

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 100971974
 06-01-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)
KIM LEHRMAN (Kim for Franklin County)

Mailing Address
PO Box 5781

City **Pasco, WA** Zip + 4 **99302** Office Sought (candidates) **COUNTY COMMISSIONER** 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
05/19/20	ANA LEMOS 703 W Jay St Pasco, WA 99301		<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	\$50.00
		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"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			\$50.00	*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.

\$50.00

4. Date of Deposit **05/21/20**

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 **06-01-2020**