

# CASH RECEIPTS MONETARY CONTRIBUTIONS

## C3

(1/02)

THIS SPACE FOR OFFICE USE

110066258

12-12-2021

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

**SHARON TOMIKO SANTOS (Sharon Tomiko Santos 2021-2022)**

Mailing Address

**4547 Rainier Ave S #502**

City Zip + 4 Office Sought (candidates)  
**Seattle, WA 98118 STATE REPRESENTATIVE**

Election Date  
**2022**

### 1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous .....		
	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
12/10/21	WA INSURERS PAC PO BOX 12348 OLYMPIA, WA 98508		X		\$500.00	\$500.00
		Occupation				
12/10/21	DAVITA PO BOX 2037 TACOMA, WA 98401		X		\$500.00	\$500.00
		Occupation				
12/10/21	WA CHARTERS PAC 603 STEWART ST #819 SEATTLE, WA 98101		X		\$1,000.00	\$1,000.00
		Occupation				
12/10/21	USAA PO BOX 34330 SAN ANTONIO, TX 78265		X		\$1,000.00	\$1,000.00
		Occupation				
12/10/21	OUTCOMES BY LEVY LLC 15619 62nd Pl NE Kenmore, WA 98028		X		\$150.00	\$150.00
		Occupation				
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			\$3,150.00	*See reverse for details.
		Amount from attached pages			\$3,000.00	

### 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.

**\$6,150.00**

4. Date of Deposit

**12/10/21**

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

Treasurer's Signature

Date

**Jeanne Legault**

**12-12-2021**

Treasurer's Daytime Telephone No.: **(206)601-2448**

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

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Candidate or Committee Name (Do not abbreviate. Use full name.) <b>SHARON TOMIKO SANTOS (Sharon Tomiko Santos 2021-2022)</b>	Deposit Date <b>12/10/21</b>
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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*
12/10/21	ANHEUSER-BUSCH 15800 Roscoe Blvd Van Nuys, CA 91406	Occupation	X		\$1,000.00	\$1,000.00
12/10/21	ALLSTATE INSURANCE COMPANY 2775 SANDERS RD NORTHBROOK, IL 60062	Occupation	X		\$1,000.00	\$1,000.00
12/10/21	DELTA DENTAL PO BOX 75688 SEATTLE, WA 98175	Occupation	X		\$1,000.00	\$1,000.00
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Page Total \$3,000.00