

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE

100964020

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
03/11/20	ERIK GRYLER 1106 Woodlawn St Walla Walla, WA 99362		X		\$100.00	\$100.00
		Occupation				
03/11/20	TIM BARRY 859 E Tietan St Walla Walla, WA 99362		X		\$50.00	\$50.00
		Occupation				
03/11/20	BARTON PREECS 36 Parkwood Cir Walla Walla, WA 99362		X		\$50.00	\$50.00
		Occupation				
03/11/20	RENEE MILES 5905 Crestfields Rd Walla Walla, WA 98903		X		\$50.00	\$50.00
		Occupation				
03/11/20	WIN WITH WOMEN PO Box 23026 Seattle, WA 98102		X		\$500.00	\$500.00
		Occupation				
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$750.00	*See reverse for details.
		Amount from attached pages			\$100.00	

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.

\$850.00

4. Date of Deposit: **03/11/20**

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**

# RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.) <b>FRANCES CHVATAL (Elect Frances Chvatal)</b>	Deposit Date <b>03/11/20</b>
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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*
03/11/20	<b>PAUL KAMMER</b> 1005 Bluff Ave Snohomish, WA 98290	Occupation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$100.00	\$100.00
		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"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		