

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 101008498
 10-19-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)
FRANCES CHVATAL (Elect Frances Chvatal)

Mailing Address
PO Box 53

City Walla Walla, WA Zip + 4 99362 Office Sought (candidates) **STATE REPRESENTATIVE** 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 |
|--|---|--|-------------|-------------|----------|---------------------------|
| 10/13/20 | TED BERGSTROM 198 Narcissa Pl Walla Walla, WA 99362 | Not Employed Walla Walla, WA OccupationNOT EMPLOYED | | X | \$150.00 | \$350.00 |
| 10/14/20 | PRAVEEN KORIMERLA 72805 E Reata Rd Kennewick, WA 99338 | Kadlec Hospital Kennewick, WA OccupationPHYSICIAN | | X | \$500.00 | \$500.00 |
| 10/16/20 | JASON HANCOCK 115 S Blue St Walla Walla, WA 99362 | Occupation | | X | \$100.00 | \$100.00 |
| 10/16/20 | GAYLE SEE 827 Smith Dr College Place, WA 99324 | Not Employed , OccupationNOT EMPLOYED | | X | \$16.00 | \$48.00 |
| 10/17/20 | JUDITH JOHANNESSEN 1615 Sanford Ave Richland, WA 99354 | Battelle PNWD Richland, WA OccupationMANAGEMENT PROFESSOR | | X | \$20.00 | \$170.00 |
| | <input checked="" type="checkbox"/> Check here if additional pages are attached | Sub-total | | | \$786.00 | *See reverse for details. |
| | | Amount from attached pages | | | \$100.00 | |
| 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. | | | | | \$886.00 | |

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

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

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

Treasurer's Signature: **Lucia Dorantes** Date: **10-19-2020**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

| | |
|---|---------------------------------|
| Candidate or Committee Name (Do not abbreviate. Use full name.) FRANCES CHVATAL (Elect Frances Chvatal) | Deposit Date 10/17/20 |
|---|---------------------------------|

2. CONTRIBUTIONS OVER \$25.00

| Date Received | Contributor's Name, Address, City, State, Zip | Contributions of more than \$100:* | P | G | Amount | Aggregate Total* |
|---------------|---|--|--------------------------|-------------------------------------|----------|------------------|
| | | Employer's Name, City and State | R | E | | |
| | | Occupation | I | N | | |
| 10/17/20 | TRACY WILLIAMS 2114 W Johannsen Rd Spokane, WA 99208 | Self Employed Walla Walla, WA Occupation CONSULTANT | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$100.00 | \$120.00 |
| | | Occupation | <input type="checkbox"/> | <input type="checkbox"/> | | |
| | | Occupation | <input type="checkbox"/> | <input type="checkbox"/> | | |
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