

**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 | 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**

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 **Skye White** Date **06-01-2020**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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 |
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