

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 100997814
 09-10-2020

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) Election Date
WALLA WALLA, WA 99362 STATE REPRESENTATIVE 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
09/09/20	WASHINGTON MEDICAL POLITICAL 2001 SIXTH AVENUE, SUITE 2700 SEATTLE, WA 98121			X	\$500.00	\$500.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			\$500.00	*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.

\$500.00

4. Date of Deposit
 09/10/20

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: **09-10-2020**