

Richland, WA

CASH RECEIPTS MONETARY CONTRIBUTIONS

100980535 **AMENDS** 100980533 07-06-2020

THIS SPACE FOR OFFICE USE

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

99352

PO Box 1815 City Zip + 4

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, aucti								
	e. Small contributions \$25.00 or less not itemized	and number	of persons giving (p	ersor	ns)				
2. CONTR	IBUTIONS OVER \$25.00			 					
Date Received	Contributor's Name, Address, City, State, Zip		tions of more than \$100:* er's Name, City and State	R I	G E N	Amount	Aggregate* Total		
06/27/20	DENOMY DAGE			X					
	1720 W MARIE ST					\$50.00	\$50.00		
	PASCO, WA 99301								
		Occupation							
06/27/20	STACI WEST			X					
	2532 ALEXANDER CT					\$100.00	\$100.00		
	RICHLAND, WA 99354								
		Occupation		1					
06/27/20	SHANNON GOODWIN			X					
	1914 HARRIS AVE					\$100.00	\$100.00		
	RICHLAND, WA 99354								
		Occupation	ı						
06/28/20	KAREN NELSON			X					
	1931 HARRIS AVE					\$75.00	\$75.00		
	RICHLAND, WA 99354								
		Occupation	ı						
2 TOTAL	JACKIE RIZZI			Х					
	855 BRIDGETON PIKE					\$100.00	\$100.00		
	SEWELL, NJ 08080								
		Occupation							
			;	Sub-t	otal	\$425.00			
	Check here if additional pages are attached		Amo			\$70.00	**		
	FUNDS RECEIVED AND DEPOSITED OR CREDITE		attache	ea pa	ges		*See reverse for details.		
	arts 1 and 2 above. Enter this amount in line 1, Sched		JIN 1			\$495.00			
4. Date of Deposit				rue a	nd com	nplete to the best of my knowledge			
07/01/20			Treasurer's Signature			Date			

07/01/20

Treasurer's Daytime Telephone No.: (509)554-7208

Skye White 07-06-2020

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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

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Page Total \$70.00

Deposit Date

(Filends Of Oustin Kaila)					07/01/	07/01/20	
2. CONTRIBUT	TIONS 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	х		\$20.00	\$40.00	
06/28/20	JUDITH JOHANNESEN 1615 SANFORD AVE RICHLAND, WA 99354	Occupation	х		\$50.00	\$100.00	
		Occupation					
		Occupation					
		Occupation					
		Occupation					
		Occupation					
		Occupation					
		Occupation		1			
		Occupation					
		Оссирации					
		Occupation					
		Occupation					