

**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		<input checked="" type="checkbox"/>		\$100.00	\$100.00
	Occupation					
03/11/20	TIM BARRY 859 E Tietan St Walla Walla, WA 99362		<input checked="" type="checkbox"/>		\$50.00	\$50.00
	Occupation					
03/11/20	BARTON PREECS 36 Parkwood Cir Walla Walla, WA 99362		<input checked="" type="checkbox"/>		\$50.00	\$50.00
	Occupation					
03/11/20	RENEE MILES 5905 Crestfields Rd Walla Walla, WA 98903		<input checked="" type="checkbox"/>		\$50.00	\$50.00
	Occupation					
03/11/20	WIN WITH WOMEN PO Box 23026 Seattle, WA 98102		<input checked="" type="checkbox"/>		\$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.)
FRANCES CHVATAL (Elect Frances Chvatal)

Deposit Date
03/11/20

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*
03/11/20	PAUL KAMMER 1005 Bluff Ave Snohomish, WA 98290	Occupation	X		\$100.00	\$100.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				