

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100993891

08-26-2020

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:*	P R I	G E N	Amount	Aggregate* Total
08/25/20	KATE MORAN 684 S 58TH AVE WEST RICHLAND, WA 99353	BATTELLE RICHLAND, WA OccupationNUCLEAR FACILITY SPECIALIST		X	\$100.00	\$100.00
08/25/20	TANYA KNICKERBOCKER 3204 SHARON WAY YAKIMA, WA 98902	YAKIMA VALLEY COLLEGE YAKIMA, WA OccupationPROFESSOR		X	\$100.00	\$100.00
08/25/20	ELISE REEL 2107 S QUILIAN ST KENNEWICK, WA 99338	Occupation		X	\$50.00	\$50.00
08/25/20	DIANE MOLLESON 4375 KIMBERLY ST RICHLAND, WA 99352	Occupation		X	\$50.00	\$50.00
08/25/20	ROBERT EMMINGHAM 213205 E 22ND AVE KENNEWICK, WA 99338	Occupation		X	\$25.00	\$25.00
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$325.00	*See reverse for details.
		Amount from attached pages			\$50.00	

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.

\$375.00

4. Date of Deposit

08/27/20

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

08-26-2020

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
08/27/20

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*
08/25/20	MORGAN THOMSPON 2550 DUPORTAIL ST APT L269 RICHLAND, WA 99352	WALMART PASCO, WA Occupation PHARMACY TECH	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$50.00	\$50.00
		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"/>		
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		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		

Page Total \$50.00