

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100973402

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:*	P R I	G E N	Amount	Aggregate* Total
05/31/20	PAULA SYKES 13 INTREPID DR SEWELL, NJ 08080		X		\$25.00	\$25.00
	Occupation					
05/31/20	ELIZABETH MCLAUGHLIN 8304 W BRUNEAU AVE KENNEWICK, WA 99336	TRI-CITIES CANCER CENTER	X		\$125.00	\$125.00
	Occupation	FUNDRAISER				
05/31/20	GEORGE WOODWARD 1617 ALDER AVE RICHLAND, WA 99354	MISSION SUPPORT ALLIANCE	X		\$500.00	\$500.00
	Occupation	MANAGER				
05/31/20	KIRK WILLIAMSON 527 N REED ST KENNEWICK, WA 99336		X		\$100.00	\$100.00
	Occupation					
05/31/20	RENEE HEITMANN 32-06 43RD ST, 2R ASTORIA, NY 11103		X		\$50.00	\$50.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$800.00	*See reverse for details.
		Amount from attached pages			\$300.00	

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.

\$1,100.00

4. Date of Deposit

06/02/20

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

Treasurer's Signature

Date

Skye White

06-08-2020

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

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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

Deposit Date
06/02/20

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*
05/31/20	KERRY LORENZO 1147 COUNTRY RIDGE DR RICHLAND, WA 99352	SEATTLE CHILDREN'S HOSPITAL RICHLAND, WA Occupation GENETIC COUNSELOR	X		\$250.00	\$250.00
05/31/20	ELISE REEL 2107 S. QUILIAN ST KENNEWICK, WA 99338	Occupation	X		\$50.00	\$50.00
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Page Total \$300.00