| PUBLIC | 711 CAPITOL WAY RM 206 CAS PO BOX 40908 OLYMPIA WA 98504-0908 MON 0(360) 753-1111 MON | | | H RECEIPTS IETARY ITRIBUTIONS | | (1/02) | 3 | THIS SPACE FOR OFFICE USE 101001184 09-26-2020 | |
|---|---|--|---|---|-------------|-----------------------|---------------------------------|--|--|
| Candidate | or Committee Name (Do not abbreviate | . Use full name.) | | | | | | | |
| JEROME | DELVIN (JEROME DELVIN F | FOR BENTON C | OUNTY | COMMISSIONER) | | | | | |
| Mailing Ad | dress | | | | | | | | |
| 7620 W | EST 21ST AVENUE | | | | | | | | |
| City KENNEWICK, WA | | Zip + 4 99338 | | Office Sought (candidates) COUNTY COMMISSIONER | | | Election D | Date | |
| | ARY CONTRIBUTIONS DEPOSITED IN | | | | | | | | |
| Date Received | | | | | | | Amount | Total | |
| | a. Anonymous | | | | | | | \$100.00 | |
| | b. Candidate's personal funds depo | osited in the bank (i | nclude car | ndidate loans in 1c) | | | | | |
| | c. Loans, notes, security agreements. Attach Schedule L | | | | | | | | |
| | d Miscellaneous receipts (interest | d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation | | | | | | | |
| | | | | | | | | *** | |
| 2. CONTR | e. Small contributions \$25.00 or les IBUTIONS OVER \$25.00 | s not itemized and | number of | r persons giving () | persor | ns) | | | |
| Date Received | Contributor's Name, Address, City | | | ns of more than \$100: [*] s Name, City and State | P R I | G E N | Amount | Aggregate [*] Total | |
| 09/25/20 | WA ASSO OF REALTOR PO Box 719 Olympia, WA 98507 | Oct | cupation | | | x | \$1,000.00 | \$1,000.00 | |
| | | Oct | cupation | | | | | | |
| | | | | | | | | | |
| | | | cupation | | | | | | |
| | | Oct | cupation | | | | | | |
| | | | | | | | | | |
| | | Occupation Sub total | | | | | \$1,000.00 | | |
| | Check here if additional pages are attached | | Sub-total Amount from attached pages | | | \$1,000.00 | *See reverse | | |
| 3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED Sum of parts 1 and 2 above. Enter this amount in line 1, Sched | | | D TO ACCOUNT | | | | \$1,000.00 | for details. | |
| 4. Date of Deposit | | | I certify that this report is true and comple | | | nplete to the best of | ete to the best of my knowledge | | |
| | | | | Treasurer's Signature | | | | Date | |
| 09/25/20 Treasurer's Daytime Telephone No.: (509)947-5383 | | | | Ella Childers | | | | 09-26-2020 | |