

**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: Employer's Name, City and State	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				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total Amount from attached pages			\$250.00 \$0.00	*See reverse for details.
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**

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**