

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 101003062
 10-05-2020

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		
10/05/20	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>1</u> (persons)	\$10.00	

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
10/05/20	CONNIE VINTI 1699 Old Milton Hwy Walla Walla, WA 99362			X	\$250.00	\$250.00
	Occupation	RETIREED				
10/05/20	HAMPTON LUMBER 9600 SW Barnes Road, Suite 200 Portland, OR 97225-6666			X	\$500.00	\$500.00
	Occupation					
10/05/20	JASON BEECHINOR 5238 Cottonwood Road Walla Walla, WA 99362	Beechinor Farms, JV Walla Walla, WA		X	\$500.00	\$500.00
	Occupation	FARMER				
10/05/20	SARAH BEECHINOR 5238 Cottonwood Road Walla Walla, WA 99362	Beechinor Farms, JV Walla Walla, WA		X	\$500.00	\$500.00
	Occupation	FARMER				
10/05/20	ANNE HAYDEN-RAY 4114 Riverheaven Street Pasco, WA 99301-3008			X	\$100.00	\$100.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$1,860.00	*See reverse for details.
		Amount from attached pages			\$3,100.00	
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.					\$4,960.00	

4. Date of Deposit **10/05/20**

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 **10-05-2020**

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 10/05/20
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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*
10/05/20	E.L. RAY 4114 Riverhaven Street Pasco, WA 99301-3008	Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$50.00	\$50.00
10/05/20	VICKI NEIBAUR 4114 Riverhaven Street Pasco, WA 99301-3008	Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$50.00	\$50.00
10/05/20	SABEY CORPORATION 12201 Tukwila Int'l. Blvd, 4th Seattle, WA 98168-5121	Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$1,000.00	\$1,000.00
10/05/20	CHERVRON POLICY GOVT & PUBL PO Box 6042 San Ramon, CA 94583	Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$1,000.00	\$1,000.00
10/05/20	DELTA DENTAL OF WASHINGTON PO Box 75688 Seattle, WA 98175-0688	Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$1,000.00	\$1,000.00
		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"/>		