

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100931029

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	Zip + 4	Office Sought (candidates)
SEATTLE, WA	98122	CITY COUNCIL MEMBER

Election Date
2019

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous		\$544.54
	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:*	P R I	G E N	Amount	Aggregate* Total
09/07/19	JAMES ITOKAZ 1800 Jackson St 412 Seattle, WA 98144		<input type="checkbox"/>	<input type="checkbox"/>	\$50.00	\$50.00
	Occupation					
09/07/19	BYRON MARTIN 418 14th Ave Seattle, WA 98122		<input type="checkbox"/>	<input type="checkbox"/>	\$25.00	\$32.00
	Occupation					
09/07/19	MICHAEL HASKIN 1414 E yesler Way 310 seattle, WA 98122		<input type="checkbox"/>	<input type="checkbox"/>	\$50.00	\$50.00
	Occupation					
09/07/19	SIENA A EZEKIEL 2015B S MAIN St Seattle, WA 98144		<input type="checkbox"/>	<input type="checkbox"/>	\$100.00	\$100.00
	Occupation					
09/07/19	CARMIN J ATROPS 411 11TH Ave 401 Seattle, WA 98122		<input type="checkbox"/>	<input type="checkbox"/>	\$50.00	\$50.00
	Occupation					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$275.00	*See reverse for details.
		Amount from attached pages			\$2.00	

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.

\$277.00

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*
09/07/19	PROCEEDS FROM LOW COST				\$2.00	\$0.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total \$2.00

Text Page Attachment

3

Name KSHAMA SAWANT (VOTE SAWANT 2019)

Via SQUARE; Deposit \$266.40 after fees (\$10.60) LCF - \$2 one Paper sale