

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100947967

12-09-2019

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

SKYLER RUDE SURPLUS A	CCOUNT)								
Mailing Address O BOX 502					City WA	y Alla wal	LA, WA		
Zip + 4 9362	dates) Election Date ENTATIVE 2023				*For PACs, Parties & Caucus this report period, did the committee				
Report Period From (last C-4	To (end	l of period)	Final	Report?	exp	penditure (i.e	e., an expense	e not conside	ered a contribution)
Covered 11/01/19	9 11/	30/19	Yes	No X	sup	porting or op	posing a state	e or local ca	ndidate?
RECEIPTS					*Se	ee next page		Yes	No
Previous total cash and in kin (if beginning a new campaign	nd contributions (From I	ine 8, last C-4) instruction bool	klet)					\$	\$14,118.65
2. Cash received (From line 2, S	Schedule A)					\$	\$0.00		
3. In kind contributions received	(From line 1, Schedule	e B)					\$0.00		
4. Total cash and in kind contrib	outions received this pe	riod (Line 2 plu	s 3)						\$0.00
5. Loan principal repayments ma	ade (From line 2, Sche	dule L)					\$0.00		
6. Corrections (From line 1 or 3,	Schedule C)			Show + or	r (-)		\$0.00		
7. Net adjustments this period (Combine line 5 & 6)					S	Show + or (-)		\$0.00
8. Total cash and in kind contrib	outions during campaign	n (Combine line	es 1, 4 & 7)	 1				\$14,118.65
9. Total pledge payments due (f	From line 2, Schedule E	3)		\$0.00					
EXPENDITURES									
Previous total cash and in kin (If beginning a new campaign	nd expenditures (From I n or calendar year, see	ine 17, last C-4 instruction boo	·) klet)						\$13,978.86
11. Total cash expenditures (From	m line 4, Schedule A)				<u> </u>		\$94.00		
12. In kind expenditures (goods & services) (From line 1, Schedule B)						\$0.00			
13. Total cash and in kind expend	ditures made this period	d (Line 11 plus	line 12)						\$94.00
14. Loan principal repayments ma	ade (From line 2, Sche	dule L)					\$0.00		
15. Corrections (From line 2 or 3, Schedule C)Show + or (-)				r (-)		\$0.00			
16. Net adjustments this period (Combine lines 14 & 15)						Show + or (-)		\$0.00	
17. Total cash and in kind expend	ditures during campaig	n (Combine line	es 10, 13 a	and 16)					\$14,072.86
CANDIDATES ONLY		CASH SUMMA							
Won Lost U	Jnopposed on ballot	 Cash on ha Line 18 should 6 							\$45.79
imary election [[Line 18 should equal your bank account balance(s) plus your petty cash balance.] eneral election [19. Liabilities: (Sum of loans and debts owed)						\$0.00			
Treasurer's Daytime Telephone No.:									
(509)526-5689 20. Balance (Surplus or deficit) (Line 18 minus line 19)						\$45.79			
CERTIFICATION: I certify that the inf	formation herein and on ac	ccompanying sch	edules and	attachments	s is true	and correct to	the best of my	knowledge.	
Candidate's Signature Date Treasurer's Signature								Date	
KYLER RUDE 12/09/19 DEBORA ZALAZN				ZNIK			1	2/09/19	

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

F	1	
(11	/93)	

2

Candidate or Co	ommittee Name (Do not ab	breviate. Use full name	e.)		R	eport Date
(SKYLER RUI	DE SURPLUS ACCOU	NT)			11/01/19	11/30/19
1. CASH RECI	EIPTS (Contributions) which	ch have been reported o	n C3. List each	deposit made since las	t C4 report was submitted	
Date of deposit	Amount	Date of deposit	Amo	unt Date of deposit	Amount	Total deposits
2. TOTAL CAS	SH RECEIPTS			En	er also on line 2 of C4	\$ \$0.00
needed. The 1) If expendi comm 2) When rep 3) If expendi petitic amou	DEFINITIONS L ON NEXT PAGE B N O	ked contributions to a case or committee in the Des for travel expenses, identification to compensate the following informations.	andidate or comescription block; entify the travelete a person or en on on an attach lative total paid ary, in-kind & traures Printing (Radio, TV) dical Advertising of signs, buttons	mittee or independent ever and travel purpose intity for soliciting signatured sheet: name and adall persons to date to gainsfers) P T G S, etc.)	xpenditures that benefit a the Description block; and es on a statewide initiative dress of each person/entit	candidate or e or referendum y compensated, its enses s, Meals g Services fits
amou b) Itemiz c) For ea	nditures of \$50 or less, inclint column on the first line be the each expenditure of more ach payment to a candidate of receipts/invoices supports.	elow e than \$50 by date paid, e, campaign worker, PR orting the payment.	, name and add	ress of vendor, code/des g agency or credit card c	scription, and amount. ompany, attach a list of de	
Date Paid		or Recipient nd Address)	Code		of Expense escription	Amount
N/A	Expenses of	\$50 or less	N/A	N/A		
11 /21 /10	STIA PUBLIC PAR	KING		Parking		¢04_00

Date Paid	(Name and Address)	Code	and/or Description	Amount
N/A	Expenses of \$50 or less	N/A	N/A	
11/21/19	STIA PUBLIC PARKING 17801 International Blvd Seattle, WA 98158		Parking	\$94.00
			Total from attached pag	ges \$ \$0.00