

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 100975341
 06-10-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)
FRANCES CHVATAL (Elect Frances Chvatal)

Mailing Address
PO Box 53

City **Walla Walla, WA** Zip + 4 **99362** Office Sought (candidates) **STATE REPRESENTATIVE** 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
05/13/20	TRACY WILLIAMS 2114 W Johannsen Rd Spokane, WA 99208	Self Employed Walla Walla, WA OccupationCONSULTANT	X		\$100.00	\$190.00
05/16/20	GAYLE SEE 827 Smith Dr College Place, WA 99324	Occupation	X		\$16.00	\$48.00
05/16/20	NORM OSTERMAN 1032 Pomona St Walla Walla, WA 99362	Occupation	X		\$50.00	\$50.00
05/17/20	JUDITH JOHANNESSEN 1615 Sanford Ave Richland, WA 99354	Battelle PNWD Richland, WA OccupationMANAGEMENT PROFESSOR	X		\$20.00	\$195.00
05/17/20	DON SCHWERIN 2921 MUD CREEK RD WAITSBURG, WA 99361	Not Employed WAITSBURG, WA OccupationRETIRED	X		\$175.00	\$650.00
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$361.00	*See reverse for details.
		Amount from attached pages			\$150.00	
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.					\$511.00	

4. Date of Deposit **05/18/20**

Treasurer's Daytime Telephone No.: **(206)682-7328**

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

Treasurer's Signature **Josie Olsen** Date **06-10-2020**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.) FRANCES CHVATAL (Elect Frances Chvatal)	Deposit Date 05/18/20
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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*
05/18/20	MARTIN SMITH 2255 Crosshaven Dr Walla Walla, WA 99362	Occupation	<input checked="" type="checkbox"/>		\$50.00	\$50.00
05/18/20	SUZIE DAVIS 36 Cherokee St Walla Walla, WA 99362	Occupation	<input checked="" type="checkbox"/>		\$50.00	\$50.00
05/18/20	CARMA CARLILE 824 Ankeny St Walla Walla, WA 99362	Occupation	<input checked="" type="checkbox"/>		\$50.00	\$50.00
		Occupation	<input type="checkbox"/>			
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