

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

101006860

10-13-2020

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
10/13/20	CAREMARK RX INC PO Box 287 Lincoln, RI 02865-0287			X	\$500.00	\$500.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Sub-total			\$500.00	*See reverse for details.
	<input type="checkbox"/> Check here if additional pages are attached	Amount from attached pages			\$0.00	
					\$500.00	

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

10/13/20

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

Treasurer's Signature

Date

DEBORA ZALAZNIK

10-13-2020

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