

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

101003909

10-06-2020

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		\$184.00
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
10/02/20	MARY PETERS 508 FULLER ST RICHLAND, WA 99354	NOT EMPLOYED RICHLAND, WA Occupation NOT EMPLOYED		X	\$25.00	\$25.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			\$25.00	*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.

\$25.00

4. Date of Deposit
10/06/20

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

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

Treasurer's Signature **Skye White** Date **10-06-2020**