



CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100994637

08-31-2020

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: Employer's Name, City and State	P R I	G E N	Amount	Aggregate* Total
08/31/20	PLUMBERS & STEAMFITTERS LOCAL 1328 Road 28 Pasco, WA 99301		<input type="checkbox"/>	X	\$598.99	\$598.99
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Sub-total			\$598.99	
	<input type="checkbox"/> Check here if additional pages are attached	Amount from attached pages			\$0.00	*See reverse

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

08/31/20

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

08-31-2020