

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 101003074
 10-05-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)
Danielle Garbe Reser (Friends Of Danielle Garbe Reser)

Mailing Address
PO Box 3297

City Walla Walla, WA Zip + 4 99362 Office Sought (candidates) STATE SENATOR 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
09/29/20	Allen Brecke 386 Columbia Point Drive Richland, WA 99352	Allen Brecke Law Kennewick, WA OccupationAttorney		X	\$250.00	\$250.00
09/29/20	Linda Brewer 548 2nd Avenue San Francisco, CA 94118	Retired San Francisco, CA OccupationRetired		X	\$300.00	\$300.00
09/29/20	Sandra Cannon 803 Valencia Street Walla Walla, WA 99362	US Department of Energy Washington, DC OccupationPurchasing Consultant		X	\$100.00	\$100.00
09/29/20	David Gibson 938 Home Avenue Walla Walla, WA 99362	Occupation		X	\$100.00	\$100.00
09/29/20	Michael Perrin 1608 S Vera Crest Dr Spokane Valley, WA 99037-9036	Occupation		X	\$50.00	\$50.00
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$800.00	*See reverse for details.
		Amount from attached pages			\$100.00	

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.

\$900.00

4. Date of Deposit 09/29/20

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

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

Treasurer's Signature Jason Bennett Date 10-05-2020

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.) Danielle Garbe Reser (Friends Of Danielle Garbe Reser)	Deposit Date 09/29/20
--	---------------------------------

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*
09/29/20	Norman Swick 2822 West Viewmont Way West Seattle, WA 98199	Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$100.00	\$100.00
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		