

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 100976447
 06-15-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)
(Friends of Justin Raffa)

Mailing Address
PO Box 1815

City **Richland, WA** Zip + 4 **99352** Office Sought (candidates) **COUNTY COMMISSIONER** 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
06/04/20	STEVEN WILEY 3172 WILLOW POINTE DR RICHLAND, WA 99354	BATTELLE RICHLAND, WA OccupationSCIENTIST	X		\$500.00	\$500.00
06/04/20	ERIC HOLTAN 4167 N WESTERN WINDS DR TUCSON, AZ 85705	Occupation	X		\$50.00	\$50.00
06/04/20	PAULA KIMMEL 2563 LAVENDER COURT RICHLAND, WA 99354	Occupation	X		\$25.00	\$25.00
06/04/20	DONALD HAMMERSTROM 3203 MOUNT DANIEL ROAD WEST RICHLAND, WA 99353	BATTELLE MEMORIAL INSTITUTE RICHLAND, WA OccupationENGINEER	X		\$500.00	\$500.00
06/04/20	THOMAS BUECHELE 102 GOODWATER ST GEORGETOWN, TX 78633	Occupation	X		\$100.00	\$100.00
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$1,175.00	*See reverse for details.
		Amount from attached pages			\$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.					\$1,425.00	

4. Date of Deposit **06/08/20**

Treasurer's Daytime Telephone No.: **(509)554-7208**

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

Treasurer's Signature **Skye White** Date **06-15-2020**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
(Friends of Justin Raffa)

Deposit Date
06/08/20

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 R I		Amount	Aggregate Total*
			<input checked="" type="checkbox"/>	<input type="checkbox"/>		
06/04/20	MICHELE ROTH 509 S KELLOGG STREET KENNEWICK, WA 99336	Occupation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	\$50.00
06/04/20	TRICIA YEO 42 WALNUT ST CLAYTON, NJ 08312	Occupation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$25.00	\$25.00
06/04/20	ROBERT WILLIS 308 ATKINSON RD WILMINGTON, DE 19804	Occupation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	\$50.00
06/04/20	JASON HOGUE 6202 BULLDOG LN PASCO, WA 99301	SELF PASCO, WA Occupation INSURANCE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$125.00	\$125.00
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		