

## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

**C4**(3/97)

PDC OFFICE USE 110044124

09-02-2021

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

SHARON TOMIKO SANTOS	(Sharon Tomiko S	antos 2021-2	022)		
Mailing Address 4547 Rainier Ave S #50	02			City Seattle, WA	
Zip + 4 98118	Office Sought (Candidates STATE REPRESENT)		ion Date		aucus Committees: During
Report Period From (last C-	4) To (end of p	eriod) Final	Report?	expenditure (i.e., an expen	se not considered a contribution)
Covered 08/01/2	1 08/31/	' <b>21</b> Yes	No X	supporting or opposing a sta	ate or local candidate?
RECEIPTS		·		*See next page	Yes No
Previous total cash and in kir (if beginning a new campaign	nd contributions (From line 8 n or calendar year, see instru	, last C-4) uction booklet)			\$ \$14,515.12
2. Cash received (From line 2,					_
3. In kind contributions received	d (From line 1, Schedule B)			\$0.00	_
4. Total cash and in kind contrib	outions received this period	(Line 2 plus 3)			\$0.08
5. Loan principal repayments m	ade (From line 2, Schedule	L)		\$0.00	_
6. Corrections (From line 1 or 3	, Schedule C)		. Show + or	(-) (\$0.01)	_
7. Net adjustments this period (	Combine line 5 & 6)			Show + or (-)	(\$0.01)
8. Total cash and in kind contrib	outions during campaign (Co	ombine lines 1, 4 & 7	')		
9. Total pledge payments due (	From line 2, Schedule B)		\$0.00		
EXPENDITURES					
<ol> <li>Previous total cash and in kir (If beginning a new campaign</li> </ol>	nd expenditures (From line 1 n or calendar year, see instru	7, last C-4) uction booklet)			\$12,801.46
11. Total cash expenditures (Fro	m line 4, Schedule A)			···· \$194 <b>.</b> 4	<u>9</u>
12. In kind expenditures (goods	& services) (From line 1, Sch	nedule B)		···· \$0.0	Ω
13. Total cash and in kind expenditures made this period (Line 11 plus line 12)					
14. Loan principal repayments m	ade (From line 2, Schedule	L)		\$0.0	<u>0</u>
15. Corrections (From line 2 or 3	, Schedule C)		. Show + or	(-) (\$0.01	<u>)</u>
16. Net adjustments this period (	Combine lines 14 & 15)			Show + or (-)	(\$0.01)
17. Total each and in kind expanditures during compaign (Combine lines 10, 12 and 16)					\$12,995.94
CANDIDATES ONLY		H SUMMARY			
	[Line 18 should equal your bank account balance(s) plus your petty cash balance.]			\$1,519.25	
Primary election				\$0.00	
Treasurer's Daytime Telephone No.:  (206)601-2448  20. Balance (Surplus or deficit) (Line 18 minus line 19)			18 minus line 19)	\$1,519.25	
CERTIFICATION: I certify that the information herein and on accompanying schedules and attachments is true and correct to the best of my knowledge.					
Candidate's Signature	Date		er's Signatu		Date
SHARON TOMIKO SANTOS	09/02/	21 Jeanne	e Legau	lt	09/02/21

## CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

A	
(11/93)	

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

Report Date

SHARON TOMIKO	SANTOS (Sharor	Tomiko Santos	2021-2022	)	08/01/21	08/31/21
1. CASH RECEIPTS	(Contributions) which	have been reported on C	3. List each depo	osit made since last C4	report was submitted.	
Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total deposits
09/22/2021	ė0 01					

08/23/2021 \$0.07 08/31/2021

\$ TOTAL CASH RECEIPTS Enter also on line 2 of C4 <u>\$0.08</u>

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:

- 1) If expenditures are in-kind or earmarked contributions to a candidate or committee or independent expenditures that benefit a candidate or 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.

CODE **DEFINITIONS** ON NEXT PAGE

- C Contributions (monetary, in-kind & transfers)
- 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..
- 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	Amount
N/A	Expenses of \$50 or less	N/A	N/A	
08/10/21	PAYCHEX 600 SW 39TH ST #100C RENTON, WA 98057	AL-	Payrole service monthly fee	\$83.00
08/25/21	SPRINT WIRELESS 6200 SPRINT PKWY OVERLAND, KS 66251	G	Campaign cell phone monthly charge	\$111.49
			Total from attached pages	\$ \$0.00

Enter also on line 11 of C4

\$194.49

## **CORRECTIONS**

SCHEDULE TO C4

10 C4

SHARON TOMIKO SANTOS (Sharon Tomiko Santos 2021-2022)

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

08/01/21 08/31/21

Date

3. REFUNDS FROM VENDORS The below listed amounts have been received as refunds on expenditures previously reported. The refund has been deposited and reported on C3 report, Line 1d. **Amount of Refund Date of Report** Source/Person Making Refund GOOGLE SUITE 08/23/21 1600 AMPITHEATRE PARKWAY MOUNTAIN VIEW, CA 94043 \$0.01 Total refunds

3

\$0.01

Enter as (-) on line 6 and line 15 of C4.