

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 101005914
 10-13-2020

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		\$584.00
	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
10/07/20	PHIL KOESTNER 2651 EAGLEWATCH LOOP RICHLAND, WA 99354			X	\$50.00	\$50.00
	Occupation					
10/07/20	LISA ROOTVIK 1704 DEL CAMBRE LOOP RICHLAND, WA 99352	TRI-CITIES CANCER CENTER KENNEWICK, WA		X	\$120.00	\$120.00
	Occupation	DIRECTOR OF CANCER SURVIVORSHIP				
10/07/20	HORACIO GONZALEZZ 1731 DAVISON AVE RICHLAND, WA 99354			X	\$50.00	\$50.00
	Occupation					
	Occupation					
	Occupation					
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			\$220.00	*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.					\$220.00	

4. Date of Deposit **10/09/20**

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 **10-13-2020**