

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

101004807

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
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1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received	Description	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
10/05/20	JUDITH JOHANNESSEN 1615 SANFORD AVE RICHLAND, WA 99354	BATTELLE RICHLAND, WA Occupation: TECHNICIAN		X	\$20.00	\$60.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total Amount from attached pages			\$20.00 \$0.00	*See reverse for details.
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.					\$20.00	

4. Date of Deposit 10/08/20	I certify that this report is true and complete to the best of my knowledge
Treasurer's Daytime Telephone No.: (206)745-2010	Treasurer's Signature Jason Bennett
	Date 10-11-2020