

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100971026

05-27-2020

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		
05/27/20	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>1</u> (persons)	\$25.00	

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
05/27/20	MATTHEW STAUDENMAIER 2100 Bellerive Drive Apt 34 Richland, WA 99352		X		\$50.00	\$50.00
	Occupation					
05/27/20	SUE WESTERGARD 3146 Reservoir Road Walla Walla, WA 99362		X		\$100.00	\$100.00
	Occupation					
05/27/20	WASHINGTON ASSOCIATION OF PO Box 719 Olympia, WA 98507		X		\$1,000.00	\$1,000.00
	Occupation					
05/27/20	STEVE HARRIS 770 Village Way Walla Walla, WA 99362		X		\$50.00	\$50.00
	Occupation					
05/27/20	JENNIFER HARTZELL 770 Village Way Walla Walla, WA 99362		X		\$50.00	\$50.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$1,275.00	*See reverse for details.
		Amount from attached pages			\$700.00	

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.

\$1,975.00

4. Date of Deposit

05/27/20

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

Treasurer's Signature

Date

Daryl Hopson

05-27-2020

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

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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

Deposit Date
05/27/20

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*
05/27/20	EUGENE WARREN 112 Chandler Road Dayton, WA 99328	Occupation	X		\$50.00	\$50.00
05/27/20	MARY WARREN 112 Chandler Road Dayton, WA 99328	Occupation	X		\$50.00	\$50.00
05/27/20	LEN ISAACS 1500 Catherine St. A320 Walla Walla, WA 99362	Occupation	X		\$50.00	\$50.00
05/27/20	SHIRLEY ISAACS 1500 Catherine St. A320 Walla Walla, WA 99362	Occupation	X		\$50.00	\$50.00
05/27/20	DONALD HANSON 1698 Greenbriar Drive Walla Walla, WA 99362	Occupation RETIRED	X		\$250.00	\$250.00
05/27/20	SHARI HANSON 1698 Greenbriar Drive Walla Walla, WA 99362	Occupation RETIRED	X		\$250.00	\$250.00
		Occupation				
		Occupation				
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		Occupation				

Page Total \$700.00