

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 Zip + 4 Office Sought (candidates)
Pasco, WA 99302 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:*	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
	Occupation	RN 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	Sub-total			\$341.00	*See reverse for details.
		Amount from attached pages			\$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

Date

Jason Bennett

10-11-2020

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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Candidate or Committee Name (Do not abbreviate. Use full name.) (Committee to Elect Carly Coburn)	Deposit Date 10/07/20
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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	FRANCES CHVATAL 159 EAST CHESTNUT STREET WALLA WALLA, WA 99362	PROVIDENCE ST. MARY MEDICAL WALLA WALLA, WA Occupation RN QUALITY ANALYST		X	\$25.00	\$175.00
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Page Total \$25.00