

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 100976369
 06-14-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)
(Committee to Elect Carly Coburn)

Mailing Address
P.O. Box 5744

City: **Pasco, WA** Zip + 4: **99302** 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		
Various	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>15</u> (persons)	\$236.66	

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
06/05/20	GEORGE GUNSHEFSKI 2302 GARRISON ST WALLA WALLA, WA 99362		X		\$50.00	\$50.00
	Occupation					
06/05/20	ANN HOOPER 1648 STATELINE RD WALLA WALLA, WA 99362-9100		X		\$50.00	\$50.00
	Occupation					
06/06/20	KIRSTEN NICOLAYSEN PO BOX 2142 WALLA WALLA, WA 99362		X		\$50.00	\$50.00
	Occupation					
06/06/20	MEGHAN RYAN 9816 CHELAN CT PASCO, WA 99301		X		\$5.00	\$30.00
	Occupation					
06/06/20	ROBIN CONSANI 101 E ALDER WALLA WALLA, WA 99362		X		\$100.00	\$100.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$491.66	*See reverse for details.
		Amount from attached pages			\$156.66	
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.					\$648.32	

4. Date of Deposit: **06/10/20**

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: **06-14-2020**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
 (Committee to Elect Carly Coburn)

Deposit Date
 06/10/20

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	G	Amount	Aggregate Total*
			R	E		
06/07/20	LEAH SANDVEN 582 DEMARINI DR WALLA WALLA, WA 99362	Occupation	X		\$33.33	\$33.33
06/07/20	CRIS BENSON 1526 RUTH ST WALLA WALLA, WA 99362	Occupation	X		\$50.00	\$50.00
06/07/20	DARCEY FUGMAN-SMALL 2002 SCARPELLI DR WALLA WALLA, WA 99362	Occupation	X		\$33.33	\$33.33
06/07/20	LAURA GRANT 5621 PETTYJOHN RD. PRESCOTT, WA 99348	Occupation	X		\$20.00	\$70.00
06/08/20	JUDITH FENNO 6 S BELLEVUE AVE WALLA WALLA, WA 99362	Occupation	X		\$20.00	\$70.00
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