

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

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 **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
06/20/20	CONNIE DEHAAN 1532 THAYER DR RICHLAND, WA 99354	ASTRIA SUNNYSIDE HOSPITAL SUNNYSIDE, WA Occupation CHARGE RN	X		\$35.00	\$185.00
06/21/20	MARY DANN 1727 HUNT AVE KENNEWICK, WA 99354	NOT EMPLOYED KENNEWICK, WA Occupation NOT EMPLOYED	X		\$125.00	\$250.00
06/22/20	ANN ROBERTS 3395 EASTLAKE CT WEST RICHLAND, WA 99353	NOT EMPLOYED WEST RICHLAND, WA Occupation NOT EMPLOYED	X		\$500.00	\$500.00
06/22/20	DEBRA LENTZ 5185 MONICA ST WEST RICHLAND, WA 99353	Occupation	X		\$25.00	\$25.00
06/22/20	PHYLLIS BAXTER 123 SHERMAN ST RICHLAND, WA 99354	Occupation	X		\$60.00	\$60.00
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$745.00	*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.					\$770.00	

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 **Skye White** Date **06-29-2020**

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

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

Deposit Date  
**06/24/20**

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*
06/22/20	<b>CONNIE DEHAAN</b> 1532 THAYER DR RICHLAND, WA 99354	<b>ASTRIA SUNNYSIDE HOSPITAL</b> <b>SUNNYSIDE, WA</b>  Occupation <b>CHARGE RN</b>	X		\$25.00	\$185.00
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