

CASH RECEIPTS **MONETARY** CONTRIBUTIONS

THIS SPACE FOR OFFICE USE

100974530

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 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 Х 05/10/20 JONI AND PAUL MARTIN 809 NORTH ROAD 64 \$50.00 \$50.00 PASCO, WA 99301 Occupation Х 05/14/20 FRANCES CHVATAL 159 EAST CHESTNUT STREET \$100.00 \$100.00 WALLA WALLA, WA 99362 Occupation Occupation Occupation Occupation Sub-total \$150.00 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. \$150.00 Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4. 4. Date of Deposit I certify that this report is true and complete to the best of my knowledge Treasurer's Signature Date

05/15/20

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

Jason Bennett

06-09-2020