

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

100799722

11-09-2017

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 Zip + 4 Office Sought (candidates) Election Date
 Kalama, WA 98625 STATE REPRESENTATIVE 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		
10/27/17	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>2</u> (persons)	50.00	

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
10/27/17	SABEY CORPORATION 12201 TUKWILA INTL BLVD. 4TH TUKWILA, WA 98168		X		500.00	500.00
		Occupation				
10/27/17	ALLIANCE OF AUTOMOBILE 803 7TH ST NW, SUITE 300 WASHINGTON, DC 20001		X		500.00	500.00
		Occupation				
10/27/17	ENTERPRISE HOLDINGS, INC PAC 600 CORPORATE PARK DR ST. LOUIS, MO 63105		X		1,000.00	1,000.00
		Occupation				
10/27/17	WA STATE TROOPERS PAC 200 UNION AVE SE, STE 200 OLYMPIA, WA 98501		X		1,000.00	1,000.00
		Occupation				
10/27/17	NASH CASCADIA VERDE, LLC 9820 TOWNE CENTRE DR SAN DIEGO, CA 92121		X		250.00	250.00
		Occupation				
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			3,300.00	*See reverse for details.
		Amount from attached pages			1,000.00	

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.

4,300.00

4. Date of Deposit: 10/27/17

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: 11-09-2017

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 10/27/17
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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*
10/27/17	DELTA DENTAL PO BOX 75588 SEATTLE, WA 98175	Occupation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,000.00	1,000.00
		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"/>		
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		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
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