



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) |
| 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 |
|---------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------|-------------|-------------|----------|---------------------|
| 09/09/20 | WASHINGTON MEDICAL POLITICAL 2001 SIXTH AVENUE, SUITE 2700 SEATTLE, WA 98121 | | | X | \$500.00 | \$500.00 |
| | | Occupation | | | | |
| | | | | | | |
| | | Occupation | | | | |
| | | | | | | |
| | | Occupation | | | | |
| | | | | | | |
| | | Occupation | | | | |
| | | | | | | |
| | | Occupation | | | | |
| | | | | | | |
| | | Sub-total | | | \$500.00 | |
| | | Amount from attached pages | | | \$0.00 | |
| | <input type="checkbox"/> Check here if additional pages are attached | | | | | *See reverse |

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.

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

Date _____

DEBORA ZALAZNIK

09-10-2020