

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 100980701
 07-06-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)
(Perry Dozier For State Senate)

Mailing Address
PO Box 3042

City Walla Walla, WA	Zip + 4 99362	Office Sought (candidates) STATE SENATOR	Election Date 2020
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1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received	Description	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		
	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:* Employer's Name, City and State	P R I	G E N	Amount	Aggregate* Total
07/06/20	MEL GAMMOND 2825 Williams Road Walla Walla, WA 99362	Lloyds Insurance Walla Walla, WA Occupation INSURANCE	X		\$500.00	\$500.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total Amount from attached pages			\$500.00 \$0.00	*See reverse for details.
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.					\$500.00	

4. Date of Deposit 07/06/20	I certify that this report is true and complete to the best of my knowledge
Treasurer's Daytime Telephone No.: (509)525-1664	Treasurer's Signature Daryl Hopson
	Date 07-06-2020