

CASH RECEIPTS **MONETARY** CONTRIBUTIONS

THIS SPACE FOR OFFICE USE 100974528

06-09-2020

Candidate or Committee Name (Do not abbreviate. Use full name.) (Committee to Elect Carly Coburn) Mailing Address P.O. Box 5744 City Zip + 4Office Sought (candidates) **Election Date** STATE REPRESENTATIVE 2020 Pasco, WA 99302 1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT Date **Amount** Total Received 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

05/01/20 \$60.00 e. Small contributions \$25.00 or less not itemized and number of persons giving (persons) 2. CONTRIBUTIONS OVER \$25.00 Contributions of more than \$100:* Aggregate* Date R Ε **Amount** Employer's Name, City and State Contributor's Name, Address, City, State, Zip Total Received Occupation Occupation Occupation Occupation Occupation Sub-total \$60.00 Check here if additional Amount from \$0.00 pages are attached *See reverse attached pages 3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT for details.

4. Date of Deposit

05/08/20

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

Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4.

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

Treasurer's Signature

Jason Bennett 06-09-2020

\$60.00