

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

101009013

10-20-2020

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

(Friends of Justin Raffa)

Mailing Address

PO Box 1815

City

Richland, WA

Zip + 4

99352

Office Sought (candidates)

COUNTY COMMISSIONER

Election Date

2020

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		\$584.00
	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	ALLISON DABLER 1128 S TRANQUILITY PR SE KENNEWICK, WA 99338			X	\$35.00	\$35.00
	Occupation					
10/15/20	MICHAEL WIREMAN 2435 MICHAEL AVE RICHLAND, WA 99352			X	\$25.00	\$25.00
	Occupation					
10/15/20	JEFFREY KISSEL 2395 COPPERTREE CT RICHLAND, WA 99354	CALTECH RICHLAND, WA		X	\$70.00	\$120.00
	Occupation	RESEARCH SCIENTIST				
10/15/20	STEVE BAKER 2128 HUDSON AVE RICHLAND, WA 99354	UMTANUM ENTERPRISES RICHLAND, WA		X	\$125.00	\$375.00
	Occupation	CONSULTANT				
10/15/20	RON JOHNSON 1621 SANFORD AVE RICHLAND, WA 99354			X	\$50.00	\$50.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$305.00	*See reverse for details.
		Amount from attached pages			\$50.00	

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.

\$355.00

4. Date of Deposit

10/19/20

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

Treasurer's Signature

Date

Skye White

10-20-2020

Treasurer's Daytime Telephone No.: **(509)554-7208**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Page 2

Candidate or Committee Name (Do not abbreviate. Use full name.)
(Friends of Justin Raffa)

Deposit Date
10/19/20

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*
10/15/20	DIANE AVANT 1621 SANFORD AVE RICHLAND, WA 99354	NOT EMPLOYED RICHLAND, WA Occupation NOT EMPLOYED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$50.00	\$150.00
		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"/>		
		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"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		

Page Total \$50.00