

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE  
 100965346  
 04-27-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)  
**(Mark Klicker for State Representative)**

Mailing Address  
**PO Box 3401**

City **Walla Walla, WA** Zip + 4 **99362** Office Sought (candidates) **STATE REPRESENTATIVE** 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
04/27/20	JON BLANC PO Box 144 Dixie, WA 99329		X		\$20.00	\$30.00
		Occupation				
04/27/20	SCOTT KRIVOSHEIN 2961 Kendall Road Walla Walla, WA 99362	Krivoshein Financial Walla Walla, WA	X		\$125.00	\$125.00
		Occupation FINANCIAL ADVISOR				
04/27/20	RENEE KRIVOSHEIN 2961 Kendall Road Walla Walla, WA 99362	,	X		\$125.00	\$125.00
		Occupation RETIRED				
		Occupation				
		Occupation				
		Sub-total			\$270.00	
	<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.

\$270.00

\*See reverse for details.

4. Date of Deposit **04/27/20**

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 **04-27-2020**