

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 100964019
 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
03/29/20	LINDA GUNSHEFSKI 625 Catherine St Walla Walla, WA 99362	Not Employed Walla, WA Occupation RETIRED	X		\$100.00	\$200.00
03/29/20	JUDITH JOHANNESSEN 1615 Sanford Avenue Richland, WA 99354	Occupation	X		\$25.00	\$90.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total Amount from attached pages			\$125.00 \$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.					\$125.00	

4. Date of Deposit: **03/29/20**

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**