

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

THIS SPACE FOR OFFICE USE

100986335

07-27-2020

					(1/02)		
Candidate o	r Committee Name (Do not ab	breviate. Use full name	.)		1		
(Mark K	licker for State F	Representative)					
Mailing Add	ress						
PO Box	3401						
City Zip + 4 Walla Walla, WA 99362			Office Sought (candidates) STATE REPRESENTATIVE		Election Date 2020		
							1. MONETA
Date Received						Amount	Total
	a. Anonymous						\$455.00
	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						
07/27/20	e. Small contributions \$25.00 or less not itemized and number of persons givi 1 g (persons)					\$25.00	
2. CONTRIE	BUTIONS OVER \$25.00			<u> </u>	<u> </u>		
Date Received	Contributor's Name, Addre	ess, City, State, Zip		s of more than \$100:* Name, City and State	P G R E I N	Amount	Aggregate* Total
			Occupation				
			Occupation				
			Occupation				
		_					
			Occupation		_, ,		

Occupation

4. Date of Deposit

07/27/20

Check here if additional

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

pages are attached

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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.

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

\$25.00

\$25.00

\$0.00

Treasurer's Signature Date

Sub-total

Amount from

attached pages

Daryl Hopson 07-27-2020

*See reverse

for details.