

# CASH RECEIPTS MONETARY CONTRIBUTIONS

# C3

(1/02)

THIS SPACE FOR OFFICE USE

100967684

05-11-2020

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

**(Perry Dozier For State Senate)**

Mailing Address

**PO Box 3042**

City

**Walla Walla, WA**

Zip + 4

**99362**

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 .....		
05/11/20	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>3</u> (persons)	\$65.00	

## 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	<b>BILL FRAZIER</b> 2239 Crosshaven Drive Walla Walla, WA 99362		<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	\$50.00
	Occupation					
05/11/20	<b>LIBBY FRAZIER</b> 2239 Crosshaven Drive Walla Walla, WA 99362		<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	\$50.00
	Occupation					
05/11/20	<b>ALLEN PANASUK</b> 6844 N Winward Eagle, ID 83616		<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	\$50.00
	Occupation					
05/11/20	<b>DELEE PANASUK</b> 6844 N Winward Eagle, ID 83616		<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$50.00	\$50.00
	Occupation					
05/11/20	<b>MICHAEL TALBOTT</b> 500 E. Richmond Dayton, WA 99328		<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$100.00	\$100.00
	Occupation					
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			\$365.00	*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.

\$365.00

## 4. Date of Deposit

05/11/20

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

Treasurer's Signature

Date

**Daryl Hopson**

**05-11-2020**

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