

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 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:*	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	*See reverse for details.
		Amount from attached pages			\$750.00	

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.

\$4,750.00

4. Date of Deposit

10/01/20

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

Treasurer's Signature

Date

Daryl Hopson

10-01-2020

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

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Page 2

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$500.00	\$500.00
10/01/20	WASHINGTON OPTOMETRIC PAC PO Box 1138 Walla Walla, WA 99362	Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$250.00	\$250.00
		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"/>		
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		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		

Page Total \$750.00