

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

101005644

10-12-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)

KIM LEHRMAN (Kim for Franklin County)

Mailing Address

PO Box 5781

City

Pasco, WA

Zip + 4

99302

Office Sought (candidates)
COUNTY COMMISSIONER

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 | | |
| 10/09/20 | e. Small contributions \$25.00 or less not itemized and number of persons giving <u>1</u> (persons) | \$25.00 | |

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 |
|---------------|--|--|-------------|-------------|----------------|--------------------------------------|
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| | | Occupation | | | | |
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| | | Sub-total | | | \$25.00 | *See reverse for details. |
| | <input type="checkbox"/> Check here if additional pages are attached | 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

10/11/20

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

Treasurer's Signature

Date

Josie Olsen

10-12-2020

Treasurer's Daytime Telephone No.: **(206) 682-7328**