

**CASH RECEIPTS
 MONETARY
 CONTRIBUTIONS**

C3
 (1/02)

THIS SPACE FOR OFFICE USE
 100985305
 07-21-2020

Candidate or Committee Name (Do not abbreviate. Use full name.)
BRAD KLIPPERT (CITIZENS FOR BRAD KLIPPERT)

Mailing Address
7620 WEST 21ST AVENUE

City: **KENNEWICK, WA** Zip + 4: **99338** Office Sought (candidates): **STATE REPRESENTATIVE** Election Date: **2020**

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 |
|---------------|---|--|-------------------------------------|--------------------------|----------|----------------------------------|
| 07/21/20 | FRESENIUS MEDICAL CARE 3850 North Causeway Blvd Metairie, LA 70002 | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | \$250.00 | \$250.00 |
| | | 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"/> | | |
| | <input type="checkbox"/> Check here if additional pages are attached | Sub-total | | | \$250.00 | *See reverse for details. |
| | | Amount from attached pages | | | \$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.

\$250.00

4. Date of Deposit: **07/21/20**

Treasurer's Daytime Telephone No.: **(509)947-5383**

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

Treasurer's Signature: **ELLA CHILDERS** Date: **07-21-2020**