

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE  
 101007106  
 10-14-2020

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
10/14/20	WASHINGTON ELECTRIC PO Box 7219 Olympia , WA 98507			X	\$500.00	\$500.00
	Occupation					
10/14/20	TESORO COMPANIES INC 19100 Ridgewood Parkway San Antonio, TX 78259			X	\$500.00	\$500.00
	Occupation					
10/14/20	WASHINGTON OIL MARKETERS 9390 Orchard Avenue SE Port Orchard, WA 98367			X	\$500.00	\$500.00
	Occupation					
10/14/20	ASSOCIATION OF WASHINGTON PO Box 658 Olympia, WA 98507-0658			X	\$1,000.00	\$1,000.00
	Occupation					
10/14/20	PHILLIPS 66 601 Pennsylvania Avenue NW Washington , DC 20004			X	\$1,000.00	\$1,000.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	<b>Sub-total</b>			\$3,500.00	<b>*See reverse for details.</b>
		<b>Amount from attached pages</b>			\$150.00	

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.

\$3,650.00

4. Date of Deposit: **10/14/20**

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: **10-14-2020**

# 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  
**10/14/20**

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*
10/14/20	GUN OWNERS ACTION LEAGUE PO Box 50012 Bellevue, WA 98015-0012	Occupation		X	\$150.00	\$150.00
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