

Statement of Miscellaneous Receipts
Attachment to Form C3

Candidate or Committee Name
SKYLER D RUDE (Committee to Elect Skyler Rude)

Deposit Date

Date Received	Payee's Name, Address, City, State, Zip	Description	Amount
12/18/18	SKYLER RUDE SURPLUS PO Box 502 Walla Walla, WA 99362	Transfer from Surplus	\$500.00

Subtotal this page \$500.00