

# CASH RECEIPTS MONETARY CONTRIBUTIONS

## C3

(1/02)

THIS SPACE FOR OFFICE USE

100972086

06-01-2020

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
05/29/20	<b>JAMES SEELIGER</b> <b>154 E Chestnut St</b> <b>Walla Walla, WA 99362</b>		<input checked="" type="checkbox"/>		\$50.00	\$50.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Sub-total			\$50.00	*See reverse for details.
	<input type="checkbox"/> Check here if additional pages are attached	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

05/29/20

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

Treasurer's Signature

Date

**Josie Olsen**

06-01-2020

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