

# CASH RECEIPTS MONETARY CONTRIBUTIONS

# C3

(1/02)

THIS SPACE FOR OFFICE USE

100931028

09-15-2019

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

**KSHAMA SAWANT (VOTE SAWANT 2019)**

Mailing Address

**2920 East Cherry Street**

City

**SEATTLE, WA**

Zip + 4

**98122**

Office Sought (candidates)  
**CITY COUNCIL MEMBER**

Election Date

**2019**

## 1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous .....		<b>\$544.54</b>
	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c) .....		
	c. Loans, notes, security agreements. Attach Schedule L .....		
	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation .....		
	e. Small contributions \$25.00 or less not itemized and number of persons giving _____ (persons)		

## 2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100: Employer's Name, City and State	P R I	G E N	Amount	Aggregate* Total
09/06/19	PHILIP GARRISON 4550 51st Ave NE Seattle, WA 98105				\$27.00	\$27.00
	Occupation					
09/06/19	SARAH JONES 905 High St Apt. B Bellingham, WA 98225				\$15.00	\$15.00
	Occupation					
09/06/19	THEODORE WHEELAND 905 High St Bellingham, WA 98225				\$15.00	\$15.00
	Occupation					
09/06/19	JACOB MALLOY 524 32nd St Apt. 405 Bellingham, WA 98225				\$50.00	\$50.00
	Occupation					
09/06/19	WILLIAM L GLOVER 804 E ALLISON St Seattle, WA 98102				\$25.00	\$25.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$132.00	<b>*See reverse for details.</b>
		Amount from attached pages			\$31.00	

## 3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT

Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4.

**\$163.00**

4. Date of Deposit

**09/09/19**

I certify that this report is true and complete to the best of my knowledge

Treasurer's Signature

Date

**SONJA PONATH**

**09-15-2019**

Treasurer's Daytime Telephone No.: **(206)954-9962**

# RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Page 2

Candidate or Committee Name (Do not abbreviate. Use full name.)  
**KSHAMA SAWANT (VOTE SAWANT 2019)**

Deposit Date  
**09/09/19**

## 2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100: Employer's Name, City and State	P R I	G E N	Amount	Aggregate Total*
09/06/19	PROCEEDS FROM LOW COST				\$31.00	\$0.00
		Occupation				
		Occupation				
		Occupation				
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		Occupation				
		Occupation				

Page Total \$31.00

## Text Page Attachment

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Name KSHAMA SAWANT (VOTE SAWANT 2019)

Donations via Square \$163; Fees \$5.21; Actual Deposit \$157.79 LCF = 7 bake sale items at approximately \$4.4/each