

## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

**C4**(3/97)

PDC OFFICE USE 100833651 AMENDS 100827577 06-03-2018

06/03/18

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

	`	806 (Friends	,	Surplus Funda	<b>=</b> )		
Mailing Address PO Box 7860							
Zip + 4         Office Sought (Cancelland)           98178         STATE REPRES		,		*For PACs, Parties & Caucu			
Report Period	From (last C-4	To (er	nd of period)	Final Report?	expenditure (i.e., an ex	pense not	considered a contribution)
Covered		/30/18 Yes No X		supporting or opposing	porting or opposing a state or local candidate?		
RECEIPTS					*See next page	Yes	s No
Previous to (if beginning)	otal cash and in kin ng a new campaign	d contributions (From or calendar year, see	line 8, last C-4) e instruction boo	klet)		······ <u>\$</u>	\$20,378.78
2. Cash recei	ved (From line 2, S	Schedule A)			··· \$ \$0.	00	
3. In kind con	tributions received	(From line 1, Schedu	\$0 <b>.</b>	00			
4. Total cash	and in kind contrib	utions received this p	eriod (Line 2 plu	ıs 3)		<u> </u>	\$0.00
5. Loan princ	pal repayments m	··· \$0.	00				
6. Corrections	s (From line 1 or 3,	Schedule C)		Show + or (	\$0.	00	
7. Net adjustr	ments this period (	or (-)	\$0.00				
8. Total cash	and in kind contrib	utions during campai	gn (Combine line	es 1, 4 & 7)		<u> </u>	\$20,378.78
9. Total pledg	je payments due (F	From line 2, Schedule	B)	\$0.00			
EXPENDITURES	•						
10. Previous to (If beginnir	otal cash and in kin ng a new campaign	d expenditures (From or calendar year, see	line 17, last C-4 instruction boo	1) klet)		<u> </u>	\$7,049.78
11. Total cash	expenditures (Froi	m line 4, Schedule A)			\$81	39	
12. In kind exp	0.00						
							\$81.39
14. Loan princ	pal repayments m	\$0	0.00				
15. Corrections	s (From line 2 or 3,	\$0	0.00				
16. Net adjustr	or (-)	\$0.00					
17. Total cash	and in kind expend	ditures during campai	gn (Combine line	es 10, 13 and 16)			\$7,131.17
CANDIDATES O		Name not	CASH SUMMA				
	Won Lost U	Jnopposed on ballot			7) nce(s) plus your petty cash baland		\$13,247.61
Primary election							\$0.00
Treasurer's Day	time Telephone N	lo.:	00 5 1 '-		40 ' ' ' ' '		
(206)601-2	2448		20. Balance (Surplus or deficit) (Line 18 minus line 19)				\$13,247.61
			accompanying sch		s true and correct to the best	of my knowl	
Candidate's Sign	ature	Date		Treasurer's Signature	9		Date

Jeanne Legault

06/03/18

SHARON TOMIKO SANTOS

## **CASH RECEIPTS AND EXPENDITURE**

SHARON TOMIKO SANTOS 9806 (Friends of Santos Surplus Funds)

SCHEDULE to C4

04/01/18

04/30/18

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

Report Date

1. CASH RECE	EIPTS (Contributions) which	h have been reported on C	3. List each	deposit made since last C	4 report was submitted	d.
Date of deposit	Amount	Date of deposit	Amou	unt Date of deposit	Amount	Total deposits
2. TOTAL CAS	H RECEIPTS			Enter	also on line 2 of C4	\$ \$0.00
needed. The  1) If expending comm  2) When report of expending petition amount  3. EXPENDITU  a) Expending petition amount  4. Expending petition amount  5. Expending petition amount  6. Expending petition amount  6. Expending petition amount  8. Expending petition amount  8. Expending petition amount  8. Expending petition amount  9. Expending petition	e exceptions are: tures are in-kind or earmarl ittee, identify the candidate orting payments to vendors tures are made directly or i n, use code "V" and provide nt paid each during the report CODE DEFINITIONS DN NEXT PAGE B N O V  IRES Iditures of \$50 or less, includent column on the first line be		date or comption block; by the traveleuerson or enterent an attachment of the total paid and the total paid	er and travel purpose in the tity for soliciting signatures ed sheet: name and addre all persons to date to gather insfers)  P - F S - S F - F T - T T G M - I G - G - G - G - G - G - G - G - G -	Description block; and on a statewide initiatives of each person/ention signatures.  Postage, Mailing Perm Surveys and Polls fundraising Event Experience, Accommodation Management/Consultin Wages, Salaries, Bene General Operation and expenditures and show	candidate or de or referendum ty compensated, dits enses ns, Meals ng Services effits Overhead
c) For ea	ach payment to a candidate s of receipts/invoices suppo		me and addi , advertising	g agency or credit card com	pany, attach a list of d	etailed expenses or
Date Paid	Vendor or Recipient (Name and Address)		Code	Purpose of E and/or Desc		Amount
N/A	Expenses of \$50 or less		N/A	N/A		
OFFICE DEPOT 300 Andover Park W #400 Tukwila, WA 98188				Toner for printe	r	\$81.39
4. TOTAL CAS	H EXPENDITURES		1		from attached pages also on line 11 of C4	\$ \$0.00 \$ \$81.39