PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 0LYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

PDC OFFICE USE 100901258

C4

(3/97)

05-05-2019

Candidate or Committee Name (Do not abbreviate. Include full name)

STEVE THARINGER (Stev	e Tharinger Sur	, plus Fu	nds Account)			
Mailing Address PO Box 834				City Sequim,	WA	
Zip + 4 98382	Office Sought (Candidate STATE REPRESENT	,	Election Date 2020			
Report Period From (last C-4) To (end of	period)	Final Report?	expenditure	<u>e</u> (i.e., an expense	not considered a contribution)
Covered 04/01/19	04/30	/19	Yes No X	supporting c	or opposing a state	e or local candidate?
RECEIPTS				*See next p	age	Yes No
 Previous total cash and in kin (if beginning a new campaign 	d contributions (From line or calendar year, see inst	8, last C-4) ruction boo	klet)		<u>-</u>	\$ \$32,445.42
2. Cash received (From line 2, S	Schedule A)			\$	\$0.49	
3. In kind contributions received	(From line 1, Schedule B))			\$0.00	
4. Total cash and in kind contrib	utions received this period	l (Line 2 plu	ıs 3)			\$0.49
6. Corrections (From line 1 or 3,	Schedule C)		Show + or	(-)	\$0.00	
	,				· · · ·	\$0.00
8. Total cash and in kind contrib	utions during campaign (C	Combine line	es 1, 4 & 7)			\$32,445.91
98382 STATE REPRESENTATIVE 2020 For PACS priod & From (last C-4) To (end of period) Report Period From (last C-4) To (end of period) Final Report? Supporting or supporting or subscript as a lindbeached supporting or opposing in a state or local conducter? RECEIPTS **See next page Yes No 1. Previous total cash and in kind contributions (From line 8, last C-4) (if beginning a new campaign or calendar year, see instruction bookle) \$\$\$\$0.49 2. Cash received (From line 1, Schedule B) \$\$0.00 4. Total cash and in kind contributions received this period (Line 2 plus 3) \$\$0.00 5. Loan principal repayments made (From line 2, Schedule L) \$\$0.00 6. Corrections (From line 1 or 3, Schedule C) \$\$\$0.00 7. Net adjustments this period (Combine line 5 & 6) \$\$\$0.00 8. Total cash and in kind expenditures (From line 2, Schedule B) \$\$\$0.00 9. Total pledge payments due (From line 2, Schedule B) \$\$\$0.00 9. Total pledge payments due (From line 2, Schedule B) \$\$\$0.00 9. Total cash and in kind expenditures (From line 1, last C-4) \$\$\$\$0.00 10. Previous total cash and in kind expenditures (From line 1, Schedule B) \$\$\$\$0.00 12. In kind expenditures (goods & services) (From line 1, Schedule B) \$\$\$\$\$\$\$\$\$\$\$\$\$						
10. Previous total cash and in kin	d expenditures (From line or calendar year, see inst	17, last C-4 truction boo	4) klet)			\$20,650.00
11. Total cash expenditures (From	m line 4, Schedule A)				\$0.00	
12. In kind expenditures (goods &	& services) (From line 1, Se	chedule B)			\$0.00	
13. Total cash and in kind expend	ditures made this period (L	ine 11 plus.	line 12)		·····	\$0.00
14. Loan principal repayments ma	ade (From line 2, Schedule	ə L)			\$0.00	
15. Corrections (From line 2 or 3,	Schedule C)		Show + or	(-)	\$0.00	
16. Net adjustments this period (Combine lines 14 & 15)					Show + or (-)	\$0.00
17. Total cash and in kind expend	ditures during campaign (C	Combine line	es 10, 13 and 16)			\$20,650.00
					\$11,795.91	
	[Line 18 should equal your bank account balance(s) plus your petty cash balance.]					
		Liabilities.		bis owed)	-	\$0.00
(206)486-0085		Balance (S	urplus or deficit) (Line	e 18 minus line	19)	\$11,795.91
CERTIFICATION: I certify that the inf	ormation herein and on accon	npanying sch	edules and attachments	is true and corre	ect to the best of my l	knowledge.
Candidate's Signature	Date		Treasurer's Signatu	ire		Date
STEVE THARINGER	05/05	/19	Jason Bennet	t		05/05/19

CASH RECEIPTS AND EXPENDITURE



Candidate or Committee Name (Do not abbreviate. Use full name.)

	`	,					
STEVE THARINGER (Steve Tham	inger Surplus	Funds Accou	nt)	04/01/19	04/30/19	
1. CASH RECEIPTS (Co	1. CASH RECEIPTS (Contributions) which have been reported on C3. List each deposit made since last C4 report was submitted.						
Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total deposits	
04/30/2019	\$0.49						
2. TOTAL CASH RECEIF	PTS			Enter a	lso on line 2 of C4	\$ \$0.49	

CODES FOR CLASSIFYING EXPENDITURES: If one of the following codes is used to describe an expenditure, no other description is generally needed. The exceptions are:

- 1) If expenditures are <u>in-kind or earmarked contributions</u> to a candidate or committee or <u>independent expenditures</u> that benefit a candidate or committee, identify the candidate or committee in the Description block;
- 2) When reporting payments to vendors for travel expenses, identify the traveler and travel purpose in the Description block; and

3) If expenditures are made directly or indirectly to compensate a person or entity for soliciting signatures on a statewide initiative or referendum petition, use code "V" and provide the following information on an attached sheet: name and address of each person/entity compensated, amount paid each during the reporting period, and cumulative total paid all persons to date to gather signatures.

C - Contributions (monetary, in-kind & transfers)

CODE DEFINITIONS ON NEXT PAGE

- I Independent Expenditures
- L Literature, Brochures, Printing
- B Broadcast Advertising (Radio, TV)
- N Newspaper and Periodical Advertising
- O Other Advertising (yard signs, buttons, etc.)
- V Voter Signature Gathering

Jamer Signatures.

2 Report Date

- P Postage, Mailing Permits
- S Surveys and Polls
- F Fundraising Event Expenses
- T Travel, Accommodations, Meals
- M Management/Consulting Services
- W Wages, Salaries, Benefits
- G General Operation and Overhead

3. EXPENDITURES

- a) Expenditures of <u>\$50 or less</u>, including those from petty cash, need not be itemized. Add up these expenditures and show the total in the amount column on the first line below.
- b) Itemize each expenditure of more than \$50 by date paid, name and address of vendor, code/description, and amount.
- c) For each payment to a candidate, campaign worker, PR firm, advertising agency or credit card company, attach a list of detailed expenses or copies of receipts/invoices supporting the payment.

Date Paid	Vendor or Recipient (Name and Address)	Code	Purpose of Expense and/or Description	А	mount
N/A	Expenses of \$50 or less	N/A	N/A		
I		1 1	Total from attached pag	es \$	\$0.00

4. TOTAL CASH EXPENDITURES