

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100951272 AMENDS 100951255 01-02-2020

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

(SKYLER RUDE SURPLUS A	CCOUNT)							
Mailing Address PO BOX 502					City WALLA WAL	LA, WA		
Zip + 4 99362	lidates) Election Date 2023					us Committees: During		
Report Period From (last C-	4) To (er	nd of period)	Final	Report?				dered a contribution)
Covered 11/01/1	9 11	/30/19	Yes	No X	supporting or op	posing a state	e or local c	andidate?
RECEIPTS			'		*See next page		Yes	No
Previous total cash and in kir (if beginning a new campaign	nd contributions (From n or calendar year, see	line 8, last C-4) instruction bool	klet)				\$	\$14,118.65
2. Cash received (From line 2,	Schedule A)				···· <u></u> \$	\$0.00		
3. In kind contributions received	d (From line 1, Schedu	ıle B)				\$0.00		
4. Total cash and in kind contrib	outions received this p	eriod (Line 2 plu	s 3)					\$0.00
5. Loan principal repayments m	ade (From line 2, Sch	edule L)				\$0.00		
6. Corrections (From line 1 or 3	6. Corrections (From line 1 or 3, Schedule C)Show + or (-)				\$0.00			
7. Net adjustments this period (Combine line 5 & 6)				S	how + or (-)		\$0.00
8. Total cash and in kind contrib	outions during campai	gn (Combine line	es 1, 4 & 7	·)				\$14,118.65
9. Total pledge payments due (From line 2, Schedule	В)		\$0.00				
EXPENDITURES			1)					
 Previous total cash and in kir (If beginning a new campaigr 	n or calendar year, se	e instruction boo	klet)					\$10,978.86
11. Total cash expenditures (Fro	m line 4, Schedule A)					\$94.00		
12. In kind expenditures (goods & services) (From line 1, Schedule B)								
13. Total cash and in kind expen	ditures made this peri	od (Line 11 plus	line 12)					\$94.00
14. Loan principal repayments m	ade (From line 2, Sch	edule L)				\$0.00		
15. Corrections (From line 2 or 3, Schedule C)								
16. Net adjustments this period (Combine lines 14 & 15)						\$0.00		
17. Total cash and in kind expen	ditures during campai	gn (Combine line	es 10, 13 a	and 16)				\$11,072.86
CANDIDATES ONLY Name not CASH SUMMARY							Ş11,072.00	
	Jnopposed on ballot	18. Cash on hand (Line 8 minus line 17)						\$3,045.79
Primary election						\$0.00		
Treasurer's Daytime Telephone No.: (509) 526-5689 20. Balance (Surplus or deficit) (Line 18)				18 minus line 19)			\$3,045.79	
CERTIFICATION: I certify that the in	formation herein and on	accompanying sch	edules and	attachments	is true and correct to	the best of my	knowledge.	
Candidate's Signature	Date		Treasure	er's Signatui	re			Date
SKYLER RUDE 01/02/20 DEBORA ZALAZN				NIK			01/02/20	

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