

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

Date

Skye White

08-20-2020

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Page 2

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

Deposit Date
08/20/20

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*
08/18/20	DIANE SUNDVIK 6115 W 8TH AVE KENNEWICK, WA 99336	Occupation		X	\$50.00	\$50.00
08/18/20	JOELLEN DOYLE 611 HUMBOLDT ST BEARDSTOWN, IL 62618	NOT EMPLOYED BEARDSTOWN, IL Occupation NOT EMPLOYED		X	\$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		X	\$100.00	\$100.00
08/18/20	JENNIFER MILLER PACI 516 TREMONT #5 BOSTON, MA 02116	RETIRED BOSTON , MA Occupation RETIRED		X	\$125.00	\$125.00
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Page Total \$400.00