

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE  
 100994973  
 08-31-2020

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
08/25/20	Iron Workers District Council 110 Main Street Suite 100 Edmonds, WA 98020			X	\$1,000.00	\$1,000.00
		Occupation				
08/25/20	Walla Walla Democratic Central PO Box 1323 Walla Walla, WA 99362			X	\$500.00	\$500.00
		Occupation				
08/28/20	Carl Bisgard 1390 Rooster Road Walla Walla, WA 99362	DBA Carl Bisgard Walla Walla, WA		X	\$100.00	\$100.00
		Occupation Doctor				
08/28/20	Megan Clubb 584 Ethel Road Walla Walla, WA 99362	Retired Walla Walla, WA		X	\$250.00	\$250.00
		Occupation Retired				
08/28/20	Dave Gibson 938 Home St. Walla Walla, WA 99362	Not Employed ,		X	\$100.00	\$200.00
		Occupation Not Employed				
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$1,950.00	*See reverse for details.
		Amount from attached pages			\$2,200.00	
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.					\$4,150.00	

4. Date of Deposit: 08/28/20

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: 08-31-2020

# RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.) <b>Danielle Garbe Reser (Friends Of Danielle Garbe Reser)</b>	Deposit Date <b>08/28/20</b>
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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*
08/28/20	Peggy Sanderson 1729 Hillbrooke Drive Walla Walla, WA 99362	Retired , Occupation <b>Retired</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$200.00	\$200.00
08/28/20	Court Wyckoff 11705 Tatum Way Yakima, WA 98908	Wyckoff Farms Prosser, WA Occupation <b>Owner</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$1,000.00	\$1,000.00
08/28/20	Katie Wyckoff 11705 Tatum Way Yakima, WA 98908	DBA Katie Wyckoff Yakima, WA Occupation <b>Attorney</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$1,000.00	\$1,000.00
		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"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		