

# CASH RECEIPTS MONETARY CONTRIBUTIONS

# C3

(1/02)

THIS SPACE FOR OFFICE USE

100984650

07-20-2020

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:<br>Employer's Name, City and State | P<br>R<br>I | G<br>E<br>N | Amount  | Aggregate*<br>Total       |
|---------------|--|--|-------------|-------------|---------|---------------------------|
| 07/14/20      | THERESA GRATE<br>1322 KIMBALL AVE<br>RICHLAND, WA 99354              |  | X           |             | \$20.00 | \$20.00                   |
|               | Occupation   |  |             |             |         |                           |
|               |  |  |             |             |         |                           |
|               | Occupation   |  |             |             |         |                           |
|               |  |  |             |             |         |                           |
|               | Occupation   |  |             |             |         |                           |
|               |  |  |             |             |         |                           |
|               | Occupation   |  |             |             |         |                           |
|               |  |  |             |             |         |                           |
|               | Occupation   |  |             |             |         |                           |
|               |  |  |             |             |         |                           |
|               | <input type="checkbox"/> Check here if additional pages are attached | Sub-total  |             |             | \$20.00 | *See reverse for details. |
|               |  | Amount from attached pages   |             |             | \$0.00  |                           |

## 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.

\$20.00

4. Date of Deposit

07/14/20

I certify that this report is true and complete to the best of my knowledge

Treasurer's Signature

Date

Skye White

07-20-2020

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