| PUBLIC                       | DISCLOSURE COMMISSION<br>711 CAPITOL WAY RM 206<br>PO BOX 40908<br>OLYMPIA WA 98504-0908<br>(360) 753-1111<br>TOLL FREE 1-877-601-2828 | CASH REC<br>MONETAR<br>CONTRIBU | Y  | <b>C3</b>   | THIS SPACE FOR OFFICE USE<br>100931026<br>09-15-2019 |                                 |  |
|------------------------------|--|---------------------------------|--|---|--|---------------------------------|--|
| Candidate                    | or Committee Name (Do not abbreviate   | Use full name.)                 |  |   |  |                                 |  |
|                              | SAWANT (VOTE SAWANT 201  | 9)                              |  |   |  |                                 |  |
| Mailing Ac                   | ldress   |                                 |  |   |  |                                 |  |
| 2920 E                       | ast Cherry Street  |                                 | 1  |   |  |                                 |  |
| City<br>SEATTLE, WA          |  | Zip + 4<br><b>98122</b>         |  | Office Sought (candidates)<br>CITY COUNCIL MEMBER |  | Election Date                   |  |
|                              | ARY CONTRIBUTIONS DEPOSITED IN   |                                 |  |   |  |                                 |  |
| Date<br>Received             |  |                                 |  |   | Amount   | Total                           |  |
|                              | a. Anonymous   |                                 |  |   |  | \$544.54                        |  |
|                              |  |                                 |  |   |  |                                 |  |
|                              | <ul> <li>b. Candidate's personal funds depo</li> <li>c. Loans, notes, security agreemen</li> </ul>                                     | ts. Attach Schedule L           |  |   |  |                                 |  |
|                              | d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation   |                                 |  |   |  |                                 |  |
|                              | e. Small contributions \$25.00 or les  | s not itemized and numbe        | er of persons giving (                                   | persons)  |  |                                 |  |
| 2. CONTR<br>Date<br>Received | IBUTIONS OVER \$25.00<br>Contributor's Name, Address, City   |                                 | utions of more than \$100:*<br>er's Name, City and State | PG<br>RE<br>IN                                    | Amount   | Aggregate <sup>*</sup><br>Total |  |
| 09/05/19                     | NANCY A HARTUNIAN<br>1535 11th<br>Seattle, WA 98122  | Occupatio                       |  |   | \$100.00   | \$100.00                        |  |
| 09/06/19                     | NICK DREYER<br>5005 37th Ave NE<br>Seattle, WA 98105-3124  | Occupatio                       |  |   | \$15.00  | \$15.00                         |  |
|                              |  | Coopano                         |  |   |  |                                 |  |
|                              |  | Occupatio                       | n  |   |  |                                 |  |
|                              |  |                                 |  |   |  |                                 |  |
|                              |  | Occupatio                       | n  |   |  |                                 |  |
|                              |  |                                 |  |   |  |                                 |  |
|                              |  | Occupatio                       | Sub-total  |   |  |                                 |  |
|                              | Check here if additional<br>pages are attached   |                                 | Amount from<br>attached pages                            |   | \$115.00<br>\$0.00                                   | *See reverse for details.       |  |
|                              | FUNDS RECEIVED AND DEPOSITED (<br>arts 1 and 2 above. Enter this amount ir   |                                 | TO ACCOUNT   |   | \$115.00   |                                 |  |
| 4. Date of                   |  |                                 | I certify that this report is                            | true and compl                                    | ete to the best of my                                | v knowledge                     |  |
|                              | /12/19<br>s Daytime Telephone No.: (206)954  | 4-9962                          | Treasurer's Signature<br>SONJA PONATH                    |   | Date<br>09-15-2019                                   |                                 |  |

## **Text Page Attachment**

Name KSHAMA SAWANT (VOTE SAWANT 2019)

Donations via Check