

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 100981244
 07-08-2020

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:* Employer's Name, City and State	P R I	G E N	Amount	Aggregate* Total
07/08/20	PHIL WASSER 33 E. Main Street Walla Walla, WA 99362	Land Title of Walla Walla Walla Walla, WA OccupationBUSINESS OWNER	X		\$300.00	\$300.00
07/08/20	TRUCKING ACTION COMMITTEE 2102 Carriage Drive SW, Bldg F Olympia, WA 98502	Occupation	X		\$1,000.00	\$1,000.00
07/08/20	L. JOE MESSENGER PO Box 115 College Place, WA 99324	Messenger Farm College Place, WA OccupationAPIARIST	X		\$500.00	\$500.00
07/08/20	M. JODENE MESSENGER PO Box 115 College Place, WA 99324	Messenger Farm College Place, WA OccupationAPIARIST	X		\$500.00	\$500.00
07/08/20	MIKE BUCKLEY 11537 West Highway 12 Walla Walla, WA 99362	Occupation	X		\$50.00	\$50.00
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$2,350.00	*See reverse for details.
		Amount from attached pages			\$50.00	

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.

\$2,400.00

4. Date of Deposit **07/08/20**

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 **07-08-2020**

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
07/08/20

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*
07/08/20	SANDRA BUCKLEY 11537 West Highway 12 Walla Walla, WA 99362	Occupation	X		\$50.00	\$50.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				