

CASH RECEIPTS **MONETARY** CONTRIBUTIONS

THIS SPACE FOR OFFICE USE

100965345

04-27-2020

Candidate or Committee Name (Do not abbreviate. Use full name.) (Mark Klicker for State Representative) Mailing Address PO Box 3401

City Zip + 4Office Sought (candidates) **Election Date** STATE REPRESENTATIVE 2020 Walla Walla, WA 99362 1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT Date **Amount** Total Received 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 Contributions of more than \$100:* Aggregate* Date R Ε Amount Employer's Name, City and State Contributor's Name, Address, City, State, Zip Total Received Х 04/22/20 DEAN GERLING L&G True Value 1810 Smith Road \$250.00 \$250.00 Walla Walla, WA 99362 Walla Walla, WA OccupationBUSINESS OWNER Х L&G True Value 04/22/20 KATHY GERLING 1810 Smith Road \$250.00 \$250.00 Walla Walla, WA 99362 Walla Walla, WA OccupationBUSINESS OWNER Occupation Occupation Occupation Sub-total \$500.00 Check here if additional Amount from \$0.00 pages are attached *See reverse attached pages 3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT for details. \$500.00 Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4. 4. Date of Deposit I certify that this report is true and complete to the best of my knowledge Treasurer's Signature 04/22/20 Daryl Hopson

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

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