

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE  
 100992823  
 08-20-2020

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
08/18/20	CHRISTINE GAMBINO 9508 ERINSBROOK DR RALEIGH, NC 27617			X	\$25.00	\$25.00
	Occupation					
08/18/20	DENISE YEO 565 SUNHAVEN DR CLAYTON, NJ 08312	NOT EMPLOYED CLAYTON, NJ		X	\$200.00	\$200.00
	Occupation NOT EMPLOYED					
08/18/20	KAREN HEISER 241 CLAYTON AVE MONROEVILLE, NJ 08343			X	\$50.00	\$50.00
	Occupation					
08/18/20	KERI LOBDELL 4391 LIMESTONE COURT RICHLAND, WA 99352			X	\$50.00	\$50.00
	Occupation					
08/18/20	JOSEPH BRIGANDI 311 STURGESS COURT GLASSBORO, NJ 08028			X	\$50.00	\$50.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$375.00	*See reverse for details.
		Amount from attached pages			\$400.00	

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.

\$775.00

4. Date of Deposit **08/20/20**

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 **08-20-2020**

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

Candidate or Committee Name (Do not abbreviate. Use full name.) <b>(Friends of Justin Raffa)</b>	Deposit Date <b>08/20/20</b>
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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*
08/18/20	DIANE SUNDBIK 6115 W 8TH AVE KENNEWICK, WA 99336	Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$50.00	\$50.00
08/18/20	JOELLEN DOYLE 611 HUMBOLDT ST BEARDSTOWN, IL 62618	NOT EMPLOYED BEARDSTOWN, IL Occupation NOT EMPLOYED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$125.00	\$125.00
08/18/20	LINDA BAUER 87069 E HAVEN VIEW PR SE KENNEWICK, WA 99338	NOT EMPLOYED KENNEWICK, WA Occupation NOT EMPLOYED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$100.00	\$100.00
08/18/20	JENNIFER MILLER PACI 516 TREMONT #5 BOSTON, MA 02116	RETIRED BOSTON, MA Occupation RETIRED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$125.00	\$125.00
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		