

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE

101008140

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
10/18/20	LARNIE OPP 136 Barista Drive Walla Walla, WA 99362			X	\$500.00	\$500.00
		Occupation: RETIRED				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			\$500.00	*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.

\$500.00

4. Date of Deposit: **10/18/20**

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**