08/01/2020 16 : 24

Image# 202008019261202119 PAGE 1/3

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

NAME OF COMMITTEE IN FULI People for Derel								
ADDRESS (number and street)	PO Box 1381						1	
CITY STATE Tacoma WA		ZIP CODE 98402		_				
2. NAME OF CANDIDATE			3. OFFICE SOU			rt)	4. FEC IDENTIFICATION	NUMBER
Kilmer, Derek, , ,		House WA 06			•	C00514893		
5. IS THIS AN AMENDMENT?	NO, THIS IS A	NEW FILING	YES, IT AMEN	IDS THE I	NOTICE FILE	ED ON	08/01/	2020
A. FULL NAME ALSTON & BIRD PAC			Name of Employer				Date (month, day, year)	Amount
MAILING ADDRESS 950 F St NW 950 F STREET, NW			Transaction ID : VR0JSN13SS8			S8	07/31/2020	1000.00
CITY	STATE	ZIP CODE	Occupation				_	
Washington	DC	20004-1438						
B. FULL NAME AMERICAN COUNCIL OF ENGINEERING COMPANIES ACEC PAC			Name of Employer				Date (month, day, year)	Amount
MAILING ADDRESS 1015 15Th St NW Ste 802			Transaction ID : VR0JSN13SP4			P4	07/31/2020	2000.00
CITY	STATE	ZIP CODE	Occupation					
Washington	DC	20005-2605						
C. FULL NAME AMERICAN COUNCIL OF EN	GINEERING COM	IPANIES ACEC PAC	Name of Emplo	oyer			Date (month, day, year)	Amount
MAILING ADDRESS 1015 15Th St NW							07/31/2020	3000.00
Ste 802			Transaction I	ID : VR	0JSN13S	Q2		
CITY	STATE	ZIP CODE	Occupation					
Washington	DC	20005-2605						
D. FULL NAME AMERICAN EXPRESS COMPANY POLITICAL ACTION COMMITTEE			Name of Employer				Date (month, day, year)	Amount
MAILING ADDRESS 801 Pennsylvania Ave NW			Transaction ID : VR0JSN13SR0			DO.	07/31/2020	1000.00
Ste 650	STATE	ZIP CODE		D. VK	UJSN IJS	NU .	_	
Washington	DC	20004-2673	Occupation					
E. FULL NAME American Hospital Association PAC			Name of Employer				Date (month, day, year)	Amount
MAILING ADDRESS 800 10Th St NW							07/30/2020	3000.00
Ste 400			Transaction ID : VR0JSN13SD3			D3		
CITY	STATE	ZIP CODE	Occupation					
Washington	DC	20001-5189						
SIGNATURE (optional) Petterson, Jay, , ,			[Electronically l	Filed]	DATE 08/01/20	20	Federal Ele 999 E Street, NW	nformation contact: ection Commission /, Washington, DC 20463 9530, Local 202-694-1100



Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.



48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

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NAME OF COMMITTEE IN FULL People for Derek Kilmer					
ADDRESS (number and street) PO Box 13	881			-	
CITY, STATE, and ZIP CODE				continuation	on page
Tacoma			WA 98402		
2. NAME OF CANDIDATE Kilmer, Derek, , ,		3. OFFICE SOUGHT (State and District) House WA 06	4. FEC IDENTIFICATION NUMBER C00514893		
			110000 1111 00	000014000	
5. IS THIS AN AMENDMENT? NO, THIS	S IS A NEW FIL	ING	YES, IT AMENDS THE NOTICE FILED ON		2020
A. FULL NAME, MAILING ADDRESS AND ZIP COD	E		Name of Employer	Date (month,	Amount
American Hospital Association PAC				day, year)	
000 4071 0: NIM				07/30/2020	1000.00
800 10Th St NW			Transaction ID - VD0 ISNA2SE4		
Ste 400			Transaction ID : VR0JSN13SE1 Occupation		
Washington	DC	20001-5189	·		
B. FULL NAME, MAILING ADDRESS AND ZIP COD	E		Name of Employer	Date (month,	Amount
Emmerson, Mark, D., ,			Sierra Pacific Industries	day, year)	
50 5 40000				07/30/2020	300.00
PO Box 496028			Transaction ID : VR0JSN13SH5		
			Occupation Occupation		
Redding	CA	96049-6028	Chairman And CFO		
C. FULL NAME, MAILING ADDRESS AND ZIP COD	E		Name of Employer	Date (month,	Amount
Emmerson, Mark, D., ,			Sierra Pacific Industries	day, year)	
DO D 400000				07/30/2020	2200.00
PO Box 496028			Transaction ID VD0 IONAGO IO		
			Transaction ID : VR0JSN13SJ3 Occupation		
Redding	CA	96049-6028	Chairman And CFO		
D. FULL NAME, MAILING ADDRESS AND ZIP COD	E		Name of Employer	Date (month,	Amount
EXPERIAN NORTH AMERICA, INC POLITICAL ACTION				day, year)	
COMMITTEE				07/31/2020	2500.00
475 Anton Blvd			Transaction ID : VR0JSN13SM8		
			Occupation		
Costa Mesa	CA	92626-7037			
E. FULL NAME, MAILING ADDRESS AND ZIP COD	E		Name of Employer	Date (month, day, year)	Amount
Fisher, Robert, J., ,			Pisces, Inc.	day, year)	
1300 Evans Ave				07/30/2020	2800.00
			Transaction ID : VR0JSN13SK0		
# 8800154			Occupation		
San Francisco	CA	94188-5547	Managing Director		

Image# 202008019261202121 PAGE 3 / 3

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

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NAME OF COMMITTEE IN FULL People for Derek Kilmer]	
ADDRESS (number and street) PO Box 1381			-	
7.551.555 (manuser and educer) PO Box 1361				
CITY, STATE, and ZIP CODE			-	
Tacoma		WA 98402	continuatio	n page
2. NAME OF CANDIDATE		3. OFFICE SOUGHT (State and District)	4. FEC IDENTIFICATION	NUMBER
Kilmer, Derek, , ,		House WA 06	C00514893	
5. IS THIS AN AMENDMENT? NO, THIS IS A N	EW FILING X	YES, IT AMENDS THE NOTICE FILED ON		2020
A. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
Isenhower, Matt, , ,		Self Employed	day, year)	
. , , ,			07/31/2020	2800.00
16515 NE 98Th Ct				
		Transaction ID : VR0JSN13600		
Redmond	WA 98052-3056	Occupation		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE		Consultant	Date (month,	Amount
,	AL ACTION	Name of Employer	day, year)	Amount
MICROSOFT CORPORATION POLITIC.	AL ACTION			
3720 159Th Ave NE			07/30/2020	1000.00
		Transaction ID : VR0JSN13SF9		
BUILDING 34, ROOM 4677		Occupation Occupation		
Redmond	WA 98052-6306	Coodpailon		
C. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
MICROSOFT CORPORATION POLITIC COMMITTEE	AL ACTION		day, year) 07/30/2020	4000.00
3720 159Th Ave NE			07/30/2020	4000.00
BUILDING 34, ROOM 4677		Transaction ID : VR0JSN13SG7		
·	00050 0000	Occupation		
Redmond	WA 98052-6306			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month, day, year)	Amount
STATE FARM MUTUAL AUTOMOBILE INSURAI FEDERAL POLITICAL ACTION COMMITTEE (S'			,, ,,	
·			07/31/2020	2500.00
1 State Farm Plz		Transaction ID : VR0JSN13SN6		
		Occupation Occupation	_	
Bloomington	IL 61710-0001	ossapans		
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer	Date (month,	Amount
			day, year)	
		Occupation		