

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 100967635
 05-11-2020

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:*	P R I	G E N	Amount	Aggregate* Total
05/11/20	RAY POHS 825 Country Club Road Walla Walla, WA 99362		X		\$100.00	\$100.00
	Occupation					
05/11/20	FERN POHS 825 Country Club Road Walla Walla, WA 99362		X		\$100.00	\$100.00
	Occupation					
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			\$200.00	*See reverse for details.
		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.

\$200.00

4. Date of Deposit: **05/11/20**

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: **05-11-2020**