

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

101002292

09-30-2020

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
09/30/20	BRET WIGGINS 3249 35th Ave SW Seattle, WA 98126-2201			X	\$50.00	\$50.00
	Occupation					
09/30/20	JUDY WIGGINS 3249 35th Ave SW Seattle, WA 98126-2201			X	\$50.00	\$50.00
	Occupation					
09/30/20	PACIFICORP 825 NE Multnomah Portland, OR 97232			X	\$1,000.00	\$1,000.00
	Occupation					
09/30/20	WASHINGTON AGGREGATES & 2223 7th Avenue S Des Moines, WA 98198			X	\$500.00	\$500.00
	Occupation					
09/30/20	HOSPITALS FOR A HEALTHY FUTURE 999 Third Avenue, Suite 1400 Seattle, WA 98104			X	\$1,000.00	\$1,000.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$2,600.00	*See reverse for details.
		Amount from attached pages			\$1,000.00	
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.					\$3,600.00	

4. Date of Deposit: **09/30/20**

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: **09-30-2020**

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
09/30/20

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*
09/30/20	DAVITA PO Box 2037 Tacoma, WA 98401-2037	Occupation		X	\$1,000.00	\$1,000.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				