

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE  
 100993564  
 08-24-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)  
**Danielle Garbe Reser (Friends Of Danielle Garbe Reser)**

Mailing Address  
**PO Box 3297**

City Walla Walla, WA Zip + 4 99362 Office Sought (candidates) STATE SENATOR 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 .....		
	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
08/21/20	William Albee 234 Whistling Duck Road Walla Walla, WA 99362	Retired Walla Walla, WA OccupationRetired		X	\$250.00	\$250.00
08/21/20	Lou Holm 1809 Brevor Drive Walla Walla, WA 99362	Jonathan M. Wainwright Memorial VA Medical Center Walla Walla, WA OccupationPsychiatrist		X	\$100.00	\$100.00
08/21/20	Katherine Manning 34827 Southeast Moffat Street Snoqualmie, WA 98065			X	\$100.00	\$100.00
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			\$450.00	*See reverse for details.
		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.

\$450.00

4. Date of Deposit 08/21/20

Treasurer's Daytime Telephone No.: (206)745-2010

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

Treasurer's Signature Jason Bennett Date 08-24-2020