

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE

101004806

10-11-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)  
**(Committee to Elect Carly Coburn)**

Mailing Address  
**P.O. Box 5744**

City **Pasco, WA** Zip + 4 **99302** Office Sought (candidates) **STATE REPRESENTATIVE** 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
10/03/20	ZAHRA ROACH 9711 Nottingham Dr Pasco, WA 99301			X	\$100.00	\$100.00
		Occupation				
10/03/20	FRANCES CHVATAL 159 EAST CHESTNUT STREET WALLA WALLA, WA 99362	PROVIDENCE ST. MARY MEDICAL CENTER WALLA WALLA, WA		X	\$100.00	\$175.00
		OccupationRN QUALITY ANALYST				
10/03/20	LEONA HASSING 215 WILLOW CT PASCO, WA 99301			X	\$16.00	\$32.00
		Occupation				
10/03/20	NADINE STECKLEIN 338 SE Highland Park Drive College Place, WA 99324			X	\$25.00	\$41.00
		Occupation				
10/03/20	KAE HOPKINS 4208 Wernett Rd Pasco, WA 99301			X	\$100.00	\$100.00
		Occupation				
	<input checked="" type="checkbox"/> Check here if additional pages are attached	<b>Sub-total</b>			\$341.00	<b>*See reverse for details.</b>
		<b>Amount from attached pages</b>			\$25.00	

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.

\$366.00

4. Date of Deposit **10/07/20**

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 **10-11-2020**

# RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)  
 (Committee to Elect Carly Coburn)

Deposit Date  
 10/07/20

2. CONTRIBUTIONS OVER \$25.00

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