

# 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 Zip + 4 Office Sought (candidates)  
**Walla Walla, WA 99362 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 .....		
<b>Various</b>	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>5</u> (persons)	<b>\$50.00</b>	

## 2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100:*	P R I	G E N	Amount	Aggregate* Total
07/14/20	<b>CARLY COBURN</b> 2200 W Shoshone St Unit C22 Pasco, WA 99301		<input checked="" type="checkbox"/>		\$10.00	\$46.00
	Occupation					
07/15/20	<b>MICHELLE LIBERTY</b> 1825 PIKE PL WALLA WALLA, WA 99362		<input checked="" type="checkbox"/>		\$25.00	\$75.00
	Occupation					
07/15/20	<b>ORMAND HILDERBRAND</b> 1003 Boyer Ave Walla Walla, WA 99362	PaTu Wind Farm Walla Walla, WA	<input checked="" type="checkbox"/>		\$100.00	\$450.00
	Occupation	OWNER				
07/15/20	<b>LEONA HASSING</b> 215 Willow Ct Pasco, WA 99301		<input checked="" type="checkbox"/>		\$10.00	\$35.00
	Occupation					
07/16/20	<b>LINDA GUNSHEFSKI</b> 625 Catherine St Walla Walla, WA 99362	Not Employed Walla Walla, WA	<input checked="" type="checkbox"/>		\$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	
					\$215.00	

## 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.

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

Date

**Josie Olsen**

07-20-2020

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

Page 2

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

Deposit Date  
**07/16/20**

## 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*
07/16/20	LINDA GUNSHEFSKI 625 Catherine St Walla Walla, WA 99362	Not Employed Walla Walla, WA Occupation <b>RETIRED</b>	X		\$10.00	\$670.00
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Page Total \$10.00