

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

100993297

08-24-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)
KIM LEHRMAN (Kim for Franklin County)

Mailing Address
PO Box 5781

City **Pasco, WA** Zip + 4 **99302** Office Sought (candidates) **COUNTY COMMISSIONER** 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		
08/20/20	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>1</u> (persons)	\$25.00	

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
08/20/20	FRANCES CHVATAL 150 E Chestnut St Walla Walla, WA 99362	Providence St Mary Medical Center Walla Walla, WA		X	\$50.00	\$50.00
		Occupation NURSE				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Sub-total			\$75.00	*See reverse for details.
	<input type="checkbox"/> Check here if additional pages are attached	Amount from attached pages			\$0.00	

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.

\$75.00

4. Date of Deposit **08/22/20**

Treasurer's Daytime Telephone No.: **(206) 682-7328**

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

Treasurer's Signature **Josie Olsen** Date **08-24-2020**