

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE  
 100964017  
 04-10-2020

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
03/06/20	JULIE EGGART 90 W Teitan St Walla Walla, WA 99362		X		\$100.00	\$100.00
	Occupation					
03/06/20	HELEN KIM 625 Whitman St Walla Walla, WA 99362		X		\$100.00	\$100.00
	Occupation					
03/06/20	ROBERT FONTENOT 1142 E Isaacs Ave Walla Walla, WA 99362		X		\$50.00	\$50.00
	Occupation					
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			\$250.00	*See reverse for details.
		Amount from attached pages			\$0.00	

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.

\$250.00

4. Date of Deposit: **03/06/20**

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: **04-10-2020**