

**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			X	\$100.00	\$100.00
10/16/20	GAYLE SEE 827 Smith Dr College Place, WA 99324	Not 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:* Employer's Name, City and State	P R I	G E N	Amount	Aggregate Total*
10/17/20	TRACY WILLIAMS 2114 W Johannsen Rd Spokane, WA 99208	Self Employed Walla Walla, WA Occupation CONSULTANT		X	\$100.00	\$120.00
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