

# CASH RECEIPTS MONETARY CONTRIBUTIONS

## C3

(1/02)

THIS SPACE FOR OFFICE USE

100950706

12-27-2019

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

### 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
12/27/19	KIMBALL, TODD 2902 Lower Waitsburg Rd Walla Walla, WA 99362	Walla Walla County Walla Walla, WA OccupationCOUNTY COMMISSIONER	X		\$125.00	\$125.00
12/27/19	KIMBALL, SANDY 2902 Lower Waitsburg Rd Walla Walla, WA 99362	Animal Clinic East Walla Walla, WA OccupationPRACTICE MANAGER	X		\$125.00	\$125.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			\$250.00	*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.					\$250.00	

4. Date of Deposit

12/27/19

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

Treasurer's Signature

Date

Daryl Hopson

12-27-2019

Treasurer's Daytime Telephone No.: (509)525-1664