

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 100973368
 06-08-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)
Danielle Garbe Reser (Friends Of Danielle Garbe Reser)

Mailing Address
PO Box 3297

City: **Walla Walla, WA** Zip + 4: **99362** Office Sought (candidates): **STATE SENATOR** 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		
06/03/20	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>1</u> (persons)	\$25.00	

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
06/03/20	Gretchen Degrasse 127 Whitman Street Walla Walla, WA 99362	Retired Walla Walla, WA Occupation Retired	X		\$967.80	\$1,000.00
06/03/20	Michael Degrasse 127 Whitman Street Walla Walla, WA 99362	DBA: Michael De Grasse Walla Walla, WA Occupation Lawyer		X	\$1,000.00	\$1,000.00
06/03/20	Anne M Doyle 1929 West 10th Avenue Kennewick, WA 99336		X		\$100.00	\$100.00
06/03/20	Jan K Foster 220 Newell Street Walla Walla, WA 99362	retired , Occupation retired	X		\$1,000.00	\$1,000.00
06/03/20	Jim Kime 501 East Richmond Avenue Dayton, WA 99328		X		\$50.00	\$50.00
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$3,142.80	*See reverse for details.
		Amount from attached pages			\$100.00	

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.

\$3,242.80

4. Date of Deposit: **06/03/20**

Treasurer's Daytime Telephone No.: **(206)745-2010**

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

Treasurer's Signature: **Jason Bennett** Date: **06-08-2020**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
Danielle Garbe Reser (Friends Of Danielle Garbe Reser)

Deposit Date
06/03/20

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*
06/03/20	David Schmitz 1615 Beacon Drive Walla Walla, WA 99362	retired , Occupation retired	X		\$100.00	\$150.00
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