

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

100999470

09-17-2020

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
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1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received	Description	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
09/17/20	DEBORA ZALAZNIK 1321 ROOSTER RD WALLA WALLA, WA 99362	Zalaznik & Associates, PLLC Walla Walla, WA Occupation CERTIFIED PUBLIC ACCOUNTANT		X	\$150.00	\$150.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	Sub-total			\$150.00	*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.

\$150.00

4. Date of Deposit 09/17/20	I certify that this report is true and complete to the best of my knowledge
Treasurer's Daytime Telephone No.: (509)526-5689	Treasurer's Signature DEBORA ZALAZNIK
	Date 09-17-2020