

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 100963510
 04-10-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)
Danielle Garbe Reser (Friends Of Danielle Garbe Reser)

Mailing Address
PO Box 3297

City Walla Walla, WA Zip + 4 99362 Office Sought (candidates) STATE SENATOR 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
03/09/20	Christine Brown 906 West 26th Avenue Kennewick, WA 99337		X		\$50.00	\$50.00
		Occupation				
03/09/20	Megan Clubb 584 Ethel Road Walla Walla, WA 99362	Retired Walla Walla, WA	X		\$250.00	\$250.00
		OccupationRetired				
03/09/20	Janice Connolly 135 Camargo Lane Pasco, WA 99301		X		\$100.00	\$100.00
		Occupation				
03/09/20	Rebecca Francik 3114 West Wilcox Drive Pasco, WA 99301		X		\$100.00	\$100.00
		Occupation				
03/09/20	Karen Hedine 2523 Williams Road Walla Walla, WA 99362	YMCA Walla Walla, WA	X		\$250.00	\$250.00
		Occupation CEO				
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$750.00	*See reverse for details.
		Amount from attached pages			\$2,000.00	
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.					\$2,750.00	

4. Date of Deposit 03/09/20

Treasurer's Daytime Telephone No.: (206)745-2010

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

Treasurer's Signature Jason Bennett Date 04-10-2020

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.) Danielle Garbe Reser (Friends Of Danielle Garbe Reser)	Deposit Date 03/09/20
--	---------------------------------

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*
03/09/20	Court Wyckoff 11705 Tatum Way Yakima, WA 98908	Wyckoff Farms Prosser, WA Occupation Owner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$1,000.00	\$1,000.00
03/09/20	Katie Wyckoff 11705 Tatum Way Yakima, WA 98908	DBA Katie Wyckoff Yakima, WA Occupation Attorney	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$1,000.00	\$1,000.00
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		