

**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 Amount from attached pages			\$250.00 \$0.00	*See reverse for details.
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**

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: **12-27-2019**