

## CASH RECEIPTS MONETARY CONTRIBUTIONS

**C3** 

THIS SPACE FOR OFFICE USE

100992939

08-21-2020

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) Election Date

Walla Walla, WA 99362 STATE REPRESENTATIVE 2020

Date Received						Amount	Total
	a. Anonymous						\$455.0
	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c)						
	c. Loans, notes, security agreements. Attach Schedule L						
					<u> </u>		
	e. Small contributions \$25.00 or less not itemized and number of persons giving (persons)						
2. CONTR  Date  Received	IBUTIONS OVER \$25.00  Contributor's Name, Address, City, State, Zip		tions of more than \$100:* er's Name, City and State	P R I	G E N	Amount	Aggregate* Total
8/21/20	KATHY GERLING	L&G Tru	e Value		Х		
	1810 Smith Road Walla Walla, WA 99362	Walla Walla, WA				\$250.00	\$250.00
			BUSINESS OWNER				
8/21/20	DEAN GERLING	L&G Tru	e Value		X		
	1810 Smith Road Walla Walla, WA 99362	Walla W	alla, WA	.la, WA			\$250.00
	·		BUSINESS OWNER				
		Occupation	1				
		Occupation	1				
		Occupation	1				
	Sub-total			otal	\$500.00	*See reverse	
	☐ Check here if additional pages are attached	Amount from attached pages			\$0.00		
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.					\$500.00	for details.	
4. Date of Deposit I certify that this report is true and comp					•		
08.	/21/20		Treasurer's Signature				Date

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

Daryl Hopson 08-21-2020