

# CASH RECEIPTS MONETARY CONTRIBUTIONS

## C3

(1/02)

THIS SPACE FOR OFFICE USE

101000235

09-21-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)

(Committee to Elect Carly Coburn)

Mailing Address

P.O. Box 5744

City	Zip + 4	Office Sought (candidates)
Pasco, WA	99302	STATE REPRESENTATIVE

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:*	P R I	G E N	Amount	Aggregate* Total
09/11/20	AIDEN CASPERSON 5108 CATALONIA DR PASCO, WA 99301	CH2MHILL RICHLAND, WA OccupationHEALTH PHYSICS TECHNICIAN		X	\$50.00	\$100.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			\$50.00	*See reverse for details.
		Amount from attached pages			\$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.

\$50.00

4. Date of Deposit

09/15/20

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

Treasurer's Signature

Date

Jason Bennett

09-21-2020

Treasurer's Daytime Telephone No.: (206) 745-2010