

## CASH RECEIPTS **MONETARY** CONTRIBUTIONS

THIS SPACE FOR OFFICE USE

101002864

10-04-2020

Candidate or Committee Name (Do not abbreviate. Use full name.) (Friends of Justin Raffa) Mailing Address PO Box 1815 City Zip + 4Office Sought (candidates) **Election Date** 

COUNTY COMMISSIONER 2020 Richland, WA 99352 1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT Date **Amount** Total Received \$184.00 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 Contributions of more than \$100:\* Aggregate\* Date R Ε Amount Employer's Name, City and State Contributor's Name, Address, City, State, Zip Total Received х 09/30/20 KIRK WILLIAMSON BENTON-FRANKLIN COMMUNIT HEALTH ALLIANCE 527 N REED ST \$100.00 \$200.00 KENNEWICK , WA 99336 KENNEWICK, WA OccupationPROGRAM MANAGER Occupation Occupation Occupation Occupation Sub-total \$100.00 Check here if additional Amount from \$0.00 pages are attached \*See reverse attached pages 3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT for details. \$100.00 Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4. 4. Date of Deposit I certify that this report is true and complete to the best of my knowledge Treasurer's Signature Date

10/01/20

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

Skye White 10-04-2020