

# CASH RECEIPTS MONETARY CONTRIBUTIONS

## C3

(1/02)

THIS SPACE FOR OFFICE USE

100995732

09-04-2020

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 .....		<b>\$30.00</b>
	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
08/31/20	<b>SAMUEL RAFFA</b> 104 S MAIN ST GLASSBORO, NJ 08028	<b>NICOLOSI CATERERS</b>  <b>DEPTFORD, NJ</b>  Occupation <b>BARTENDER</b>		<b>X</b>	<b>\$200.00</b>	<b>\$200.00</b>
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			<b>\$200.00</b>	<b>*See reverse for details.</b>
		Amount from attached pages			<b>\$0.00</b>	

### 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.

**\$200.00**

4. Date of Deposit

**08/31/20**

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

Treasurer's Signature

Date

**Skye White**

**09-04-2020**

Treasurer's Daytime Telephone No.: **(509)554-7208**