

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 110040283
 08-10-2021

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

Mailing Address
PO Box 1280

City **Kalama, WA** Zip + 4 **98625** Office Sought (candidates) **STATE REPRESENTATIVE** Election Date **2022**

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		
07/30/21	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>2</u> (persons)	\$45.00	

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
07/30/21	CHRIS CLOWE 699 Salmon Creek Rd Mossyrock, WA 98564		X		\$100.00	\$100.00
	Occupation					
07/30/21	LANNY CAWLEY PO BOX 1144 WOODLAND, WA 98674		X		\$50.00	\$50.00
	Occupation					
07/30/21	THOMAS KIRKWOOD 896 Park Ave E Tenino, WA 98589		X		\$100.00	\$100.00
	Occupation					
07/30/21	THOMAS FOX PO BOX 311 ETHEL, WA 98542		X		\$100.00	\$100.00
	Occupation					
07/30/21	JERRY OLSON 250 WILLIAMS RD ARIEL, WA 98603		X		\$50.00	\$50.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$445.00	*See reverse for details.
		Amount from attached pages			\$50.00	

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.

\$495.00

4. Date of Deposit **07/30/21**

Treasurer's Daytime Telephone No.:

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

Treasurer's Signature **Edmund Orcutt** Date **08-10-2021**

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

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

Deposit Date
 07/30/21

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*
07/30/21	PATRICIA OLSON 250 WILLIAMS RD ARIEL, WA 98603	Occupation	X		\$50.00	\$50.00
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