

# CASH RECEIPTS MONETARY CONTRIBUTIONS

## C3

(1/02)

THIS SPACE FOR OFFICE USE

101000237

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: Employer's Name, City and State	P R I	G E N	Amount	Aggregate* Total
09/14/20	NATIONAL WOMENS POLITICAL PO Box 94442 Seattle, WA 98124			X	\$125.00	\$125.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			\$125.00	*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.

\$125.00

4. Date of Deposit

09/18/20

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