

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