

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100939093

10-18-2019

Candidate or Committee Name (Do not abbreviate. Use full name.)

SKYLER RUDE (COMMITTEE TO ELECT SKYLER RUDE)

Mailing Address

PO BOX 502

City Zip + 4 Office Sought (candidates)
WALLA WALLA, WA 99362 STATE REPRESENTATIVE

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
10/15/19	PREMERA BLUE CROSS PO BOX 327 SEATTLE, WA 98111		X		\$500.00	\$500.00
		Occupation				
10/15/19	ENTERTAINMENT SOFTWARE 601 MASSACHUSETTS AVENUE, NW WASHINGTON, DC 20001		X		\$250.00	\$250.00
		Occupation				
10/15/19	WA FOOD PAC 8338 NE ALDERWOOD RD STE 160 PORTLAND, WA 97220-6811		X		\$500.00	\$500.00
		Occupation				
10/15/19	VULCAN, INC. 505 Fifth Avenue South, Suite Seattle, WA 98104		X		\$500.00	\$500.00
		Occupation				
10/15/19	WHPAC 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			\$2,750.00	*See reverse for details.
		Amount from attached pages			\$500.00	

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.

\$3,250.00

4. Date of Deposit

10/18/19

I certify that this report is true and complete to the best of my knowledge

Treasurer's Signature

Date

DEBORA ZALAZNIK

10-18-2019

Treasurer's Daytime Telephone No.: **(509) 526-5689**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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Candidate or Committee Name (Do not abbreviate. Use full name.)
SKYLER RUDE (COMMITTEE TO ELECT SKYLER RUDE)

Deposit Date
10/18/19

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*
10/15/19	CHEVRON 857 S 2ND AVE WALLA WALLA, WA 99362	Occupation	X		\$500.00	\$500.00
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Page Total \$500.00