



C3

(1/02)

100999595

09-18-2020

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 V A T E	G E N E R A L	Amount	Aggregate* Total
09/18/20	NATIONAL FEDERATION OF 555 12th Street NW #1001 Washinton, DC 00000		<input type="checkbox"/>	X	\$1,000.00	\$1,000.00
		Occupation				
09/18/20	WA STATE COUNCIL FIREFIGHTERS 1069 ADAMS STREET SE OLYMPIA, WA 98501		<input type="checkbox"/>	X	\$500.00	\$500.00
		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"/> Check here if additional pages are attached	Sub-total			\$1,500.00	
		Amount from attached pages			\$0.00	*See reverse

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

09/18/20

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

Date _____

ELLA CHILDERS

09-18-2020