

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE

100791058

10-09-2017

Candidate or Committee Name (Do not abbreviate. Use full name.)  
 EDMUND T ORCUTT (Committee to Re-Elect Ed Orcutt)

Mailing Address  
 PO Box 1280

City: Kalama, WA      Zip + 4: 98625      Office Sought (candidates): STATE REPRESENTATIVE      Election Date: 2018

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 .....		
09/21/17	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>1</u> (persons)	25.00	

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
09/21/17	RICHARD EASTER PO BOX 4 AMBOY, WA 98601		X		50.00	50.00
	Occupation					
09/21/17	MORGAN GILLETTE PO Box 488 Yacolt, WA 98675		X		50.00	50.00
	Occupation					
09/21/17	CYAN STRATEGIES LLC 4210 48th Ave S Seattle, WA 98118		X		100.00	100.00
	Occupation					
09/21/17	TOM MIELKE 7401 NE 284TH ST BATTLE GROUND, WA 98604		X		50.00	50.00
	Occupation					
09/21/17	CARMEN MIELKE 7401 NE 284TH ST BATTLE GROUND, WA 98604		X		50.00	50.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	<b>Sub-total</b>			325.00	<b>*See reverse for details.</b>
		<b>Amount from attached pages</b>			100.00	

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.

425.00

4. Date of Deposit: 09/21/17

Treasurer's Daytime Telephone No.: (360) 751-2317

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

Treasurer's Signature: Edmund T Orcutt      Date: 10-09-2017

# RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.) EDMUND T ORCUTT (Committee to Re-Elect Ed Orcutt)	Deposit Date 09/21/17
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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*
09/21/17	LARRY ANDERSON 1000 N. 19TH KELSO, WA 98626	Occupation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50.00	50.00
09/21/17	VERYL ANDERSON 1000 N. 19TH KELSO, WA 98626	Occupation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50.00	50.00
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		