

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 <u>0</u> (persons)		

2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100:*	P R I N T	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	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	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	
					\$4,500.00	

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. 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

Date

Jason Bennett

06-15-2020

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Page 2

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"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		

Page Total \$2,000.00