

**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 <b>Walla Walla, WA</b>	Zip + 4 <b>99362</b>	Office Sought (candidates) <b>STATE SENATOR</b>	Election Date <b>2020</b>
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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).....		
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				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			\$2,500.00	*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.

\$2,500.00

4. Date of Deposit <b>01/08/20</b>	Treasurer's Daytime Telephone No.: <b>(509)525-1664</b>	I certify that this report is true and complete to the best of my knowledge	
		Treasurer's Signature <b>Daryl Hopson</b>	Date <b>01-15-2020</b>

# LOANS

**SCHEDULE  
TO C3  
OR C4**

**L**  
(12/99)

Page **2**

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