

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE  
 100964025  
 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 .....		
03/27/20	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>1</u> (persons)	\$25.00	

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
03/27/20	<b>THEODORE BERGSTROM</b> 198 Narcissa Pl Walla Walla , WA 99362		X		\$100.00	\$100.00
		Occupation				
03/27/20	<b>TERESA PETERSON</b> 1138 SW Bade Ave College Place, WA 99324	<b>PSMMC</b> Walla Walla, WA	X		\$250.00	\$250.00
		Occupation <b>NURSE</b>				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	<b>Sub-total</b>			\$375.00	<b>*See reverse for details.</b>
		<b>Amount from attached pages</b>			\$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.

\$375.00

4. Date of Deposit: **03/27/20**

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**