

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100972157

06-01-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)

(Friends of Justin Raffa)

Mailing Address

PO Box 1815

City

Richland, WA

Zip + 4

99352

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 N T	G E N	Amount	Aggregate* Total
05/29/20	RUTHANNA SOWERS 138 MEADOWVIEW LANE AVALON, NJ 08202		X		\$25.00	\$25.00
	Occupation					
05/29/20	ROXANNA MCLEER 211 CUMMINGS AVE GLASSBORO, NJ 08028		X		\$25.00	\$25.00
	Occupation					
05/29/20	JOSHUA RIST 260 KIMERON ST SE SALEM, OR 97306		X		\$25.00	\$25.00
	Occupation					
05/29/20	ANGELA HJERSTEDT 11007 SE HAPPY VALLEY DR HAPPY VALLEY, OR 97086		X		\$25.00	\$25.00
	Occupation					
05/29/20	HANNAH MAYR 2301 DOVER ST RICHLAND, WA 99352		X		\$75.00	\$75.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$175.00	*See reverse for details.
		Amount from attached pages			\$175.00	

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.

\$350.00

4. Date of Deposit

05/30/20

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

Treasurer's Signature

Date

Skye White

06-01-2020

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

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Page 2

Candidate or Committee Name (Do not abbreviate. Use full name.)
(Friends of Justin Raffa)

Deposit Date
05/30/20

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*
05/29/20	CONNIE DEHAAN 1532 THAYER DR RICHLAND, WA 99354	ASTRIA SUNNYSIDE HOSPITAL SUNNYSIDE, WA Occupation CHARGE RN	X		\$125.00	\$125.00
05/29/20	ALICE ORRELL 2527 ALBEMARLE COURT RICHLAND, WA 99354	Occupation	X		\$50.00	\$50.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total \$175.00