

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE

101008139

10-19-2020

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
10/17/20	<b>MARK KOENEN</b> 737 Olive Way Seattle, WA 98101	<b>Mark A. Koenen, M.D.</b> Seattle, WA Occupation <b>PSYCHIATRIST</b>		X	\$1,000.00	\$1,000.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	<b>Sub-total</b>			\$1,000.00	<b>*See reverse for details.</b>
		<b>Amount from attached pages</b>			\$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.

\$1,000.00

4. Date of Deposit: **10/17/20**

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: **10-19-2020**