

## CASH RECEIPTS **MONETARY** CONTRIBUTIONS

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 Zip + 4Office Sought (candidates) **Election Date** 

STATE REPRESENTATIVE 2020 Walla Walla, WA 99362 1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT Date **Amount** Total Received 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 Contributions of more than \$100:\* Aggregate\* Date R Ε Amount Employer's Name, City and State Contributor's Name, Address, City, State, Zip Total Received х 10/13/20 TED BERGSTROM Not Employed 198 Narcissa Pl \$150.00 \$350.00 Walla Walla, WA 99362 Walla Walla, WA OccupationNOT EMPLOYED х 10/14/20 PRAVEEN KORIMERLA Kadlec Hospital 72805 E Reata Rd \$500.00 \$500.00 Kennewick, WA 99338 Kennewick, WA **Occupation PHYSICIAN** Х 10/16/20 JASON HANCOCK 115 S Blue St \$100.00 \$100.00 Walla Walla, WA 99362 Occupation х 10/16/20 GAYLE SEE Not Employed 827 Smith Dr \$48.00 \$16.00 College Place, WA 99324 OccupationNOT EMPLOYED Х 10/17/20 JUDITH JOHANNESEN Battelle PNWD 1615 Sanford Ave \$20.00 \$170.00 Richland, WA 99354 Richland, WA Occupation MANAGEMENT PROFESSOR Sub-total \$786.00 Check here if additional X Amount from \$100.00 pages are attached \*See reverse attached pages 3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT for details. \$886.00 Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4. 4. Date of Deposit I certify that this report is true and complete to the best of my knowledge Treasurer's Signature 10/17/20

Lucia Dorantes 10-19-2020 Treasurer's Daytime Telephone No.: (206)682-7328

## **RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)**

Candidate or Committee Name (Do not abbreviate. Use full name.)

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Deposit Date

FRANCES CHVATAL (Elect Frances Chvatal)				10/17/20			
2. CONTRIBU	FIONS 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		х	\$100.00	\$120.00	
		Occupation CONSULTANT					
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