

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 101009146
 10-21-2020

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		
10/21/20	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>2</u> (persons)	\$50.00	

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
10/21/20	GUN OWNERS ACTION LEAGUE PO Box 50012 Bellevue, WA 98015-0012			X	\$150.00	\$150.00
	Occupation					
10/21/20	WEST COAST SEAFOOD PROCESSORS 650 NE Holladay St., Ste. 1600 Portland, OR 97232-2035			X	\$500.00	\$500.00
	Occupation					
10/21/20	EVERGREEN CAPITAL TRUST 1302 Puyallup Street Sumner, WA 98390			X	\$500.00	\$500.00
	Occupation					
10/21/20	DELTA DENTAL OF WASHINGTON PO Box 75688 Seattle, WA 98175-0688			X	\$1,000.00	\$1,000.00
	Occupation					
10/21/20	HOSPITALS FOR A HEALTHY FUTURE 999 Third Avenue, Suite 1400 Seattle, WA 98104			X	\$1,000.00	\$1,000.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$3,200.00	*See reverse for details.
		Amount from attached pages			\$250.00	

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.

\$3,450.00

4. Date of Deposit: **10/21/20**

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: **10-21-2020**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
 (Mark Klicker for State Representative)

Deposit Date
 10/21/20

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*
10/21/20	WASHINGTON ELECTRIC COOPERATIVE PO Box 7219 Olympia, WA 98507	Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$250.00	\$250.00
		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"/>		
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		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"/>		