

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 Zip + 4 Office Sought (candidates)
 Walla Walla, WA 99362 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 RETIRED					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$700.00	*See reverse for details.
		Amount from attached pages			\$1,500.00	
					\$2,200.00	

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.

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

Date

Daryl Hopson

07-29-2020

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Page 2

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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Page Total \$1,500.00