

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 100960827
 03-10-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)
FRANCES CHVATAL (Elect Frances Chvatal)

Mailing Address
PO Box 53

City Walla Walla, WA Zip + 4 99362 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
02/08/20	RONALD KAMMER 150 EAST CHESTNUT ST WALLA WALLA, WA 99362	Not Employed WALLA WALLA, WA Occupation RETIRED	X		\$100.00	\$135.00
02/08/20	TIM CAUDILL 625 Catherine St Walla Walla, WA 99362	Providence Health Walla Walla, WA Occupation PHYSICIAN	X		\$250.00	\$250.00
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total Amount from attached pages			\$350.00 \$0.00	*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.					\$350.00	

4. Date of Deposit: **02/12/20**

Treasurer's Daytime Telephone No.: **(206) 682-7328**

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

Treasurer's Signature: **Josie Olsen** Date: **03-10-2020**