

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

I certify that this report is true and complete to the best of my knowledge

Treasurer's Signature

Date

Daryl Hopson

08-31-2020

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

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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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"/>		
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		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"/>		

Page Total \$250.00