

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100999859

09-21-2020

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		\$159.00
	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:* Employer's Name, City and State	P R I	G E N	Amount	Aggregate* Total
09/19/20	SUE FROST DBA RICKEY LAND & PO BOX 7285 KENNEWICK, WA 99336			X	\$500.00	\$500.00
	Occupation					
09/19/20	BOYCE BURDICK 414 SNYDER ST RICHLAND, WA 99354	RETIRED RICHLAND, WA		X	\$500.00	\$500.00
	Occupation	RETIRED				
09/19/20	INTERNATIONAL UNION OF 18701 120TH AVE NE BOTHELL, WA 98011			X	\$500.00	\$500.00
	Occupation					
09/19/20	LARRY JECHA 386 COLUMBIA POINT DR #105 RICHLAND, WA 99352	RETIRED RICHLAND, WA		X	\$100.00	\$100.00
	Occupation	RETIRED				
09/19/20	MARY JECHA 386 COLUMBIA POINT DR #105 RICHLAND, WA 99352	RETIRED RICHLAND, WA		X	\$100.00	\$100.00
	Occupation	RETIRED				
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$1,700.00	*See reverse for details.
		Amount from attached pages			\$100.00	

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.

\$1,800.00

4. Date of Deposit

09/19/20

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

Treasurer's Signature

Date

Skye White

09-21-2020

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

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
09/19/20

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*
09/19/20	J HOWARD MEHARD 5218 NE ISLER ST VANCOUVER, WA 98661	RETIRED VANCOUVER, WA Occupation RETIRED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$50.00	\$50.00
09/19/20	KAREN MEHARD 5218 NE ISLER ST VANCOUVER, WA 98661	RETIRED VANCOUVER, WA Occupation RETIRED	<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"/>		
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		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		

Page Total \$100.00