

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100989339

08-03-2020

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 | | |
| | e. Small contributions \$25.00 or less not itemized and number of persons giving <u>0</u> (persons) | | |

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 |
|----------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------|-------------|-------------|----------|---------------------------|
| 07/31/20 | Paul Good 612 Bryant Avenue Walla Walla, WA 99362 | Farris Engraving Walla Walla, WA OccupationOwner | X | | \$25.00 | \$175.00 |
| 07/31/20 | Linda Gunsheski 625 Catherine Street Walla Walla, WA 99362 | Retired Walla Walla, WA OccupationRetired | | X | \$250.00 | \$250.00 |
| 07/31/20 | Robin Glaeser 933 University Street Walla Walla, WA 99362 | Inquisitours Walla Walla, WA OccupationTourism | X | | \$15.00 | \$105.00 |
| | | | | | | |
| | | Occupation | | | | |
| | | | | | | |
| | | Occupation | | | | |
| | <input type="checkbox"/> Check here if additional pages are attached | Sub-total | | | \$290.00 | *See reverse for details. |
| | | Amount from attached pages | | | \$0.00 | |
| 3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT | | | | | \$290.00 | |
| Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4. | | | | | | |

4. Date of Deposit

07/31/20

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

Treasurer's Signature

Date

Jason Bennett

08-03-2020

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