

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

## CASH RECEIPTS MONETARY CONTRIBUTIONS

**C3** 

THIS SPACE FOR OFFICE USE

100949901

12-13-2019

(Perry Dozier For State Senate)							
Mailing A	ddress						
PO Box	3042						
City	Zip +	- 4	Office Sought (candidates)		Election Date		
Walla	Walla, WA 993	62	STATE SENATOR		2020		
1. MONE	TARY CONTRIBUTIONS DEPOSITED IN ACCO	UNT			·		
Date Received					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 ite	emized and number	of persons giving	(persons)			
2. CONTI	RIBUTIONS OVER \$25.00			. P G			
Date Received	Contributor's Name, Address, City, State,		tions of more than \$100:* er's Name, City and State	PG RE IN	Amount	Aggregate* Total	
2/13/19	ELEONORE DOZIER			х			
	1922 Gemstone Dr				\$100.00	\$100.00	
	Walla Walla, WA 99362						
		Occupation					
		Occupation					
		Occupation	l .				
		Occupation	l .				
		Occupation	Occupation				
	☐ Check here if additional		Sub-total		\$100.00	*See reverse	
	pages are attached		attached pages		\$0.00		
	FUNDS RECEIVED AND DEPOSITED OR CREparts 1 and 2 above. Enter this amount in line 1,		JNT		\$100.00	for details.	
4. Date of			I certify that this report is	s true and comp	lete to the best of my	knowledge	
12	/13/19		Treasurer's Signature		Date		
	r's Daytime Telephone No.: (509)525-166	54	Daryl Hopson		1	12-13-2019	