

**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 **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 .....		
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: Employer's Name, City and State	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**

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 **05-27-2020**

# RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.) <b>(Mark Klicker for State Representative)</b>	Deposit Date <b>05/27/20</b>
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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 <b>RETIRED</b>	X		\$250.00	\$250.00
05/27/20	SHARI HANSON 1698 Greenbriar Drive Walla Walla, WA 99362	Occupation <b>RETIRED</b>	X		\$250.00	\$250.00
		Occupation				
		Occupation				
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