

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 Zip + 4 Office Sought (candidates)
 Richland, WA 99352 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 N T	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

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)

Page 2

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				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total \$25.00