

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE  
 100967950  
 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 .....		
<b>Various</b>	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>3</u> (persons)	<b>\$57.00</b>	

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
04/27/20	ZAHRA ROACH 9711 Nottingham Dr Pasco, WA 99301		X		\$100.00	\$100.00
	Occupation					
04/28/20	LORI DOHE 703 S Park St WALLA WALLA, WA 99362		X		\$16.00	\$41.00
	Occupation					
04/29/20	ROBERT FONTENOT 1142 E Isaacs Ave Walla Walla, WA 99362	Whitman College Walla Walla, WA	X		\$30.00	\$130.00
	Occupation INSTRUCTOR					
04/30/20	EVERETT MAROON 1009 Francis Avenue Walla Walla, WA 99362		X		\$50.00	\$100.00
	Occupation					
04/30/20	LORI LIBERTY 1825 Pike Place Walla Walla, WA 99362		X		\$30.00	\$30.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	<b>Sub-total</b>			<b>\$283.00</b>	<b>*See reverse for details.</b>
		<b>Amount from attached pages</b>			<b>\$150.00</b>	
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.					<b>\$433.00</b>	

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**

# 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  
**04/30/20**

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*
04/30/20	<b>JOAN MARTIN</b> 809 Rd 64 Pasco, WA 99301	Occupation	X		\$100.00	\$100.00
04/30/20	<b>SUSANNAH BURROWS</b> 1653 Mowry SQ Richland, WA 99354	Occupation	X		\$50.00	\$100.00
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