



# CASH RECEIPTS MONETARY CONTRIBUTIONS

# C3

(1/02)

**THIS SPACE FOR OFFICE USE**

100965608

05-01-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)

(Perry Dozier For State Senate)

Mailing Address

PO Box 3042

City

Zip + 4

Office Sought (candidates)  
**STATE SENATOR**

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 N T	G E N	Amount	Aggregate* Total
05/01/20	ARVID KNEE 1855 Crestline Drive Walla Walla, WA 99362	,  Occupation RETIRED	X		\$300.00	\$300.00
		  Occupation				
		  Occupation				
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		  Occupation				
		  Occupation				
		  Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total Amount from attached pages			\$300.00 \$0.00	*See reverse

## 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.

4. Date of Deposit

05/01/20

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

Date \_\_\_\_\_

Daryl Hopson

05-01-2020