

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

THIS SPACE FOR OFFICE USE

100972150

06-01-2020

Candidate or Committee Name (Do not abbreviate. Use full name.) (Friends of Justin Raffa)			
Mailing Address			
PO Box 1815			
City	Zip + 4	Office Sought (candidates)	Election Date
Richland, WA	99352	COUNTY COMMISSIONER	2020

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT Date **Amount Total** Received 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 Contributions of more than \$100:* Aggregate* Date R Ε Amount Employer's Name, City and State Contributor's Name, Address, City, State, Zip Total Received Х 05/26/20 CHARLENE WHITE 112 N HARVARD RD \$100.00 \$100.00 GLASSBORO, NJ 08028 Occupation Х 05/26/20 CONSTANCE RAFFA RETIRED 111 LAKESIDE DR \$250.00 \$250.00 GLASSBORO, NJ 08208 GLASSBORO, NJ OccupationRETIRED Х 05/26/20 FRED RAFFA ASSEMPAK 111 LAKESIDE DR \$250.00 \$250.00 GLASSBORO, NJ 08208 VINELAND, NJ OccupationWAREHOUSE FACILITIES MANAGER Occupation Occupation Sub-total \$600.00 Check here if additional Amount from \$0.00 pages are attached *See reverse attached pages 3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT for details. \$600.00 Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4. 4. Date of Deposit I certify that this report is true and complete to the best of my knowledge

4. Date of Deposit

05/27/20

Treasurer's Daytime Telephone No.: (509)554-7208

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

Treasurer's Signature

Date

Skye White

06-01-2020