

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 101008222
 10-19-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)
(COMMITTEE TO ELECT MATT BOEHNKE)

Mailing Address
6855 W. CLEARWATER AVE., STE 101 BOX 144

City: **KENNEWICK, WA** Zip + 4: **99336** Office Sought (candidates): **STATE REPRESENTATIVE** Election Date: **2020**

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		\$90.00
	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
10/15/20	KEVIN AYERS 3700 W. Clearwater Ave. Kennewick, WA 99336	Kennewick Vision Care Kennewick, WA Occupation O.D.P.C.		X	\$200.00	\$200.00
10/15/20	CENTER VISION & CONTACT LENS 8127 W. Grandridge Blvd., Ste Kennewick, WA 99336-7166	Occupation		X	\$500.00	\$500.00
10/15/20	COLUMBIA POINT VISION CLINIC 112 Columbia Point Dr. Ste 102 Richland, WA 99352-4390	Occupation		X	\$250.00	\$250.00
10/15/20	BRIAN JOHNSON 2304 S. Young Ct. Kennewick, WA 99338	Occupation		X	\$100.00	\$100.00
10/15/20	PASCO VISION CLINIC 2715 W. Ct. St. Pasco, WA 99301-3911	Occupation		X	\$300.00	\$300.00
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$1,350.00	*See reverse for details.
		Amount from attached pages			\$2,800.00	
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.					\$4,150.00	

4. Date of Deposit: **10/15/20**

Treasurer's Daytime Telephone No.: **(253)220-5590**

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

Treasurer's Signature: **JASON MICHAUD** Date: **10-19-2020**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.) (COMMITTEE TO ELECT MATT BOEHNKE)	Deposit Date 10/15/20
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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*
10/15/20	MID COLUMBIA EYECARE CENTER, 4403 W. Ct. St. Pasco, WA 99301-2879	Occupation		X	\$200.00	\$200.00
10/15/20	TRI-CITY EYES, PLLC 2170 Keene Rd. Richland, WA 99352	Occupation		X	\$300.00	\$300.00
10/15/20	EYECARE ASSOCIATION OF WEST 473 S. 38th Ave. West Richland, WA 99353	Occupation		X	\$200.00	\$200.00
10/15/20	DESERT VALLEY EYE CARE 8503 W. Clearwater Ave. Ste A Kennewick, WA 99336	Occupation		X	\$100.00	\$100.00
10/15/20	GRANDRIDGE EYE CLINIC 7131 W. Deshutes Ave., Ste 101 Kennewick, WA 99336	Occupation		X	\$400.00	\$400.00
10/15/20	WASHINGTON VISION THERAPY 7203 W. Deschutes Ave. Kennewick, WA 99336	Occupation		X	\$100.00	\$100.00
10/15/20	ARIC ROBERTSON 2215 W. 49th Ave. Kennewick, WA 99337	Occupation		X	\$100.00	\$100.00
10/15/20	DONALD TRAVIS 2317 S. Highlands Blvd. West Richland, WA 99353-7789	Occupation		X	\$100.00	\$100.00
10/15/20	LAURA WINKEL 346 E 15 Pl Kennewick, WA 99337	Occupation		X	\$50.00	\$50.00
10/12/20	WASHINGTON FOREST PROTECTION 724 Columbia St. NW, Ste 250 Olympia, WA 98501	Occupation		X	\$500.00	\$500.00
10/12/20	WASHINGTON STATE FRATERNAL 2839 W. Kennewick Ave. #356 Kennewick, WA 99336	Occupation		X	\$500.00	\$500.00

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(COMMITTEE TO ELECT MATT BOEHNKE)

Deposit Date
10/15/20

2. CONTRIBUTIONS OVER \$25.00

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10/12/20	GUN OWNERS ACTION LEAGUE PO BOX 50012 BELLEVUE, WA 98015	Occupation		X	\$150.00	\$150.00
10/15/20	KENNETH DEPEW 2407 S. Gum Kennewick, WA 99337	Occupation		X	\$50.00	\$50.00
10/15/20	MARTHA DEPEW 2407 S. Gum Kennewick, WA 99337	Occupation		X	\$50.00	\$50.00
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