

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:*	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
		OccupationNURSE				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Sub-total			\$75.00	
		Amount from attached pages			\$0.00	
	<input type="checkbox"/> Check here if additional pages are attached					

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

***See reverse for details.**

4. Date of Deposit

08/22/20

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

Treasurer's Signature

Date

Josie Olsen

08-24-2020

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