

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE

100791059

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 .....		
	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
09/25/17	ROBERT HOLLAND 89 SW 1ST CHEHALIS, WA 98532		X		50.00	50.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
	<input type="checkbox"/> Check here if additional pages are attached	<b>Sub-total</b>			50.00	<b>*See reverse for details.</b>
		<b>Amount from attached pages</b>			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.

50.00

4. Date of Deposit  
 09/26/17

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