PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3
(1/02)

THIS SPACE FOR OFFICE USE
100714020
08-02-2016

Candidate or Committee Name (Do not abbreviate. Use full name.)
SHARON TOMIKO SANTOS (Friends of Santos)

Mailing Address
P. O. Box 78606

City	Zip + 4	Office Sought (candidates)	Election Date
Seattle, WA	98178	STATE REPRESENTATIVE	2016

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	PRI	GEN	Amount	Aggregate* Total
08/01/16	ALEX HUR 1752 NW MARKET ST ST #708 SEATTLE, WA 98107	South Cove Strategies LLC Seattle, WA Occupation LOBBYIST	X		500.00	500.00
08/01/16	PUYALLOP TRIBE OF INDIANS 3009 East Portland Ave Tacoma, WA 98404	Occupation	X		500.00	500.00
08/01/16	WASHBANK PAC 1601 5TH AVE STE 1120 SEATTLE, WA 98101	Occupation	X		1,000.00	1,000.00
08/01/16	DELTA DENTAL OF WASHINGTON P. O. BOX 75983 SEATTLE, WA 98175	Occupation	X		50.00	1,000.00
08/01/16	DELTA DENTAL OF WASHINGTON P. O. BOX 75983 SEATTLE, WA 98175	Occupation		X	1,000.00	1,000.00
	☒ Check here if additional pages are attached	Sub-total Amount from attached pages			3,050.00 2,000.00	*See reverse for details.

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. 5,050.00

4. Date of Deposit
08/01/16

Treasurer's Daytime Telephone No.: (206)817-2362

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

Treasurer's Signature: Alex Johnson

Date: 08-02-2016

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.)
SHARON TOMIKO SANTOS (Friends of Santos)

Deposit Date
08/01/16

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	PRI	GEN	Amount	Aggregate Total*
08/01/16	ASSOCIATION OF WASHINGTON 1021 PACIFIC AVE SUITE 2100 TACOMA, WA 98402	Occupation	X		1,000.00	1,000.00
08/01/16	ASSOCIATION OF WASHINGTON 1021 PACIFIC AVE SUITE 2100 TACOMA, WA 98402	Occupation		X	1,000.00	1,000.00
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		Occupation				

Page Total 2,000.00