

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE  
 100985027  
 07-20-2020

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

Mailing Address  
**PO BOX 502**

City: **WALLA WALLA, WA** Zip + 4: **99362** Office Sought (candidates): **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
07/20/20	WHCA (WASH HEALTH CARE ASSOC) 303 CLEVELAND AVE SE, STE 206 TUMWATER, WA 98501		X		\$1,000.00	\$1,000.00
		Occupation				
07/20/20	WHCA (WASH HEALTH CARE ASSOC) 303 CLEVELAND AVE SE, STE 206 TUMWATER, WA 98501			X	\$1,000.00	\$1,000.00
		Occupation				
07/20/20	CHEVRON 857 S 2ND AVE WALLA WALLA, WA 99362		X		\$500.00	\$1,000.00
		Occupation				
07/20/20	WASHINGTON MEDICAL POLITICAL 2001 SIXTH AVENUE, SUITE 2700 SEATTLE, WA 98121		X		\$500.00	\$500.00
		Occupation				
07/20/20	WASHINGTON AFFORDABLE HOUSING PO BOX 1909 OLYMPIA, WA 98507		X		\$1,000.00	\$1,000.00
		Occupation				
	<input checked="" type="checkbox"/> Check here if additional pages are attached					
		Sub-total			\$4,000.00	*See reverse for details.
		Amount from attached pages			\$1,250.00	

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.

\$5,250.00

4. Date of Deposit: **07/20/20**

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

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

Treasurer's Signature: **DEBORA ZALAZNIK** Date: **07-20-2020**

# RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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

Deposit Date  
**07/20/20**

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*
07/20/20	WASHINGTON AFFORDABLE HOUSING PO BOX 1909 OLYMPIA, WA 98507	Occupation		X	\$1,000.00	\$1,000.00
07/20/20	FMC CORPORATE 3850 N CAUSEWAY BLVD, SUITE 300 METAIRIE, LA 70002	Occupation	X		\$250.00	\$250.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				