM, WA 98382	Occupation		X	100.00	100.00
10/21/16	BEN CHAMBERS 1216 S. GOLF COURSE ROAD PORT ANGELES, WA 98362	Occupation		X	100.00	100.00
10/21/16	AT&T SERVICES, INC 16331 NE 72nd Way Redmond, WA 98502	Occupation		X	500.00	500.00
10/21/16	WA MEDICAL PAC 2033 SIXTH AVE, SUITE 1100 SEATTLE, WA 98121	Occupation		X	1,000.00	1,000.00
10/21/16	UNITED PSYCHOLOGIST PAC 9 South Washington St Spokane, WA 99201	Occupation		X	100.00	100.00
	☒ Check here if additional pages are attached	Sub-total			1,800.00	
		Amount from attached pages			1,300.00	
						*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. 3,100.00

4. Date of Deposit
10/21/16

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: Yvonne Yokota

Date: 10-22-2016

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
10/21/16

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*
10/21/16	DEE FRANKFOURTH 2114 NE Park Seattle, WA 98105	Occupation		X	50.00	50.00
10/21/16	PAT MACROBBIE PO BOX 1959 SEQUIM, WA 98382	Occupation		X	100.00	100.00
10/21/16	WHY-PAC 31618 NE 115th Ct Carnation, WA 98104	Occupation		X	500.00	500.00
10/21/16	PACIFIC DENTAL SERVICES 17000 Red Hill Avenue Irvine, CA 92614	Occupation		X	500.00	500.00
10/21/16	GERALD STEPHANZ 1853 Mt Pleasant Rd Port Angeles, WA 98362	Occupation		X	75.00	75.00
10/21/16	NANCY STEPHANZ 1853 Mt Pleasant Rd Port Angeles, WA 98362	Occupation		X	75.00	75.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total 1,300.00