

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4
(3/97)

PDC OFFICE USE
100811570

02-10-2018

| | | | |
|--|---|----------------------------------|--|
| Candidate or Committee Name (Do not abbreviate. Include full name) SHARON TOMIKO SANTOS 9806 (Friends of Santos Surplus Funds) | | | |
| Mailing Address PO Box 78606 | | City Seattle, WA | |
| Zip + 4 98178 | Office Sought (Candidates) STATE REPRESENTATIVE | Election Date 2018 | *For PACs, Parties & Caucus Committees: During this report period, did the committee make an <u>independent expenditure</u> (i.e., an expense not considered a contribution) <u>supporting or opposing a state or local candidate?</u> |
| Report Period Covered From (last C-4) 05/01/17 | To (end of period) 05/31/17 | Final Report? Yes No X | |

| RECEIPTS | | *See next page | Yes | No |
|--|--|----------------|-----|--------------------|
| 1. Previous total cash and in kind contributions (From line 8, last C-4) (if beginning a new campaign or calendar year, see instruction booklet) | | | | |
| | | \$ | | \$20,378.78 |
| 2. Cash received (From line 2, 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 made (From line 2, Schedule L) | | | | \$0.00 |
| 6. Corrections (From line 1 or 3, Schedule C) | | Show + or (-) | | \$0.00 |
| 7. Net adjustments this period (Combine line 5 & 6) | | Show + 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 (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) | |
| \$3,519.80 | |
| 11. Total cash expenditures (From line 4, Schedule A) | |
| \$558.85 | |
| 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) | |
| \$558.85 | |
| 14. Loan principal repayments made (From line 2, Schedule L) | |
| \$0.00 | |
| 15. Corrections (From line 2 or 3, Schedule C) | |
| Show + or (-) \$0.00 | |
| 16. Net adjustments this period (Combine lines 14 & 15) | |
| Show + or (-) \$0.00 | |
| 17. Total cash and in kind expenditures during campaign (Combine lines 10, 13 and 16) | |
| \$4,078.65 | |

| CANDIDATES ONLY | | | | CASH SUMMARY | |
|---|--------------------------|--------------------------|--------------------------|--|--|
| Won | Lost | Unopposed | Name not on ballot | | |
| Primary election <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Cash on hand (Line 8 minus line 17) | |
| General election <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | [Line 18 should equal your bank account balance(s) plus your petty cash balance.] \$16,300.13 | |
| Treasurer's Daytime Telephone No.: (206) 601-2448 | | | | 19. Liabilities: (Sum of loans and debts owed) | |
| | | | | \$0.00 | |
| | | | | 20. Balance (Surplus or deficit) (Line 18 minus line 19) | |
| | | | | \$16,300.13 | |

| 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 | |
| SHARON TOMIKO SANTOS | | 02/10/18 | |
| Treasurer's Signature | | Date | |
| Jeanne Legault | | 02/10/18 | |

CASH RECEIPTS AND EXPENDITURE

SCHEDULE
to C4

A
(11/93)

2

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

Report Date

SHARON TOMIKO SANTOS 9806 (Friends of Santos Surplus Funds)

05/01/17

05/31/17

1. CASH RECEIPTS (Contributions) which have been reported on C3. List each deposit made since last C4 report was submitted.

| Date of deposit | Amount | Date of deposit | Amount | Date of deposit | Amount | Total deposits |
|------------------------|--------|-----------------|--------|-----------------|--------|---|
| | | | | | | |
| 2. TOTAL CASH RECEIPTS | | | | | | Enter also on line 2 of C4 \$ \$0.00 |

CODES FOR CLASSIFYING EXPENDITURES: If one of the following codes is used to describe an expenditure, no other description is generally needed. The exceptions are:

- 1) If expenditures are in-kind or earmarked contributions to a candidate or committee or independent expenditures that benefit a candidate or committee, identify the candidate or committee in the Description block;
- 2) When reporting payments to vendors for travel expenses, identify the traveler and travel purpose in the Description block; and
- 3) If expenditures are made directly or indirectly to compensate a person or entity for soliciting signatures on a statewide initiative or referendum petition, use code "V" and provide the following information on an attached sheet: name and address of each person/entity compensated, amount paid each during the reporting period, and cumulative total paid all persons to date to gather signatures.

CODE
DEFINITIONS
ON NEXT PAGE

C - Contributions (monetary, in-kind & transfers)
I - Independent Expenditures
L - Literature, Brochures, Printing
B - Broadcast Advertising (Radio, TV)
N - Newspaper and Periodical Advertising
O - Other Advertising (yard signs, buttons, etc.)
V - Voter Signature Gathering

P - Postage, Mailing Permits
S - Surveys and Polls
F - Fundraising Event Expenses
T - Travel, Accommodations, Meals
M - Management/Consulting Services
W - Wages, Salaries, Benefits
G - General Operation and Overhead

3. EXPENDITURES

- a) Expenditures of \$50 or less, including those from petty cash, need not be itemized. Add up these expenditures and show the total in the amount column on the first line below..
- b) Itemize each expenditure of more than \$50 by date paid, name and address of vendor, code/description, and amount.
- c) For each payment to a candidate, campaign worker, PR firm, advertising agency or credit card company, attach a list of detailed expenses or copies of receipts/invoices supporting the payment.

| Date Paid | Vendor or Recipient (Name and Address) | Code | Purpose of Expense and/or Description | Amount |
|-----------|--|------|--|----------|
| N/A | Expenses of \$50 or less | N/A | N/A | |
| 05/15/17 | AOL PO Box 65101 Sterling, VA 20166 | | On-line monthly service fee | \$26.99 |
| 05/30/17 | SPRINT WIRELESS 6391 Sprint Pkwy Overland , KS 66251 | | Cell phone monthly charge | \$109.79 |
| 05/19/17 | US BANK EDGE 2910 Rainier Ave S Seattle, WA 98118 | | Credit card payment | \$422.07 |
| | | | | |
| | | | | |
| | | | | |

4. TOTAL CASH EXPENDITURES

Total from attached pages \$ **\$0.00**
Enter also on line 11 of C4 \$ **\$558.85**