

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100992733

08-19-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)
(Friends of Justin Raffa)

Mailing Address
PO Box 1815

City Richland, WA	Zip + 4 99352	Office Sought (candidates) COUNTY COMMISSIONER
-----------------------------	-------------------------	--

Election Date
2020

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received	Amount	Total
	a. Anonymous	\$30.00
	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
08/16/20	CHRIS MEIERS 298 WENAS PL RICHLAND, WA 99352		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$50.00	\$50.00
	Occupation					
08/16/20	NANCY DORAN 1516 JOHNSTON AVE RICHLAND, WA 99354	NOT EMPLOYED RETIRED, WA	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$50.00	\$50.00
	OccupationNOT EMPLOYED					
08/17/20	CHRISTINA BOWMAN 43 DEER HAVE DR MULLUCA HILL , NJ 06062	BOWMAN HOME MEDICAL AND RESPIRATORY SERVICES PITMAN, NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$62.50	\$62.50
	OccupationPRESIDENT					
08/17/20	ALAN BOWMAN 43 DEER HAVE DR MULLUCA HILL , NJ 06062	BOWMAN HOME MEDICAL AND RESPIRATORY SERVICES PITMAN, NJ	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$62.50	\$62.50
	OccupationVICE PRESIDENT					
		Sub-total			\$225.00	
	<input type="checkbox"/> Check here if additional pages are attached	Amount from attached pages			\$0.00	

***See reverse for details.**

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.

\$225.00

4. Date of Deposit
08/19/20

Treasurer's Daytime Telephone No.: **(509)554-7208**

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

Treasurer's Signature Skye White	Date 08-19-2020
--	---------------------------