

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE  
 100974540  
 06-09-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)  
**Danielle Garbe Reser (Friends Of Danielle Garbe Reser)**

Mailing Address  
**PO Box 3297**

City Walla Walla, WA Zip + 4 99362 Office Sought (candidates) STATE SENATOR 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
05/15/20	Ann Bisgard 1390 Rooster Road Walla Walla, WA 99362		X		\$100.00	\$100.00
	Occupation					
05/15/20	Carl Bisgard 1390 Rooster Road Walla Walla, WA 99362		X		\$100.00	\$100.00
	Occupation					
05/15/20	Karen Collins 200 North 70th Avenue Apt 4 Yakima, WA 98908		X		\$50.00	\$50.00
	Occupation					
05/15/20	Lyle Collins 200 North 70th Avenue Apt 4 Yakima, WA 98908		X		\$50.00	\$50.00
	Occupation					
05/15/20	SEWA Central Labor Council PO Box 1324 Pasco, WA 99301		X		\$1,000.00	\$1,000.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached					
		Sub-total			\$1,300.00	
		Amount from attached pages			\$1,250.00	
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.					\$2,550.00	*See reverse for details.

4. Date of Deposit: 05/16/20

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

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

Treasurer's Signature: Jason Bennett Date: 06-09-2020

# RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.) <b>Danielle Garbe Reser (Friends Of Danielle Garbe Reser)</b>	Deposit Date <b>05/16/20</b>
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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*
05/15/20	WA State 16th Legislative 3030 West 4th Avenue Unit J204 Kennewick, WA 99336	Occupation	<input checked="" type="checkbox"/>		\$750.00	\$750.00
05/15/20	Win With Women PAC PO BOX 23026 Seattle, WA 98102	Occupation	<input checked="" type="checkbox"/>		\$500.00	\$1,000.00
		Occupation	<input type="checkbox"/>			
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