

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

101000718

09-22-2020

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
09/18/20	SANDY FAZEKAS 22714 SW 9TH ST BOCA RATON, FL 33308	HOLY CROSS HEALTH FT LAUDERDALE, FL OccupationHEALTH INFORMATION		X	\$125.00	\$125.00
09/19/20	CONNIE DEHAAN 1532 THAYER DR RICHLAND, WA 99354	ASTRIA SUNNYSIDE HOSPITAL SUNNYSIDE, WA OccupationCHARGE RN		X	\$125.00	\$125.00
09/19/20	JANE SCHMOETZER 1940 THAYER DR RICHLAND, WA 99354	 Occupation		X	\$50.00	\$50.00
09/19/20	MIRIAM KERZNER 510 NEWCOMER ST RICHLAND, WA 99354	COLUMBIA BASIN COLLEGE PASCO, WA OccupationPROFESSOR		X	\$100.00	\$100.00
09/19/20	KENDELL MILLBAUER 713 S YOUNG PL KENNEWICK, WA 99336	CADWELL KENNEWICK, WA OccupationSALES SUPPORT MANAGER		X	\$250.00	\$250.00
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$650.00	*See reverse for details.
		Amount from attached pages			\$300.00	

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.

\$950.00

4. Date of Deposit

09/23/20

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

Treasurer's Signature

Date

Skye White

09-22-2020

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
09/23/20

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*
09/20/20	WILLIAM SHAW 184 WILDWOOD CT RICHLAND, WA 99352	BATTELLE MEMORIAL INSTITUTE RICHLAND, WA Occupation MANAGER		X	\$150.00	\$150.00
09/20/20	BENJAMIN LURIE 202 CULLUM AVE RICHLAND, WA 99352	Occupation		X	\$100.00	\$100.00
09/21/20	GEORGE PERKINS 3810 W 20TH AVE KENNEWICK, WA 99338	Occupation		X	\$50.00	\$50.00
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Page Total \$300.00