

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE  
 100987971  
 07-29-2020

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 .....		\$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 .....		
	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
07/29/20	DANIEL BAFFNEY 3560 Braden Road Walla Walla, WA 99362		X		\$50.00	\$50.00
	Occupation					
07/29/20	VALERIE BAFFNEY 3560 Braden Road Walla Walla, WA 99362		X		\$50.00	\$50.00
	Occupation					
07/29/20	RYAN KREGGER 754 Maxfield Road Touchet, WA 99360		X		\$50.00	\$50.00
	Occupation					
07/29/20	WENDI KREGGER 754 Maxfield Road Touchet, WA 99360		X		\$50.00	\$50.00
	Occupation					
07/29/20	VIRGINIA KENT PO Box 1483 Walla Walla, WA 99362		X		\$500.00	\$500.00
	Occupation <b>RETIRED</b>					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	<b>Sub-total</b>			\$700.00	<b>*See reverse for details.</b>
		<b>Amount from attached pages</b>			\$1,500.00	
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.					\$2,200.00	

4. Date of Deposit **07/29/20**

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 **07-29-2020**

# 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  
 07/29/20

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*
07/29/20	WASHINGTON MEDICAL POLITICAL 2001 Sixth Avenue, Suite 2700 Seattle, WA 98121	Occupation	X		\$500.00	\$500.00
07/29/20	AVISTA CORP. PO Box 3727 Spokane, WA 99220-3727	Occupation	X		\$1,000.00	\$1,000.00
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