

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 100811585

02-10-2018

Candidate or Committee Name (Do not abbreviate. Include full name)

SHARON TOMIKO SANTOS 9806 (Friends of Santos Surplus Funds)										
Mailing Address City PO Box 78606 Seattle, WA										
Zip + 4 Office Sought (Cand 98178 STATE REPRES						*For PACs, Part				
		d of period) Final Report?						ered a contribution)		
Covered 01/01/18	01/31	/18	Yes	No X	5	supporting or oppo	sing a state	or local ca	ndidate?	
RECEIPTS					₇	*See next page		Yes	No	
Previous total cash and in kin (if beginning a new campaign	d contributions (From line 8 or calendar year, see instr	3, last C-4) uction book	let)				<u>-</u>	\$	\$20,378.78	
2. Cash received (From line 2, S	Schedule A)					\$	\$0.00			
3. In kind contributions received	(From line 1, Schedule B).						\$0.00			
4. Total cash and in kind contributions received this period (Line 2 plus 3)									\$0.00	
5. Loan principal repayments ma	5. Loan principal repayments made (From line 2, Schedule L)						\$0.00			
6. Corrections (From line 1 or 3,	Schedule C)	Show + or (-)			or (-)		\$0.00			
7. Net adjustments this period (Combine line 5 & 6)						Sho	w + or (-)		\$0.00	
8. Total cash and in kind contributions during campaign (Combine lines 1, 4 & 7)									\$20,378.78	
9. Total pledge payments due (F	From line 2, Schedule B)			\$0.00)					
EXPENDITURES										
10. Previous total cash and in kind expenditures (From line 17, last C-4) (If beginning a new campaign or calendar year, see instruction booklet)								\$6,045.96		
11. Total cash expenditures (From line 4, Schedule A)							\$26.99			
12. In kind expenditures (goods & services) (From line 1, Schedule B)							\$0.00			
13. Total cash and in kind expenditures made this period (Line 11 plus line 12)								\$26.99		
14. Loan principal repayments made (From line 2, Schedule L)							\$0.00			
15. Corrections (From line 2 or 3,	Schedule C)			. Show + o	or (-)		\$0.00			
16. Net adjustments this period (0		•••••	•••••		Sho	w + or (-)		\$0.00		
17. Total cash and in kind expenditures during campaign (Combine lines 10, 13 and 16)									\$6,072.95	
CANDIDATES ONLY Name not CASH SUMMARY						_,			414 205 02	
won Lost U	Won Lost Unopposed on ballot 18. Cash on hand (Line 8 minus line 1 [Line 18 should equal your bank account balance]								\$14,305.83	
Primary election					debts	s owed)			\$0.00	
Treasurer's Daytime Telephone N	O Polongo (Cumbus or deficit) (Line 40 minute line 40)									
(206)601-2448		20. Balance (Surplus or deficit) (Line 18 minus line 19)						\$14,305.83		
CERTIFICATION: I certify that the information herein and on accompanying schedules and attachments is true and correct to the best of my knowledge.										
Candidate's Signature Date Treasurer's Sign				er's Signat	ture				Date	
SHARON TOMIKO SANTOS 02/10/18 Jean			Jeanne	eanne Legault				02/10/18		

CASH RECEIPTS AND EXPENDITURE

SHARON TOMIKO SANTOS 9806 (Friends of Santos Surplus Funds)

SCHEDULE to C4

(11/93)

01/01/18

2

01/31/18

Candidate or Committee Name (Do not abbreviate. Use full name.)

Report Date

1.	CASH RECE	IPTS (Contributions) which	ch have been reported on C	3. List eac	h dep	osit made since last C4	report was submitted	l.		
Da	ate of deposit	Amount	Date of deposit	Amo	ount	Date of deposit	Amount	Tot	al deposits	
2.	TOTAL CASI	H RECEIPTS				Enter al	so on line 2 of C4	\$	\$0.00	
1)	needed. The If expendit commi	exceptions are: cures are in-kind or earmar ittee, identify the candidate	NETURES: If one of the following to a cand a contributions to a cand a concommittee in the Description.	idate or cor	nmitte ;	ee or <u>independent expen</u>	ditures that benefit a	candid	,	
2) 3)	If expendit petition	tures are made directly or n, use code "V" and provid nt paid each during the rep	s for travel expenses, identi- indirectly to compensate a p e the following information orting period, and cumulation	person or er on an attacl ve total paid	ntity fo hed sh d all pe	or soliciting signatures or heet: name and address ersons to date to gather	n a statewide initiatives of each person/entisignatures.	e or refe ty comp		
CODE DEFINITIONS ON NEXT PAGE C - Contributions (monetary, ir I - Independent Expenditures L - Literature, Brochures, Print B - Broadcast Advertising (Rac N - Newspaper and Periodical O - Other Advertising (yard sig V - Voter Signature Gathering			s nting adio, TV) al Advertisir igns, button	S - Surveys and Polls ting F - Fundraising Event E dio, TV) T - Travel, Accommoda Advertising M - Management/Consu				xpenses ions, Meals Ilting Services enefits		
3.	amour b) Itemize c) For ea	RES ditures of \$50 or less, incluted to column on the first line be each expenditure of mor	uding those from petty cash elow e than \$50 by date paid, na e, campaign worker, PR firn	i, need not b me and add	dress	mized. Add up these ex	penditures and show ion, and amount.	the tota	al in the	
Da	Vendor or Recipient Date Paid (Name and Address)		Code		Purpose of Exp and/or Descri			Amount		
N/A		Expenses of \$50 or less		N/A		N/A			unount	
01/15/18		AOL PO Box 65101 Sterling, VA 20166			On-	-line service f	ees		\$26.99	
4. TOTAL CASH EXPENDITURES Total from attached pages Enter also on line 11 of C4							\$ \$	\$0.00 \$26.99		