

# CASH RECEIPTS MONETARY CONTRIBUTIONS

## C3

(1/02)

THIS SPACE FOR OFFICE USE

100973416

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
06/02/20	CHRISTINA BOWMAN 43 DEER HAVE DR MULLUCA HILL, NJ 06062	BOWMAN HOME MEDICAL AND RESPIRATORY SERVICES PITMAN, NJ OccupationPRESIDENT	X		\$125.00	\$125.00
06/02/20	ALAN BOWMAN 43 DEER HAVE DR MULLUCA HILL, NJ 06062	BOWMAN HOME MEDICAL & RESPIRATORY SERVICES PITMAN, NJ OccupationVICE PRESIDENT	X		\$125.00	\$125.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			\$250.00	*See reverse for details.
		Amount from attached pages			\$0.00	

### 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.

\$250.00

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