

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 100994688
 08-31-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)
(Perry Dozier For State Senate)

Mailing Address
PO Box 3042

City **Walla Walla, WA** Zip + 4 **99362** Office Sought (candidates) **STATE SENATOR** Election Date **2020**

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		
	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	DAYTON TRACTOR & MACHINE, INC. 36710 Highway 12 Dayton, WA 99328			X	\$250.00	\$250.00
	Occupation					
08/31/20	GALE HOUSE 1245 Country Club Road Walla Walla, WA 99362			X	\$50.00	\$50.00
	Occupation					
08/31/20	DICKSIE HOUSE 1245 Country Club Road Walla Walla, WA 99362			X	\$50.00	\$50.00
	Occupation					
08/31/20	WASHINGTON FOOD INDUSTRY PO Box 706 Olympia, WA 98507			X	\$1,000.00	\$1,000.00
	Occupation					
08/31/20	TIMBER PRODUCTS MANUFACTURING 951 East Third Avenue Spokane, WA 99202			X	\$500.00	\$500.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$1,850.00	*See reverse for details.
		Amount from attached pages			\$250.00	

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.

\$2,100.00

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 **Daryl Hopson** Date **08-31-2020**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.) (Perry Dozier For State Senate)	Deposit Date 08/31/20
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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	MATTHEW LYONS 533 McCown Road Waitsburg, WA 99361	Lyons Farm Waitsburg, WA Occupation FARMER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$125.00	\$125.00
08/31/20	LESLIE LYONS 533 McCown Road Waitsburg, WA 99361	Lyons Farm Waitsburg, WA Occupation FARMER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$125.00	\$125.00
		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"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		