PUBLIC	NSCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	CASH REC MONETAR CONTRIBU		<b>C3</b>	10	ACE FOR OFFICE USE 0962098 -31-2020	
Candidate or	Committee Name (Do not abbreviate.	Use full name.)			-		
(Mark Kl	icker for State Represe	entative)					
Mailing Addre							
PO Box 3	401					-	
City <b>Walla Walla, WA</b>		Zip + 4 <b>99362</b>		Office Sought (candidates) STATE REPRESENTATIVE		Election Date 2020	
1. MONETAR	Y CONTRIBUTIONS DEPOSITED IN	ACCOUNT					
Date Received					Amount	Total	
	a. Anonymous						
	,						
	b. Candidate's personal funds depos	sited in the bank (include c	andidate loans in 1c)				
	c. Loans, notes, security agreements	s. Attach Schedule L					
	d. Miscellaneous receipts (interest, r	efunds, auctions, other).	Attach explanation				
e. Small contributions \$25.00 or less not itemized and number of persons givilig (persons)					\$25.00		
2. CONTRIBL	JTIONS OVER \$25.00		<u></u>				
Date Received	Contributor's Name, Address, City,		ions of more than \$100:* r's Name, City and State	PG RE IN	Amount	Aggregate <sup>*</sup> Total	
		Occupation					
		Occupation					
		Occupation					
		Occupation					
		Occupation					
	Check here if additional		Sub-total		\$25.00		
	Check here if additional pages are attached			ount from ned pages	\$0.00	*See reverse	
	NDS RECEIVED AND DEPOSITED C s 1 and 2 above. Enter this amount in		JNT		\$25.00	for details.	
4. Date of Deposit			I certify that this report is true and complete to the best of my knowledge Treasurer's Signature Date				
Treasurer's Daytime Telephone No.: (509)525-1664			Daryl Hopson		С	3-31-2020	