

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 100967947
 05-11-2020

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
04/30/20	THERESA LOUDERMILK 25 Whistling Duck Walla Walla, WA 99362	St. Mary Medical Center Walla Walla , WA OccupationNURSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$250.00	\$250.00
		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"/>		
	<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: **04/30/20**

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: **05-11-2020**