

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100954634

01-15-2020

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)		
01/07/20	c. Loans, notes, security agreements. Attach Schedule L	\$1,500.00	
	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
01/08/20	KONCRETE INDUSTRIES PO Box 911, 502 North 13th Walla Walla, WA 99362		X		\$1,000.00	\$1,000.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Sub-total			\$2,500.00	*See reverse for details.
	<input type="checkbox"/> Check here if additional pages are attached	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.

\$2,500.00

4. Date of Deposit

01/08/20

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

Treasurer's Signature

Date

Daryl Hopson

01-15-2020

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

Candidate or Committee Name

Report Date

(~~Perry Dozier For State Senate~~)
1. MONETARY OR IN-KIND LOAN RECEIVED. Loans are considered contributions and are subject to any applicable limit.

Date Loaned 01/07/20	Lender's Name and Address PERRY DOZIER PO Box 3042 Walla Walla, WA 99362	<div>P R I X</div> <div>G E N</div>	Amount of Loan \$1,500.00	Annual Interest Rate 0%	Repayment Schedule	Date Due
If monetary loan, also include this amount on line 1c, C3 report. If in-kind loan, itemize in Part 1 of Schedule B.			→		Lender's Occupation and Name, City & State of Employer	
Name and Address of Each Loan Endorser, Co-Signer			<div>P R I</div> <div>G E N</div>	Amount Liable For (Same as Loan Amount)	Aggregate Total	Endorser's Occupation and Name, City, & State of Employer

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