

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE

100802014

12-02-2017

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
11/17/17	MOTOROLA SOLUTIONS PO BOX 68429 SCHAUMBURG, IL 60168		X		500.00	500.00
		Occupation				
11/17/17	WA FOREST PROTECTION ASSOC 724 COLUMBIA ST NW STE 250 OLYMPIA, WA 98501		X		500.00	500.00
		Occupation				
11/17/17	AMERISOURCEBERGEN SERVICES PO BOX 247 THOROFARE, NJ 08086		X		500.00	500.00
		Occupation				
11/17/17	AVISTA CORP PO BOX 3727 SPOKANE, WA 99220		X		1,000.00	1,000.00
		Occupation				
11/17/17	COMCAST CORPORATION 1701 JFK Blvd Philadelphia, PA 19103		X		1,000.00	1,000.00
		Occupation				
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			3,500.00	*See reverse for details.
		Amount from attached pages			2,000.00	

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.

5,500.00

4. Date of Deposit: 11/17/17

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: 12-02-2017

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 11/17/17
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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*
11/17/17	CHILDREN'S CAMPAIGN FUND PO Box 19777 Seattle, WA 98109	Occupation	<input checked="" type="checkbox"/>		1,000.00	1,000.00
11/17/17	VULCAN INC 505 FIFTH AVE S. STE 900 SEATTLE, WA 98104	Occupation	<input checked="" type="checkbox"/>		500.00	500.00
11/17/17	RAI SERVICES COMPANY PO BOX 464 WINSTON-SALEM, NC 27102	Occupation	<input checked="" type="checkbox"/>		500.00	500.00
		Occupation	<input type="checkbox"/>			
		Occupation	<input type="checkbox"/>			
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