

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 Zip + 4 Office Sought (candidates)
Walla Walla, WA 99362 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	X		\$250.00	\$250.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total Amount from attached pages			\$250.00 \$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.

\$250.00

4. Date of Deposit

04/30/20

I certify that this report is true and complete to the best of my knowledge

Treasurer's Signature

Date

Josie Olsen

05-11-2020

Treasurer's Daytime Telephone No.: (206)682-7328