

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

100948133
 AMENDS
 100948131
 12-09-2019

Candidate or Committee Name (Do not abbreviate. Use full name.)
(Perry Dozier For State Senate)

Mailing Address
PO Box 3042

City Walla Walla, WA	Zip + 4 99362	Office Sought (candidates) STATE SENATOR	Election Date 2020
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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
11/27/19	MATTHEW STROE 815 Fern Avenue Walla Walla, WA 99362	Walla Walla County Walla Walla, WA Occupation SHERIFF DEPUTY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$500.00	\$500.00
		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"/>		
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			\$500.00	*See reverse for details.
		Amount from attached pages			\$0.00	

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.

\$500.00

4. Date of Deposit 11/27/19	Treasurer's Daytime Telephone No.: (509)525-1664	I certify that this report is true and complete to the best of my knowledge	
		Treasurer's Signature Daryl Hopson	Date 12-09-2019