

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 100986394
 07-27-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)
Danielle Garbe Reser (Friends Of Danielle Garbe Reser)

Mailing Address
PO Box 3297

City: **Walla Walla, WA** Zip + 4: **99362** Office Sought (candidates): **STATE SENATOR** 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)	\$80.00	

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
07/22/20	Courtney Whitmore Wyckoff 16225 70th Pl W Edmonds, WA 98026	None None, WA Occupation Lawyer	X		\$50.00	\$378.00
07/22/20	Carly Coburn 2200 West Shoshone Street C22 Pasco, WA 99301	Occupation	X		\$10.00	\$26.00
07/22/20	Judith Johannesen 790 6th Street Richland, WA 99354	Battelle PNWD Richland, WA Occupation HazMat Mgmt Professional	X		\$10.00	\$180.00
07/22/20	Rebecca Saldana 11116 56th Avenue S Seattle, WA 98178	Wa State Legislature Olympia, WA Occupation State Senator	X		\$25.00	\$128.00
07/22/20	Anne Marie Charnholm 4444 12th Ave. S. Salem, OR 97302	Not Employed Salem, OR Occupation Rental Management	X		\$10.00	\$142.00
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$185.00	*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.					\$195.00	

4. Date of Deposit: **07/22/20**

Treasurer's Daytime Telephone No.: **(206) 745-2010**

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

Treasurer's Signature: **Jason Bennett** Date: **07-27-2020**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.) Danielle Garbe Reser (Friends Of Danielle Garbe Reser)	Deposit Date 07/22/20
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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*
07/22/20	Linda Gunshefski 625 Catherine Street Walla Walla, WA 99362	Retired Walla Walla, WA Occupation Retired	X		\$10.00	\$1,000.00
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