

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 100976804
 06-15-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)
Danielle Garbe Reser (Friends Of Danielle Garbe Reser)

Mailing Address
PO Box 3297

City: **Walla Walla, WA** Zip + 4: **99362** Office Sought (candidates): **STATE SENATOR** 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
06/08/20	Onneta L Adams 1516 Goethals Drive Richland, WA 99354		X		\$100.00	\$100.00
	Occupation					
06/08/20	David Gloor 1310 Dell Avenue Unit D Walla Walla, WA 99362	David Gloor Construction Walla Walla, WA	X		\$200.00	\$200.00
	Occupation Principal					
06/08/20	SEIU Healthcare 1199 Nw PAC 15 S GRADY WAY SUITE 200 Renton, WA 98057		X		\$1,000.00	\$1,000.00
	Occupation					
06/08/20	SEIU Healthcare 1199 Nw PAC 15 S GRADY WAY SUITE 200 Renton, WA 98057			X	\$1,000.00	\$1,000.00
	Occupation					
06/08/20	Mikki Symonds 1118 Playfield Avenue Prosser, WA 99350	Prosser Memorial Hospital Prosser, WA	X		\$200.00	\$200.00
	Occupation Grant Writer					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$2,500.00	*See reverse for details.
		Amount from attached pages			\$2,000.00	
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.					\$4,500.00	

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

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: **06-15-2020**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.) Danielle Garbe Reser (Friends Of Danielle Garbe Reser)	Deposit Date 06/08/20
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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*
06/08/20	WA Education Assn PAC PO BOX 9100 Federal Way, WA 98063	Occupation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$1,000.00	\$1,000.00
06/08/20	WA Education Assn PAC PO BOX 9100 Federal Way, WA 98063	Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$1,000.00	\$1,000.00
		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"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		