

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 100973398
 06-08-2020

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
06/01/20	TOM MOAK 418 W KENNEWICK AVE KENNEWICK, WA 99336	MID-COLUMBIA LIBRARIES KENNEWICK, WA Occupation LIBRARIAN	X		\$200.00	\$200.00
06/01/20	TANYA KNICKERBOCKER 3204 SHARON WAY YAKIMA, WA 98902	Occupation	X		\$50.00	\$50.00
06/01/20	BENJAMIN STUERMER 559 FRNAKLIN ST RICHLAND, WA 99354	Occupation	X		\$100.00	\$100.00
06/01/20	ADEL MCCARTHY 652 SPRINGLAKE DR FRANKLIN, TN 37064	Occupation	X		\$50.00	\$50.00
06/01/20	SHERRY DANIELSON 1727 HORN AVE RICHLAND, WA 99354	Occupation	X		\$50.00	\$50.00
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$450.00	*See reverse for details.
		Amount from attached pages			\$675.00	
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.					\$1,125.00	

4. Date of Deposit **06/02/20**

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 **06-08-2020**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.) (Friends of Justin Raffa)	Deposit Date 06/02/20
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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*
06/01/20	DONNA GLASS 303 SPRING ST RICHLAND, WA 99354	INDIA PARTNERS EUGENE, OR Occupation PROGRAM COORDINATOR	X		\$250.00	\$250.00
06/01/20	MIRIAM KERZNER 510 NEWCOMER ST RICHLAND, WA 99354	 Occupation	X		\$50.00	\$50.00
06/01/20	KATHY PAYNE 156 RIO SENDA ST UMATILLA, OR 97882	NOT EMPLOYED UMATILLA, OR Occupation NOT EMPLOYED	X		\$125.00	\$125.00
06/01/20	CHRISTINE GAMBINO 9508 ERINSBROOK DR RALEIGH, NC 27617	 Occupation	X		\$75.00	\$75.00
06/01/20	BENITA BROWN 220 WALLACE ST RICHLAND, WA 99354	 Occupation	X		\$100.00	\$100.00
06/01/20	SALLY ROSE 465 BLINE RD YAKIMA, WA 98908	 Occupation	X		\$50.00	\$50.00
06/01/20	GISELLE WYERS 18529 29TH AVE NE LAKE FOREST PARK, WA 98155	 Occupation	X		\$25.00	\$25.00
		 Occupation				
		 Occupation				
		 Occupation				
		 Occupation				