

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 101002524
 10-01-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)
(Mark Klicker for State Representative)

Mailing Address
PO Box 3401

City **Walla Walla, WA** Zip + 4 **99362** Office Sought (candidates) **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
10/01/20	PACIFICORP 825 NE Multnomah Portland, OR 97232			X	\$500.00	\$500.00
		Occupation				
10/01/20	BAYER CORPORATION PO Box 135 Pittsburgh, PA 15230-0135			X	\$500.00	\$500.00
		Occupation				
10/01/20	WASHINGTON BEER & WINE PO Box 86 Olympia, WA 98507			X	\$1,000.00	\$1,000.00
		Occupation				
10/01/20	WASHINGTON STATE AUTO DEALERS 621 SW Grady Way Renton, WA 98057			X	\$1,000.00	\$1,000.00
		Occupation				
10/01/20	BNSF RAILWAY COMPANY 2500 Lou Menk Drive, AOB-2 Fort Worth, TX 76131			X	\$1,000.00	\$1,000.00
		Occupation				
	<input checked="" type="checkbox"/> Check here if additional pages are attached				Sub-total \$4,000.00 Amount from attached pages \$750.00	*See reverse for details.
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.					\$4,750.00	

4. Date of Deposit **10/01/20**

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 **10-01-2020**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
 (Mark Klicker for State Representative)

Deposit Date
 10/01/20

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*
10/01/20	7-ELEVEN, INC. 3200 Hackberry Road Irving, TX 75063	Occupation		X	\$500.00	\$500.00
10/01/20	WASHINGTON OPTOMETRIC PAC PO Box 1138 Walla Walla, WA 99362	Occupation		X	\$250.00	\$250.00
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