

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE  
 100986164  
 07-27-2020

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 .....		
	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
07/26/20	KATHRYN BARRON 2491 COUNTRY CLUB RD WALLA WALLA, WA 99362		X		\$50.00	\$100.00
		Occupation				
07/26/20	DAVID FOGARTY 1680 CAMBRIDGE DR WALLA WALLA, WA 99362	Not Employed WALLA WALLA, WA	X		\$300.00	\$800.00
		Occupation				
07/26/20	JUDITH FENNO 6 S Bellevue Ave Walla Walla, WA 99362	Providence St Mary Walla Walla, WA	X		\$10.00	\$110.00
		Occupation				
07/26/20	DESIREE PATZER 403 Agate Pl Walla Walla, WA 99362	Providence St. Mary Medical Center Walla Walla, WA	X		\$50.00	\$110.00
		Occupation				
07/26/20	ROBERT FONTENOT 1142 E Isaacs Ave Walla Walla, WA 99362	Whitman College Walla Walla, WA	X		\$50.00	\$200.00
		Occupation				
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$460.00	*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.					\$530.00	

4. Date of Deposit **07/26/20**

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 **Lucia Dorantes** Date **07-27-2020**

# 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  
**07/26/20**

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*
07/26/20	KATHRYN ZAHL 330 SE Davin Dr College Place, WA 99324	Occupation	X		\$20.00	\$40.00
07/26/20	WOODY SIMMONS 205 Whitman St WALLA WALLA, WA 99362	Not Employed / Occupation <b>NOT EMPLOYED</b>	X		\$50.00	\$125.00
		Occupation				
		Occupation				
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