

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

101008287

10-19-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)
Danielle Garbe Reser (Friends Of Danielle Garbe Reser)

Mailing Address
PO Box 3297

City: **Walla Walla, WA** Zip + 4: **99362** Office Sought (candidates): **STATE SENATOR** 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		
	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
10/16/20	Childrens Campaign Fund PO BOX 19777 Seattle, WA 98109			X	\$1,000.00	\$1,000.00
	Occupation					
10/16/20	Michael Flannery 1004 East Rockwood Boulevard Spokane, WA 99203	Retired		X	\$50.00	\$50.00
	OccupationRetired					
10/16/20	IBEW Local 77 PAC 19415 International Boulevard SeaTac, WA 98188			X	\$500.00	\$500.00
	Occupation					
10/16/20	Teamsters Local 839 SSF 1103 West Sylvester Street Pasco, WA 99301			X	\$500.00	\$1,000.00
	Occupation					
10/16/20	WA Electric Cooperatives PAC PO BOX 7219 Olympia, WA 98507			X	\$500.00	\$500.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$2,550.00	*See reverse for details.
		Amount from attached pages			\$5,000.00	
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.					\$7,550.00	

4. Date of Deposit: **10/17/20**

Treasurer's Daytime Telephone No.: **(206)745-2010**

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

Treasurer's Signature: **Jason Bennett** Date: **10-19-2020**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.) Danielle Garbe Reser (Friends Of Danielle Garbe Reser)	Deposit Date 10/17/20
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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*
10/16/20	WA St Nurses Assn PAC 575 ANDOVER PARK W #101 Seattle, WA 98188	Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$250.00	\$250.00
10/16/20	WA State 16th Legislative 3030 West 4th Avenue Unit J204 Kennewick, WA 99336	Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$4,750.00	\$8,750.00
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
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		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
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