

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE  
 101008152  
 10-19-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)  
**(ELECT ROCKY MULLEN)**

Mailing Address  
**230 CARR RD**

City **PASCO, WA** Zip + 4 **99301** 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 .....            |                |       |
| <b>10/15/20</b> | e. Small contributions \$25.00 or less not itemized and number of persons giving <u>2</u> (persons) | <b>\$50.00</b> |       |

2. CONTRIBUTIONS OVER \$25.00

| Date Received | Contributor's Name, Address, City, State, Zip                        | Contributions of more than \$100:<br>Employer's Name, City and State | P<br>R<br>I | G<br>E<br>N | Amount  | Aggregate*<br>Total       |
|---------------|--|--|-------------|-------------|---------|---------------------------|
|               |  |  |             |             |         |                           |
|               |  | Occupation   |             |             |         |                           |
|               |  | Occupation   |             |             |         |                           |
|               |  | Occupation   |             |             |         |                           |
|               |  | Occupation   |             |             |         |                           |
|               |  | Occupation   |             |             |         |                           |
|               |  | Sub-total  |             |             | \$50.00 | *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.

\$50.00

4. Date of Deposit **10/19/20**

Treasurer's Daytime Telephone No.: **(509) 528-8132**

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

Treasurer's Signature **RODNEY MULLEN** Date **10-19-2020**