

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 100979617
 06-30-2020

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		\$175.00
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:*	P R I	G E N	Amount	Aggregate* Total
06/30/20	GALE KIMBALL 1187 Deerhaven Drive Walla Walla, WA 99362		X		\$100.00	\$100.00
	Occupation					
06/30/20	JAMES NAGLE 6570 Mill Creek Road Walla Walla, WA 99362		X		\$50.00	\$50.00
	Occupation					
06/30/20	MARILYN NAGLE 6570 Mill Creek Road Walla Walla, WA 99362		X		\$50.00	\$50.00
	Occupation					
06/30/20	GARY HANSON 775 Village Way Walla Walla, WA 99362		X		\$50.00	\$50.00
	Occupation					
06/30/20	TERRI HANSON 775 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			\$300.00	*See reverse for details.
		Amount from attached pages			\$1,100.00	

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.

\$1,400.00

4. Date of Deposit: **06/30/20**

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: **06-30-2020**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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

Deposit Date
 06/30/20

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*
06/30/20	DOUGLAS SATURNO 330 Craig Street Walla Walla, WA 99362	Occupation	X		\$50.00	\$50.00
06/30/20	MALINDA SATURNO 330 Craig Street Walla Walla, WA 99362	Occupation	X		\$50.00	\$50.00
06/30/20	I.E. JENKINS 9375 Mill Creek Road Walla Walla, WA 99362	Occupation	X		\$50.00	\$50.00
06/30/20	L.D. JENKINS 9375 Mill Creek Road Walla Walla, WA 99362	Occupation	X		\$50.00	\$50.00
06/30/20	LORI TUCKER 1213 SE Falbo Drive College Place, WA 99324	Occupation	X		\$100.00	\$100.00
06/30/20	MARGARET BUCHAN 2041 Stillwater Drive Walla Walla, WA 99362	Occupation	X		\$50.00	\$50.00
06/30/20	JEREMIE DUFAULT PO Box 579 Selah, WA 98942	Jeremie Dufault Selah, WA Occupation REAL ESTATE INVESTMENTS	X		\$500.00	\$500.00
06/30/20	DWELLEY EUGENE JONES 756 Crerstview Place Walla Walla, WA 99362	Jones Farm Walla Walla, WA Occupation FARMER	X		\$250.00	\$250.00
		Occupation				
		Occupation				
		Occupation				