

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 Zip + 4 Office Sought (candidates)
KENNEWICK, WA 99338 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"/>		\$250.00	\$250.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Sub-total			\$250.00	*See reverse for details.
	<input type="checkbox"/> Check here if additional pages are attached	Amount from attached pages			\$0.00	
					\$250.00	

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

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

Treasurer's Signature

Date

ELLA CHILDERS

07-21-2020

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