

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE

100994461

08-31-2020

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 .....         |        |       |
|               | 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:*<br>Employer's Name, City and State | P<br>R<br>I | G<br>E<br>N | Amount   | Aggregate*<br>Total              |
|---------------|--|---|-------------|-------------|----------|----------------------------------|
| 08/27/20      | <b>HELENE SCHWARTZ<br/>6518 W Octave St<br/>Pasco, WA 99301</b>      |   |             | X           | \$100.00 | \$100.00                         |
|               | Occupation   |   |             |             |          |                                  |
|               | Occupation   |   |             |             |          |                                  |
|               | Occupation   |   |             |             |          |                                  |
|               | Occupation   |   |             |             |          |                                  |
|               | Occupation   |   |             |             |          |                                  |
|               | <input type="checkbox"/> Check here if additional pages are attached | <b>Sub-total</b>  |             |             | \$100.00 | <b>*See reverse for details.</b> |
|               |  | <b>Amount from attached pages</b>                                     |             |             | \$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.

\$100.00

4. Date of Deposit **08/30/20**

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 **08-31-2020**