PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 0LYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

PDC OFFICE USE 100922073

08-04-2019

C4

(3/97)

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

SHARON TOMIKO SANTOS 9	806 (Friends	of Santos	Surpl	us Acco	ount)			
Mailing AddressCityPO Box 78606Seattle, WA								
Zip + 4 98178	Office Sought (Cano STATE REPRES	,	Electi 2020	on Date				mittees: During e an <u>independent</u>
Report Period From (last C-4	1) To (er	nd of period)	Final	Report?	expenditur	<u>e</u> (i.e., an expense	e not consid	ered a contribution)
Covered 07/01/19	9 07	/31/19	Yes	No X	supporting of	or opposing a state	e or local ca	ndidate?
RECEIPTS					*See next p	bage	Yes	No
 Previous total cash and in kir (if beginning a new campaign 	d contributions (From or calendar year, see	n line 8, last C-4) e instruction bool	klet)				\$	\$40,379.78
2. Cash received (From line 2, S	Schedule A)				\$	\$0.00		
3. In kind contributions received	(From line 1, Schedu	ıle B)				\$0.00		
4. Total cash and in kind contrib	outions received this p	eriod (Line 2 plu	s 3)					\$0.00
5. Loan principal repayments m	ade (From line 2, Sch	edule 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 contrib	outions during campai	gn (Combine line	es 1, 4 & 7)	1			\$40,379.78
9. Total pledge payments due (l	From line 2, Schedule	e B)		\$0.00				
EXPENDITURES								
10. Previous total cash and in kir (If beginning a new campaigr	d expenditures (From or calendar year, se	n line 17, last C-4 e instruction boo	1) klet)					\$22,078.91
11. Total cash expenditures (Fro	m line 4, Schedule A)					\$0.00		
12. In kind expenditures (goods &	& services) (From line	1, Schedule B).				\$0.00		
13. Total cash and in kind expen-	ditures made this peri	od (Line 11 plus	line 12)					\$0.00
14. Loan principal repayments m	ade (From line 2, Sch	edule L)			·····	\$0.00		
15. Corrections (From line 2 or 3	Schedule C)			Show + or	· (-)	\$0.00		
16. Net adjustments this period (Combine lines 14 & 1	5)				Show + or (-)		\$0.00
17. Total cash and in kind expenditures during campaign (Combine lines 10, 13 and 16)								\$22,078.91
CANDIDATES ONLY Name not CASH SUMMARY								
Won Lost Unopposed on ballot 18. Cash on hand (Line 8 minus line 17) Image: Construct Structure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Constructure Image: Construe Image: Cons								\$18,300.87
Primary election		19. Liabilities:	(Sum of lo	ans and de	ebts owed)			\$0.00
Treasurer's Daytime Telephone No.:				- (- 'i) /l '	40	10)		•
(206)601-2448 20. Balance (Surplus or deficit) (Line 7				e to minus line			\$18,300.87	
CERTIFICATION: I certify that the int Candidate's Signature	ormation herein and on Date	accompanying sch		attachments er's Signatu		ect to the best of my	knowledge.	Date
Candidate 5 Signature				-				
SHARON TOMIKO SANTOS 08/04/19 Jeanne Legaul				lt		0	8/04/19	

CASH RECEIPTS AND EXPENDITURE



Candidate of Committee Name (Do not abbreviate. Use full name.)						Tepon Dale	
SHARON TOMIKO SAN	NTOS 9806	(Friends of	Santos Surplus	Account)	07/01/19	07/	31/19
1. CASH RECEIPTS (Co	ontributions) whic	h have been repor	ted on C3. List each dep	oosit made since last C	4 report was submitte	d.	
Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total d	eposits
						•	
2. TOTAL CASH RECEIR	PTS			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:

- If expenditures are in-kind or earmarked contributions to a candidate or committee or independent expenditures that benefit a candidate or 1) committee, identify the candidate or committee in the Description block;
- When reporting payments to vendors for travel expenses, identify the traveler and travel purpose in the Description block; and 2)

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.

C - Contributions (monetary, in-kind & transfers)

CODF DEFINITIONS ON NEXT PAGE

- 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	Α	mount
N/A	Expenses of \$50 or less	N/A	N/A		
			Total from attached pag	es \$	\$0.00

4. TOTAL CASH EXPENDITURES

Enter also on line 11 of C4 \$ \$0.00