

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 100935752
 10-08-2019

Candidate or Committee Name (Do not abbreviate. Use full name.)
(COMMITTEE TO ELECT MATT BOEHNKE)

Mailing Address
6855 W. CLEARWATER AVE., STE 101 BOX 144

City: **KENNEWICK, WA** Zip + 4: **99336** Office Sought (candidates): **STATE REPRESENTATIVE** Election Date: **2020**

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	P R I	G E N	Amount	Aggregate* Total
09/17/19	EVELYN WALKLEY 4004 DESERT PLATEAU DR. PASCO, WA 99301		X		\$200.00	\$300.00
	Occupation	RETIREED				
09/17/19	PUGET SOUND CHAPTER - NECA PAC 16001 Aurora Ave. N., Ste 200 Shoreline, WA 98133		X		\$1,000.00	\$1,000.00
	Occupation					
09/17/19	NANETTE WALKLEY 4004 DESERT PLATEAU DR. PASCO, WA 99301		X		\$100.00	\$100.00
	Occupation					
09/17/19	EVELYN WALKLEY 4004 DESERT PLATEAU DR. PASCO, WA 99301		X		\$100.00	\$300.00
	Occupation	RETIREED				
09/17/19	LILA TRANSUE 5420 N. Commercial St. Tacoma, WA 98407		X		\$50.00	\$50.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$1,450.00	*See reverse for details.
		Amount from attached pages			\$50.00	

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.

\$1,500.00

4. Date of Deposit: **09/17/19**

Treasurer's Daytime Telephone No.: **(253)220-5590**

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

Treasurer's Signature: **JASON MICHAUD** Date: **10-08-2019**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
(COMMITTEE TO ELECT MATT BOEHNKE)

Deposit Date
09/17/19

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	P R I	G E N	Amount	Aggregate Total*
09/17/19	C. MICHAEL TRANSUE 5420 N. Commercial St. Tacoma, WA 98407	Occupation	X		\$50.00	\$50.00
		Occupation				
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