

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:*	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 Amount from attached pages			\$1,175.00 \$250.00	*See reverse for details.
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

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

Treasurer's Signature

Date

Skye White

06-15-2020

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

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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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	G E N	Amount	Aggregate Total*
06/04/20	MICHELE ROTH 509 S KELLOGG STREET KENNEWICK, WA 99336	Occupation	X		\$50.00	\$50.00
06/04/20	TRICIA YEO 42 WALNUT ST CLAYTON, NJ 08312	Occupation	X		\$25.00	\$25.00
06/04/20	ROBERT WILLIS 308 ATKINSON RD WILMINGTON, DE 19804	Occupation	X		\$50.00	\$50.00
06/04/20	JASON HOGUE 6202 BULLDOG LN PASCO, WA 99301	SELF PASCO, WA Occupation INSURANCE	X		\$125.00	\$125.00
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Page Total \$250.00