

CASH RECEIPTS **MONETARY** CONTRIBUTIONS

THIS SPACE FOR OFFICE USE

100979054

06-29-2020

Candidate or Committee Name (Do not abbreviate. Use full name.) (Friends of Justin Raffa) Mailing Address PO Box 1815 City Zip + 4Office Sought (candidates) **Election Date**

COUNTY COMMISSIONER 2020 Richland, WA 99352 1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT Date **Amount** Total Received 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 Contributions of more than \$100:* Aggregate* Date R Ε Amount Employer's Name, City and State Contributor's Name, Address, City, State, Zip Total Received х 06/20/20 CONNIE DEHAAN ASTRIA SUNNYSIDE HOSPITA 1532 THAYER DR \$35.00 \$185.00 RICHLAND, WA 99354 SUNNYSIDE, WA OccupationCHARGE RN Х 06/21/20 MARY DANN NOT EMPLOYED 1727 HUNT AVE \$125.00 \$250.00 KENNEWICK, WA 99354 KENNEWICK, WA OccupationNOT EMPLOYED Х 06/22/20 ANN ROBERTS NOT EMPLOYED 3395 EASTLAKE CT \$500.00 \$500.00 WEST RICHLAND, WA 99353 WEST RICHLAND , WA OccupationNOT EMPLOYED Х 06/22/20 DEBRA LENTZ 5185 MONICA ST \$25.00 \$25.00 WEST RICHLAND, WA 99353 Occupation Х 06/22/20 PHYLLIS BAXTER 123 SHERMAN ST \$60.00 \$60.00 RICHLAND, WA 99354 Occupation Sub-total \$745.00 Check here if additional X Amount from \$25.00 pages are attached *See reverse attached pages 3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT for details. \$770.00 Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4.

4. Date of Deposit

06/24/20

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 Date

Skye White

06-29-2020

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)

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Deposit Date

(Friends of Justin Raffa)					06/24/20	
2. CONTRIBUT	FIONS 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*
06/22/20	CONNIE DEHAAN 1532 THAYER DR RICHLAND, WA 99354	ASTRIA SUNNYSIDE HOSPITA SUNNYSIDE, WA Occupation CHARGE RN	<u>x</u>		\$25.00	\$185.00
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