

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 100985007
 07-20-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)
FRANCES CHVATAL (Elect Frances Chvatal)

Mailing Address
PO Box 53

City Walla Walla, WA Zip + 4 99362 Office Sought (candidates) **STATE REPRESENTATIVE** 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		
Various	e. Small contributions \$25.00 or less not itemized and number of persons giving _____ (persons)	\$50.00	

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
07/14/20	CARLY COBURN 2200 W Shoshone St Unit C22 Pasco, WA 99301		X		\$10.00	\$46.00
	Occupation					
07/15/20	MICHELLE LIBERTY 1825 PIKE PL WALLA WALLA, WA 99362		X		\$25.00	\$75.00
	Occupation					
07/15/20	ORMAND HILDERBRAND 1003 Boyer Ave Walla Walla, WA 99362	PaTu Wind Farm Walla Walla, WA	X		\$100.00	\$450.00
	Occupation	OWNER				
07/15/20	LEONA HASSING 215 Willow Ct Pasco, WA 99301		X		\$10.00	\$35.00
	Occupation					
07/16/20	LINDA GUNSHEFSKI 625 Catherine St Walla Walla, WA 99362	Not Employed Walla Walla, WA	X		\$10.00	\$670.00
	Occupation	RETIRED				
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$205.00	*See reverse for details.
		Amount from attached pages			\$10.00	

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.

\$215.00

4. Date of Deposit: **07/16/20**

Treasurer's Daytime Telephone No.: **(206)682-7328**

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

Treasurer's Signature: **Josie Olsen** Date: **07-20-2020**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.) FRANCES CHVATAL (Elect Frances Chvatal)	Deposit Date 07/16/20
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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*
07/16/20	LINDA GUNSHEFSKI 625 Catherine St Walla Walla, WA 99362	Not Employed Walla Walla, WA Occupation RETIRED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$10.00	\$670.00
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		