

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE  
 100972779  
 06-05-2020

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 .....   |        | \$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 .....         |        |         |
|               | 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:<br>Employer's Name, City and State | P<br>R<br>I | G<br>E<br>N | Amount  | Aggregate*<br>Total       |
|---------------|--|--|-------------|-------------|---------|---------------------------|
| 06/05/20      | SARAH MCCLURE<br>89 E Langdon Road<br>Walla Walla, WA 99362          |  | X           |             | \$50.00 | \$50.00                   |
|               |  | Occupation   |             |             |         |                           |
|               |  | Occupation   |             |             |         |                           |
|               |  | Occupation   |             |             |         |                           |
|               |  | Occupation   |             |             |         |                           |
|               |  | Occupation   |             |             |         |                           |
|               |  | Occupation   |             |             |         |                           |
|               | <input type="checkbox"/> Check here if additional pages are attached | Sub-total  |             |             | \$50.00 | *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.

\$50.00

4. Date of Deposit: **06/05/20**

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: **06-05-2020**