

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 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
07/20/20	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

Date

DEBORA ZALAZNIK

07-20-2020

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Page 2

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
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Page Total \$1,250.00