

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

100980535
 AMENDS
 100980533
 07-06-2020

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		\$30.00
	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
06/27/20	DENOMY DAGE 1720 W MARIE ST PASCO, WA 99301		X		\$50.00	\$50.00
		Occupation				
06/27/20	STACI WEST 2532 ALEXANDER CT RICHLAND, WA 99354		X		\$100.00	\$100.00
		Occupation				
06/27/20	SHANNON GOODWIN 1914 HARRIS AVE RICHLAND, WA 99354		X		\$100.00	\$100.00
		Occupation				
06/28/20	KAREN NELSON 1931 HARRIS AVE RICHLAND, WA 99354		X		\$75.00	\$75.00
		Occupation				
06/29/20	JACKIE RIZZI 855 BRIDGETON PIKE SEWELL, NJ 08080		X		\$100.00	\$100.00
		Occupation				
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$425.00	*See reverse for details.
		Amount from attached pages			\$70.00	

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.

\$495.00

4. Date of Deposit **07/01/20**

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 **07-06-2020**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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

Deposit Date
07/01/20

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*
06/28/20	CHRISTOPHER WAGAR 208 W 50TH AVE KENNEWICK, WA 99337	Occupation	X		\$20.00	\$40.00
06/28/20	JUDITH JOHANNESSEN 1615 SANFORD AVE RICHLAND, WA 99354	Occupation	X		\$50.00	\$100.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				