

# CASH RECEIPTS MONETARY CONTRIBUTIONS

## C3

(1/02)

THIS SPACE FOR OFFICE USE

100965347

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 + 4 Office Sought (candidates)  
 Walla Walla, WA 99362 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	BILL JORDAN 779 Village Way Walla Walla, WA 99362		X		\$200.00	\$200.00
		Occupation RETIRED				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Sub-total			\$200.00	
		Amount from attached pages			\$0.00	
	<input type="checkbox"/> Check here if additional pages are attached					

### 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.

\$200.00

\*See reverse  
for details.

4. Date of Deposit

04/27/20

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

Treasurer's Signature

Date

Daryl Hopson

04-27-2020

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