

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE  
 100976448  
 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
06/05/20	PATTI ROBERTSON 209 E CANYON DR KENNEWICK, WA 99337		X		\$100.00	\$100.00
		Occupation				
06/05/20	EDWARD CARMEN 29 STERLING ED PRINCETON, NJ 08540		X		\$5.00	\$5.00
		Occupation				
06/05/20	ELICIA ELLIOTT 1942 NEWHAVEN LOOP RICHLAND, WA 99352		X		\$50.00	\$50.00
		Occupation				
06/05/20	CORINNE MURPHY-HINES 131 KATIE LANE SELAH, WA 98942		X		\$50.00	\$50.00
		Occupation				
06/05/20	ANN ROSEBERRY 121 SPENGLER ST RICHLAND, WA 99354	NOT EMPLOYED RICHLAND, WA	X		\$250.00	\$250.00
		Occupation NOT EMPLOYED				
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$455.00	*See reverse for details.
		Amount from attached pages			\$25.00	

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.

\$480.00

4. Date of Deposit **06/07/20**

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  
**06/07/20**

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*
06/05/20	ANNE LYMAN 1516 N PROCTOR ST TACOMA, WA 98406	Occupation	X		\$25.00	\$25.00
		Occupation				
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