

# CASH RECEIPTS MONETARY CONTRIBUTIONS

## C3

(1/02)

THIS SPACE FOR OFFICE USE

100972767

06-05-2020

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
06/05/20	a. Anonymous .....	\$25.00	\$25.00
	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 .....		
06/05/20	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>2</u> (persons)	\$10.00	

### 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
06/05/20	TIM DONALDSON PO Box 1054 Walla Walla, WA 99362	City of Walla Walla Walla Walla, WA Occupation ATTORNEY	X		\$500.00	\$500.00
06/05/20	JOYCE AYLWARD 2200 Plaza Way Apt 205 Walla Walla, WA 99362	Occupation	X		\$100.00	\$100.00
06/05/20	LUCY FLOREN 4388 Frog Hollow Road Walla Walla, WA 99362	Occupation	X		\$100.00	\$100.00
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			\$735.00	*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.

\$735.00

4. Date of Deposit

06/05/20

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

Treasurer's Signature

Date

Daryl Hopson

06-05-2020

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