

# CASH RECEIPTS MONETARY CONTRIBUTIONS

# C3

(1/02)

THIS SPACE FOR OFFICE USE

100982779

07-13-2020

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
07/13/20	<b>PUBLIC SCHOOL EMPLOYEES OF PO BOX 798 AUBURN, WA 98071-0798</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$1,000.00	\$1,000.00
	Occupation					
07/13/20	<b>NEIL JACOBSON PO Box 716 College Place, WA 99324</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$25.00	\$25.00
	Occupation					
07/13/20	<b>SHERILYN JACOBSON PO Box 716 College Place, WA 99324</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$25.00	\$25.00
	Occupation					
07/13/20	<b>CAROL KIRK 219 SE 10th College Place, WA 99324</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$37.50	\$37.50
	Occupation					
07/13/20	<b>JUSTIN KIRK 219 SE 10th College Place, WA 99324</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$37.50	\$37.50
	Occupation					
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			\$1,125.00	*See reverse for details.
		Amount from attached pages			\$0.00	

## 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.

\$1,125.00

4. Date of Deposit

07/13/20

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

Treasurer's Signature

Date

**DEBORA ZALAZNIK**

07-13-2020

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