

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

110064925

12-09-2021

Candidate or Committee Name (Do not abbreviate. Use full name.)

(Committee to Re-Elect Ed Orcutt)

Mailing Address

PO Box 1280

City Zip + 4 Office Sought (candidates)
Kalama, WA 98625 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		
	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 N T	G E N	Amount	Aggregate* Total
11/19/21	ASSOCIATED GENERAL CONTRACTORS 1200 WESTLAKE AVE N, SUITE 301 SEATTLE, WA 98109		X		\$1,000.00	\$1,000.00
	Occupation					
11/19/21	SEIU HEALTHCARE 1199NW 15 S Grady Way, Suite 200 Renton, WA 98057		X		\$1,000.00	\$1,000.00
	Occupation					
11/19/21	WA CHARTERS ACTION PAC PO Box 328 Seattle, WA 98111		X		\$500.00	\$500.00
	Occupation					
11/19/21	NECA PAC - PUGET SOUND CHAPTER 16001 AURORA AVE N, SUITE 200 SHORELINE, WA 98133		X		\$1,000.00	\$1,000.00
	Occupation					
11/19/21	CNA INSURANCE PO Box 2944 Chicago, IL 60690		X		\$500.00	\$500.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$4,000.00	*See reverse for details.
		Amount from attached pages			\$1,750.00	
					\$5,750.00	

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. Date of Deposit

11/19/21

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

Treasurer's Signature

Date

Edmund Orcutt

12-09-2021

Treasurer's Daytime Telephone No.:

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Page 2

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

Deposit Date
11/19/21

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*
11/19/21	CARDINAL HEALTH INC PAC 7000 CARDINAL PL DUBLIN, OH 43017	Occupation	X		\$750.00	\$750.00
11/19/21	WEYERHAEUSER 220 Occidental Ave S Seattle, WA 98104	Occupation	X		\$1,000.00	\$1,000.00
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Page Total \$1,750.00