

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

101007216

10-15-2020

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 | ANN JOHNSON PO Box 2922 Walla Walla, WA 99362 | | | X | \$100.00 | \$100.00 |
| | | Occupation | | | | |
| | | Occupation | | | | |
| | | Occupation | | | | |
| | | Occupation | | | | |
| | | Occupation | | | | |
| | | Occupation | | | | |
| | <input type="checkbox"/> Check here if additional pages are attached | Sub-total | | | \$100.00 | *See reverse for details. |
| | | Amount from attached pages | | | \$0.00 | |

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.

\$100.00

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 **10-15-2020**