

## CASH RECEIPTS **MONETARY** CONTRIBUTIONS

THIS SPACE FOR OFFICE USE

100998336

09-13-2020

Candidate or Committee Name (Do not abbreviate. Use full name.) BRAD KLIPPERT (CITIZENS FOR BRAD KLIPPERT) Mailing Address 7620 WEST 21ST AVENUE City Zip + 4Office Sought (candidates) **Election Date** 

STATE REPRESENTATIVE 2020 KENNEWICK, WA 99338 1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT Date **Amount** Total Received 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 Contributions of more than \$100:\* Aggregate\* Date R Ε Amount Employer's Name, City and State Contributor's Name, Address, City, State, Zip Total Received х 09/14/20 NATIONAL ASSOC OF CHAIN DRUG 1776 Wilson Blvd., Suite 200 \$300.00 \$300.00 Arlington, VA 22209 Occupation Occupation Occupation Occupation Occupation Sub-total \$300.00 Check here if additional Amount from \$0.00 pages are attached \*See reverse attached pages 3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT for details. \$300.00 Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4. 4. Date of Deposit I certify that this report is true and complete to the best of my knowledge Treasurer's Signature Date 09/14/20

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

ELLA CHILDERS

09-13-2020