

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE  
 100978094  
 06-22-2020

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
06/13/20	CIGDEM CAPAN 1701 GRAY ST RICHLAND, WA 99352		X		\$25.00	\$25.00
		Occupation				
06/13/20	KAVITA PATEL 3521 POLO GREENS AVE WEST RICHLAND, WA 99353		X		\$25.00	\$25.00
		Occupation				
06/13/20	SARA SCHILLING 551 N GRANT AVE KENNEWICK, WA 99336		X		\$100.00	\$100.00
		Occupation				
06/14/20	KURT GUSTAFSON 3003 QUEENSGATE DR APT 3-219 RICHLAND, WA 99352		X		\$50.00	\$50.00
		Occupation				
06/14/20	JUSTIN CONNORS 36 LORETTA ST HOPELAWN, NJ 08861		X		\$25.00	\$25.00
		Occupation				
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$225.00	*See reverse for details.
		Amount from attached pages			\$470.00	

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.

\$695.00

4. Date of Deposit **06/17/20**

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 **06-22-2020**

# RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)  
**(Friends of Justin Raffa)**

Deposit Date  
**06/17/20**

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*
06/14/20	CYNTHIA VAUGHN 190 BRADLEY BLVD RICHLAND, WA 99352	MAGNOLIA MUSIC STUDIO RICHLAND, WA  Occupation <b>SMALL BUSINESS OWNER</b>	X		\$200.00	\$200.00
06/14/20	LEONA HASSING 215 WILLOW CT PASCO, WA 99301	Occupation	X		\$20.00	\$45.00
06/15/20	TIFFANY ROHDENBURG 1838 SAGEWOOD LOOP RICHLAND, WA 99352	LOVE OF LEARNING MONTESSORI RICHLAND, WA  Occupation <b>DIRECTOR/TEACHER</b>	X		\$125.00	\$125.00
06/15/20	NANCY DORAN 1516 JOHNSTON AVE RICHLAND, WA 99354	Occupation	X		\$100.00	\$100.00
06/14/20	LEONA HASSING 215 WILLOW CT PASCO, WA 99301	Occupation	X		\$25.00	\$45.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				