PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111

All Other Property Entirely or Partially Owned

Seattle, WA 98244 Check here ☐ if continued on attached sheet

King; 112 28th Ave S,

F-1

PDC FORM

PERSONAL FINANCIAL AFFAIRS STATEMENT

PDC OFFICE USE

100890182

Refer to instruction manual for detailed assistance and examples.

Dollar
CODE

AMOUNT

Covers:

Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Dollar
CODE
AMOUNT

Covers:
2018

Cavers:
2018

Received:
D \$44,000 to \$47,999
D \$48,000 to 119,999
O4-15-2019

candidate or being newly appointed to a position.				C	\$24,000 to \$47,999 \$48,000 to 119,999	Received:
SEND REP	ORT TO PUBLIC D	DISCLOSURE COMMIS	SION	Ē	\$120,000 or more	04-15-2019
Last Name First SAWANT KSHAMA				e Initial	domestic partner. If there is disclose for dependent children in your household, do not ide	en, or other dependents living
					details.	ic partier. See i -i manuarioi
Mailing Addr	ess (Use PO Box or W	Vork Address)			Calvin Priest	SP
112 28TH	H AVE S					
City		County	Zip + 4	4		
SEATTLE		KING	9814	14		
Filing Status	(Check only one box.))			Office Held or Sought	
X An elect	ed or state appointed	official filing annual report			Office title: CITY COUNC	IL MEMBER
☐ Final rep	oort as an elected offic	ial. Term expired:	_		County, city, district or agend	by of the office
☐ Candida	ate running in an election	on: month	year _		name and number: CI	·
☐ Newly a	ppointed to an elective	e office			Position number:	
☐ Newly a	ppointed to a state app	pointive office			Term begins:	
		rnor's Office and the Legisl	lature		01-01-201	ends: _6
1						nt, etc.) from which you or a
						ng the period. Include stock
	option		reporting period			ng the period. Include stock lore. (Report interest and
Show Self (S) Spoße (SP/DP)	option divide	s received during the nds in Item 3 on reverse)	reporting period	that had	a value of \$2,400 or m	ore. (Report interest and
	option divide	s received during the	reporting period	that had		ore. (Report interest and
Spoße (SP/DP)	option divide	ns received during the nds in Item 3 on reverse)	reporting period	that had	a value of \$2,400 or m	Ameunt:
Spoße (SP/DP)	Option divide Name and Address of PO Box 34025	is received during the inds in Item 3 on reverse) of Employer or Source of C	e reporting period compensation 8124-4025	that had	a value of \$2,400 or m	Ameunt:
Spo (SP/DP) Dependent (D)	option divide Name and Address of PO Box 34025 SEATTLE	s received during the nds in Item 3 on reverse) of Employer or Source of C WA 9	e reporting period compensation 8124-4025	that had	a value of \$2,400 or m Apation or Howi Compensation Was Earned	Amaunt: (Use Code)
Spo (SP/DP) Dependent (D)	option divide Name and Address (PO Box 34025 SEATTLE Socialist Alt	s received during the nds in Item 3 on reverse) of Employer or Source of C WA 9 ternative t Studio B2	e reporting period compensation 8124-4025	that had	a value of \$2,400 or m Apation or Howi Compensation Was Earned	Amaunt: (Use Code)
Spo (SP/DP) Dependent (D)	option divide Name and Address of PO Box 34025 SEATTLE Socialist Alt 1027 Grand St	s received during the nds in Item 3 on reverse) of Employer or Source of C WA 9 ternative t Studio B2	e reporting period ompensation	that had	a value of \$2,400 or m Apation or Howi Compensation Was Earned	Amaunt: (Use Code)
Spo (SP/DP) Dependent (D)	option divide Name and Address of PO Box 34025 SEATTLE Socialist Alt 1027 Grand Start Brooklyn	received during the nds in Item 3 on reverse) of Employer or Source of C WA 9 ternative t Studio B2	e reporting period ompensation	that had	a value of \$2,400 or m Apation or Howi Compensation Was Earned	Amaunt: (Use Code)
Spo@se (SP/DP) Dependent (D) SP	option divide Name and Address of PO Box 34025 SEATTLE Socialist Alt 1027 Grand Start Brooklyn Check Here if cor	s received during the nds in Item 3 on reverse) of Employer or Source of C WA 9 ternative t Studio B2 NY 1 ntinued on attached sheet List street address, ass	e reporting period ompensation $8124-4025$ 1211 seessor's parcel num	that had	a value of \$2,400 or m patign or Hewi Compensation Was Earned al Organizer al description AND county f	Ameunt: (Use Code) C
Spo (SP/DP) Dependent (D)	option divide Name and Address of PO Box 34025 SEATTLE Socialist Alt 1027 Grand Start Brooklyn	s received during the nds in Item 3 on reverse) of Employer or Source of C WA 9 ternative t Studio B2 NY 1 ntinued on attached sheet List street address, ass real estate with value of held a personal financia	e reporting period ompensation 88124-4025 1211 seessor's parcel num of over \$12,000 in w	that had City est	a value of \$2,400 or m patign or Hewi Compensation Was Earned al Organizer al description AND county for a family member, including	Amaunt: (Use Code)
Spo@e (SP/DP) Dependent (D) SP	option divide Name and Address of PO Box 34025 SEATTLE Socialist Alt 1027 Grand Start Brooklyn Check Here if cor	s received during the nds in Item 3 on reverse) of Employer or Source of C WA 9 ternative t Studio B2 NY 1 ntinued on attached sheet List street address, ass real estate with value of	e reporting period ompensation 88124-4025 1211 seessor's parcel num of over \$12,000 in w	that had City est	a value of \$2,400 or many patien or Hewi Compensation Was Earned al Organizer al description AND county for a family member, including period. (Show partnership, company)	Ameunt: (Use Code) C or each parcel of Washington gregistered domestic partner,
Spo@e (SP/DP) Dependent (D) SP	option divide Name and Address of PO Box 34025 SEATTLE Socialist Alt 1027 Grand Starooklyn Check Here if cor	s received during the nds in Item 3 on reverse) of Employer or Source of C WA 9 ternative t Studio B2 NY 1 ntinued on attached sheet List street address, ass real estate with value of held a personal financia 1 supplement.) Assessed Value	e reporting period ompensation 8124-4025 1211 seessor's parcel num of over \$12,000 in wall interest during the	that had City est	a value of \$2,400 or many patien or Hewi Compensation Was Earned al Organizer al description AND county for a family member, including period. (Show partnership, company)	Amaunt: (Use Code) Cor each parcel of Washington g registered domestic partner, ompany, etc. real estate on F-
Spo@e (SP/DP) Dependent (D) SP	option divide Name and Address of PO Box 34025 SEATTLE Socialist Alt 1027 Grand Starooklyn Check Here if cor	s received during the nds in Item 3 on reverse) of Employer or Source of C WA 9 ternative t Studio B2 NY 1 ntinued on attached sheet List street address, ass real estate with value of held a personal financia 1 supplement.) Assessed	e reporting period ompensation 8124-4025 1211 seessor's parcel num of over \$12,000 in wall interest during the	that had City est	a value of \$2,400 or management of the second of the secon	Amaunt: (Use Code) Cor each parcel of Washington g registered domestic partner, ompany, etc. real estate on F-
Spo@e (SP/DP) Dependent (D) SP	option divide Name and Address of PO Box 34025 SEATTLE Socialist Alt 1027 Grand Starooklyn Check Here if cor	s received during the nds in Item 3 on reverse) of Employer or Source of C WA 9 ternative t Studio B2 NY 1 ntinued on attached sheet List street address, ass real estate with value of held a personal financia 1 supplement.) Assessed Value	e reporting period ompensation 8124-4025 1211 seessor's parcel num of over \$12,000 in wall interest during the	that had City est	a value of \$2,400 or management of the second of the secon	Amaunt: (Use Code) Cor each parcel of Washington g registered domestic partner, ompany, etc. real estate on F-
Spo@e (SP/DP) Dependent (D) SP	option divide Name and Address of PO Box 34025 SEATTLE Socialist Alt 1027 Grand Starooklyn Check Here if cor	s received during the nds in Item 3 on reverse) of Employer or Source of C WA 9 ternative t Studio B2 NY 1 ntinued on attached sheet List street address, ass real estate with value of held a personal financia 1 supplement.) Assessed Value	e reporting period ompensation 8124-4025 1211 seessor's parcel num of over \$12,000 in wall interest during the	that had City est	a value of \$2,400 or management of the second of the secon	Amaunt: (Use Code) Cor each parcel of Washington g registered domestic partner, ompany, etc. real estate on F-

Caliber Home

PO Box 24610

Oklahoma City
OK 73124

30 years

at $\bar{3.75}$ %

Down

Payment

Ε

CONTINUE ON NEXT PAGE

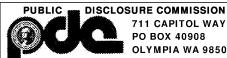
Ε

Ε

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS		avings accounts, in rty (including but no				
Α.	Name and address of each bank or financial institution in whor a family member, including registered domestic partner,	ich you Type of	Account or Description	n of Asset	Asset Value (Use Code)	Income (Use (
	മുപ്പുമുന്നുവരു അവുട്ട 24,000 പ്രവ്യൂപ്പ് ime during the report period.	Check	ing		C	0	,
	PO Box 19340 Seattle WA 98109						
B.	Name and address of each insurance company where you or a member, including registered domestic partner had a policy						
	a cash or loan value over \$24,000 during the period.		_		_	0	
	Standard Insurance Company 10900 NE 8th St	Life	Insurance		E	0	
C	Seattle WA 98004 Name and address of each company, association, gove	arnment					
C.	agency, etc. in which you or a family member, in registered domestic partner, owned or had a financial worth over \$2,400. Include stocks, bonds, owr retirement plan, IRA, notes, stock options, and other int property. If you, your spouse, registered domestic partner dependents had decision making authority regarding included assets/investments list each asset or investment, the value a income amount. EXAMPLE: If you self directed an investment, identify each stock or other asset in that account.	icluding interest nership, angible and/or dividual and any					
Che	eck here 🔯 if continued on attached sheet.						
4	CREDITORS List each creditor you or a family or more any time during the per	riod. Don't incli					OUNT CODE)
	or mortgages or real estate reporte Creditor's Name and Address		ms of Payment	Secur	ity Given	Original	Present
	Boeing Employees Credit Union		year loan		nda Fit	В	A
	P.O. Box 97050 Seattle WA 98124						
	Salal Credit Union	4.2	25%	House		С	С
	PO Box 19340 Seattle WA 98109						
Che	eck here if continued on attached sheet. All filers answer questions A thru D below. If the answer	ver in VEC to only	-f than a	ha E 1 Cum	lamant milat a	laa ha aam	
5	part of this report. If all answers are NO and you are a executive officer filing your initial report, no F-1 Supple	candidate for sta	te or local office, an				
	Incumbent elected officials and state executive office Supplement is required of these officeholders unless a				must answer	question E	. An F-1
A.	At any time during the reporting period were you, your spouse, register company, union, association, joint venture or other entity or (2) a partientity including but not limited to a professional limited liability company	ner or member of any	limited partnership, lim	icer, director, go ited liability par	eneral partner or t tnership, limited I	trustee of an	y corporation any or similai
B.	Did you, your spouse, registered domestic partner or dependents have at any time during the reporting period? If yes, complete Supplement		or more in any compar	ny, corporation,	partnership, joint	venture or o	ther business
C.	Did you, your spouse, registered domestic partner or dependents own a	a business at any time	e during the reporting pe	riod? If yes	, complete Supple	ement, Part A	٨.
D.	Did you, your spouse, registered domestic partner or dependents prep (other than pay for a currently-held public office) at any time during the				dards for current	or deferred o	compensation
E.	Only for Persons Filing Annual Report. Regarding the receipt of iter your spouse, registered domestic partner or dependents (or any com source other than your governmental agency provide or pay in whole seminar or other training? X If yes to either or both questions, complete the complete of the complete or the compl	bination thereof) acc or in part for you, yo	ept a gift of food or bev ur spouse, registered do	erages costing	over \$50 per oc	casion?	or 2) Did any
ALI	L FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATION:	•			
	I hold a state elected office, am an executive state officer or prohave read and am familiar with RCW 42.52.180 regarding tresources in campaigns.				contained in the best of my kno		ilue and
X	I hold a local elected office. I have read and am familiar with regarding the use of public facilities in campaigns.	n RCW 42.17A.555	Kshama Sawar Signature	nt	-	04-15 Date	-2019
			Contact Telephone:	(206)	584 8016	*	
			Email:kshama.s	sawant@se	eattle.gov	<u>/</u> (work)*	
	ANDIDATES: Do not use public agency addresses or teleph tact information.	one numbers for	Email:			(Home)	Optional

INSURANCE CONTINUED

Name SAWANT, KSHAMA			Page 3
3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS			
B. Name and address of each insurance company	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Hartford AD&D Insurance	AD&D	E	0
690 Asylum Avenue			
Hartford CT 06155			
Check here ☐ if continued on attached sheet.			



711 CAPITOL WAY RM 206 PO BOX 40908 **OLYMPIA WA 98504-0908** (360) 753-1111

SUPPLEMENT **TOLL FREE 1-877-601-2828** (<u>1/15</u>) EMAIL: pdc@pdc.wa.gov

100890182

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

CONTINUE PARTS B AND C ON NEXT PAGES

04-15-2019

PROVIDE INFORMATION FOR YOURSELF,	SPOUSE, REGISTERED	DOMESTIC PARTNER,	DEPENDENT CH	HILDREN AND OTHER	DEPENDENTS IN
YOUR HOUSEHOLD					

Last Name	First	Middle Initial	DATE
SAWANT	KSHAMA		2019-04-15

OFFICE HELD, **BUSINESS INTERESTS:**

Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents

PDC FORM

- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
- were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$12,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.

Washington Real Estate: Identify real estate of	owned by the business entity if the qualific	cations referenced below are met.
ENTITY NO. 1		lf ☐ Spouse ☒ stic Partner ☐ Dependent ☐
LEGAL NAME: 15 Now	POSITION O Officer	R PERCENT OF OWNERSHIP
TRADE OR OPERATING NAME: 15 Now ADDRESS:		
PO Box 20681		
	WA 98102	
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:		
Activist organization to raise the minimum v	wage to \$15/hr	
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHI Purpose of payments		nount (actual dollars)
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENC Agency name:	• •	rpose of payment (amount not required)
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$1 Customer name:		rpose of payment (amount not required)
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FIN and assessed value of property is over \$24,000. List street address, asse		
Check here ☐ if continued on attached sheet		

FOOD TRAVEL SEMINARS

F-1 Supplement

Name SAWANT, KSHAMA

FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC 200 200 At 2) Travel associated on 2) Complete advertisers and contact the state of th

390-20-020A; 2) Travel occasions; or 3) Seminars, educational programs or other training. Donor's Name, City and State Actual Dollar Amount Value Date **Brief Description** Received (Use Code) \$ \$1630.46 11-24-2018 Socialist Alternative Travel: Kshama and Calvin to Belgium for CWI Conference on NYC NY 10-22-2018 Socialist Alternative 484.80 Travel: Kshama and Calvin to Α Chicago for SA National NYC NY 03-28-2018 Sozialistische Alternative Travel: Kshama to Berlin for 991.23 Α Socialism Conference Berlin 03-01-2018 Socialist Alternative 553.20 Travel: Kshama and Calvin to Α Minneapolis for SA National NYC NY 11-08-2018 Socialist Party of England Travel: Kshama to London for 1,003.63 Α Socialism Conference London 04-11-2018 Travel: Kshama to Dublin for 912.82 Socialist Party of Ireland Α ROSA Conference Dublin Check here ☐ if continued on attached sheet



DISCLOSURE COMMISSION

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

EMAIL: pdc@pdc.wa.gov

PDC FORM

F-1

SUPPLEMENT
(1/15)

100814515

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

CONTINUE PARTS B AND C ON NEXT PAGES

04-16-2018

PROVIDE INFORMATION FOR YOURSELF,	SPOUSE, REGISTERED DOME	ESTIC PARTNER, DEPENDENT	Γ CHILDREN AND OTHER	DEPENDENTS IN
YOUR HOUSEHOLD				

Last Name	First	Middle Initial	DATE
SAWANT	KSHAMA		2018-04-16

A OFFICE HELD,
BUSINESS
INTERESTS:

Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents

- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
- (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$12,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.

 services or other consideration was given or Washington Real Estate: Identify real estate 	performed for the compensation. e owned by the business entity if the qualifications referenced below are met.
ENTITY NO. 1	Reporting For: Self Spouse X
	Registered Domestic Partner Dependent
LEGAL NAME:	POSITION OR PERCENT OF OWNERSHIP
15 Now	Officer
TRADE OR OPERATING NAME: 15 Now	
ADDRESS: PO Box 20681	
Seattle	WA 98102
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:	
Activist organization to raise the minimum	wage to \$15/hr
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WI Purpose of payments	HICH YOU SEEK/HOLD OFFICE: Amount (actual dollars) \$
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGEN Agency name:	NCIES OF \$12,000 OR MORE: Purpose of payment (amount not required)
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF Customer name:	\$12,000 OR MORE Purpose of payment (amount not required)
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FI and assessed value of property is over \$24,000. List street address, assessed value of property is over \$24,000.	NANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more sessor parcel number, or legal description and county for each parcel):
Check here ☐ if continued on attached sheet	

F-1 Supplement

Name
SAWANT, KSHAMA
2

FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC 390-20-020A; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Donor's Name, City and State **Brief Description** Actual Dollar Amount Value Date Received (Use Code) Travel: Kshama & Calvin to 1847.4 01 - 09 - 2017Movement for the 99% Women's March DC Seattle TAT ZA 01-18-2017 Socialist Alternative Travel: Kshama to Minneapolis 612.4 Α for Ginger Jentzen Campaign New York City NY 01-25-2017 Socialist Alternative Travel: Kshama and Calvin to 657.80 Α SA National Committee in NYC NY 04-17-2017 Socialist Alternative Travel: Kshama and Calvin to 1,294.76 Α NYC Socialism Conference NYC NY 06-21-2017 Socialist Alternative Travel: Kshama to CWI European 2,000.21 Α Summer School on global NYC NY 06-28-2017 Socialist Alternative 294.21 Travel: Calvin to SA National Α Committee NYC NY 07-09-2017 Socialist Alternative Travel: Kshama and Calvin to 474.20 Α SA National Committee NYC NY 08-07-2017 Socialist Alternative Travel: Calvin to Minneapolis 442.40 Α SA for Ginger Jentzen NYC NY 09-13-2017 Socialist Alternative Travel: Kshama to Oakland for 600.40 Α SA, DSA, RPA (Richmond NY 09-04-2017 Socialist Alternative Travel: Kshama and Calvin to 343.60 Α DC - People's Convergence NYC NY 09-04-2017 Socialist Alternative 192.80 Travel: Kshama return from DC Α to SEA from People's NYC NY 09-04-2017 Socialist Alternative Travel: Calvin from DC to 213.20 Α NYC MPLS SA for Ginger Jentzen NY 09-04-2017 Socialist Alternative 148.20 Travel: Calvin return from Α MPLS for Ginger Jentzen NYC NY Socialist Alternative 10-10-2017 Travel for Calvin to 435.40 Α Minneapolis SA NY 11-12-2017 Socialist Alternative Travel: Kshama and Calvin to 2,954.12 Α CWI Conference in Belgium on NYC NY 11-20-2017 Socialist Alternative Travel for Kshama and Calvin 512.80 Α to SA National Committee NYC NY Check here \square if continued on attached sheet

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111

Property Purchased or Interest Acquired

All Other Property Entirely or Partially Owned

Seattle, WA 98244 Check here if continued on attached sheet

King; 112 28th Ave S,

F-1

PDC FORM

PERSONAL FINANCIAL AFFAIRS STATEMENT

PDC OFFICE USE

100814515

TOLL FREE 1-877-601-2828 DOLLAR Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** Covers: \$1 to \$4,499 Incumbent elected and appointed officials -- by April 15. Α 2017 Candidates and others -- within two weeks of becoming a В \$4,500 to \$23,999 С \$24,000 to \$47,999 candidate or being newly appointed to a position. Received: D \$48,000 to 119,999

SEND REP	PORT TO PUBLIC	DISCLOSURE	COMMIS	SSION	Ē	\$12	0,000 or more	04-16-2018	
Last Name SAWANT		First Middle In KSHAMA			Initial	Names of immediate family members, including regis domestic partner. If there is no reportable informatio disclose for dependent children, or other dependents in your household, do not identify them. Do identify them.			
								ortner. See F-1 manual for	
Mailing Addr	ess (Use PO Box or V	Work Address)				Calvin	Priest	SP	
112 28TF	H AVE S								
City		County		Zip + 4					
SEATTLE		KING		9814	4				
Filing Status	(Check only one box	.)				Office Held	or Sought		
X An elect	ted or state appointed	l official filing ann	ual report			Office title:	CITY COUNCIL	MEMBER	
Final rep	port as an elected offi	cial. Term expire	ed:	_		County situ	, district or agency of	the office	
Candida	ate running in an elect	tion: month		year _		1	nd number: CITY		
☐ Newly a	ppointed to an electiv	e office				Position nu			
☐ Newly a	ppointed to a state ap	pointive office				Term begins: and ends:			
Profess	ional staff of the Gove	ernor's Office and	I the Legis	lature		renn begin	01-01-2016	12-31-2019	
1								tc.) from which you or a ne period. Include stock	
•	optio	ns received di ends in Item 3 or	uring the	e reporting period	that had	a value o	f \$2,400 or more.	(Report interest and	
Show Self (S)	Name and Address of Employer or Source of Compensation			a:. Occ	unation or Ho	w ₁ Compensation	Am q unt:		
Spo@se (SP/DP) Dependent (D)	PO Box 34025				City Occupation o			(Use Code)	
	SEATTLE	,	WA S	98124-4025	.,			,	
SP	Socialist Al	tornativo		D-1:4:		cal Organizer		В	
SE	2926 E Cherr			1		ai Oigaii	ızeı	Б	
	SEATTLE		WA 9	8122					
	Check Here ☐ if co	ntinued on attach	ned sheet						
<u> </u>								ach parcel of Washington	
2	REAL ESTATE	real estate with	th value o al financia	of over \$12,000 in w al interest during the	hich you o reporting p	or a family m period. (Sho	ember, including reç w partnership, comp	gistered domestic partner, any, etc. real estate on F-	
Dramark Cala	d ay latayaat Diyaatad	1 supplement.)	Name and Address of					
Property Sold or Interest Divested		175	ssessed Value se Code)	Name and Address of	r Purchaser		Consideration Receive	Jse Code) of Payment or ed	

Creditor's Name/Address

Caliber Home

PO Box 24610

Oklahoma City
OK 73124

Ε

CONTINUE ON NEXT PAGE

Original

Ε

Mortgage Amount - (Use Code)

Current

Ε

Security Given

Down

Payment

Payment Terms

30 years

at $\bar{3}.75\%$

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS		savings accounts, ir erty (including but no I.				
Α.	Name and address of each bank or financial institution in wh	ich you Type o	Account or Description	on of Asset	Asset Value	Income	
	or a family member, including registered domestic partner, stacksount event\$24,000 any time during the report period. PO Box 19340 Seattle WA 98109	Check	king		(Use Code)	(Use 0	Jode)
В.	member, including registered domestic partner had a policy a cash or loan value over \$24,000 during the period.	with					
	Standard Insurance Company 10900 NE 8th St Seattle WA 98004	Life	Insurance		E	0	
C.	Name and address of each company, association, gove agency, etc. in which you or a family member, in registered domestic partner, owned or had a financial worth over \$2,400. Include stocks, bonds, owr retirement plan, IRA, notes, stock options, and other int property. If you, your spouse, registered domestic partner dependents had decision making authority regarding incassets/investments list each asset or investment, the value a income amount. EXAMPLE: If you self directed an investment, identify each stock or other asset in that account.	icluding interest nership, angible and/or dividual and any					
Che	eck here 🗵 if continued on attached sheet.						
4	List each creditor you or a family CREDITORS or more any time during the per or mortgages or real estate reporte	riod. Don't inc					OUNT CODE)
	Creditor's Name and Address		rms of Payment	Secur	rity Given	Original	Present
	Boeing Employees Credit Union P.O. Box 97050	5-	year loan	2016 но	onda Fit	В	A
	Seattle WA 98124		0.50			~	_
	Salal Credit Union PO Box 19340 Seattle WA 98109	4.	25%	House		С	С
Che 5	eck here if continued on attached sheet. All filers answer questions A thru D below. If the answ part of this report. If all answers are NO and you are a executive officer filing your initial report, no F-1 Supple Incumbent elected officials and state executive officer	candidate for sta ement is required	ate or local office, an l.	appointee to	o a vacant elec	tive office,	or a state
<u> </u>	Supplement is required of these officeholders unless a						
A.	At any time during the reporting period were you, your spouse, register company, union, association, joint venture or other entity or (2) a partientity including but not limited to a professional limited liability company	ner or member of ar	ny limited partnership, lim				
B.	Did you, your spouse, registered domestic partner or dependents have at any time during the reporting period? If yes, complete Supplement		% or more in any compa	ny, corporation,	, partnership, joint	venture or o	ther business
C.	Did you, your spouse, registered domestic partner or dependents own a	a business at any tim	ne during the reporting pe	eriod? If yes	s, complete Suppl	ement, Part A	A .
D.	Did you, your spouse, registered domestic partner or dependents prep (other than pay for a currently-held public office) at any time during the				ndards for current	or deferred o	compensation
E.	Only for Persons Filing Annual Report. Regarding the receipt of iter your spouse, registered domestic partner or dependents (or any com source other than your governmental agency provide or pay in whole seminar or other training? X If yes to either or both questions, complete	bination thereof) ac or in part for you, y	cept a gift of food or bevour spouse, registered d	verages costing	g over \$50 per oc	casion?	or 2) Did an
ALI	FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATION:				
	I hold a state elected office, am an executive state officer or prhave read and am familiar with RCW 42.52.180 regarding resources in campaigns.				contained in th e best of my kno		riue and
	I hold a local elected office. I have read and am familiar with regarding the use of public facilities in campaigns.	n RCW 42.17A.55	Kshama Sawar Signature	nt		04-16 Date	-2018
			Contact Telephone	: (206) 4	684 8016	*	
			Email: kshama.s			√ (work)*	
*CA	NDIDATES: Do not use public agency addresses or teleph	one numbers for	Email:				Optional
	tact information.						-

Name SAWANT, KSHAMA							
3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS							
B. Name and address of each insurance company	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)				
Hartford AD&D Insurance	AD&D	E	0				
690 Asylum Avenue							
Hartford CT 06155							
Check here ☐ if continued on attached sheet.							



DISCLOSURE COMMISSION

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

EMAIL: pdc@pdc.wa.gov

PDC FORM

F-1

SUPPLEMENT
(1/15)

100743595

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

04-17-2017

PROVIDE INFORMATION FOR YOURSELF, SP	OUSE, REGISTERED DOMESTIC PARTNER	, DEPENDENT CHILDREN AND (OTHER DEPENDENTS IN
YOUR HOUSEHOLD			

TOURTION	SELICED				
Last Name		ı	First	Middle Initial	DATE
SAWANT		I	KSHAMA		2017-04-17
A	OFFICE HELD, BUSINESS INTERESTS:	depender (1)	the following information if, during the nts were an officer, director, general particular organization, union, partnership, joint were a partner or member of a limit similar entity, including but not limited	rtner, trustee, or 10 percent or mor venture or other entity; and/or ted partnership, limited liability part	e owner of a corporation, non-profit

- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole
 proprietorship, union, association, business or other commercial entity and each government agency (other than the one you
 seek/hold office) which paid compensation of \$12,000 or more during the period to the entity. Briefly say what property, goods,
 services or other consideration was given or performed for the compensation.

services or other consideration was given or • Washington Real Estate: Identify real estate			ications referenced below are met.
ENTITY NO. 1		Reporting For: S	elf Spouse X
		Registered Dome	estic Partner Dependent D
LEGAL NAME:		•	DR PERCENT OF OWNERSHIP
15 Now		Officer	
TRADE OR OPERATING NAME: 15 Now			
ADDRESS: PO Box 20681			
Seattle	WA 98102		
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:			
Activist organization to raise the minimum	wage to \$15/h	our.	
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WI Purpose of payments	HICH YOU SEEK/HOLI		mount (actual dollars)
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGEN Agency name:	NCIES OF \$12,000 OR		urpose of payment (amount not required)
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF Customer name:	\$12,000 OR MORE	Pı	urpose of payment (amount not required)
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT Fl and assessed value of property is over \$24,000. List street address, as			
Check here ☐ if continued on attached sheet			
		CONTINUE PA	ARTS B AND C ON NEXT PAGES

FOOD TRAVEL SEMINARS

F-1 Supplement

Name SAWANT, KSHAMA

FOOD TRAVEL **SEMINARS** Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC

SEMINA	390-20-020A; 2) Travel occasions	s costing over \$50 per occasion, excluding cers; or 3). Seminars, educational programs or other		ied iii WAC
Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use
01-19-2016	Socialist Alternative Seattle WA	Travel for Kshama and partner to CWI World Congress in	\$ 3500	Code)
03-09-2016	Socialist Alternative Seattle WA	Travel for Kshama and Calvin to Socialist Alternative	612.40	A
04-26-2016	Next System Santa Barbara Santa Barbara CA	Travel costs for Next System Teach-In	340.70	A
05-19-2016	Socialist Alternative Seattle WA	Travel to Left Forum (Kshama and Calvin)	1416.4	A
06-08-2016	Socialist Alternative WA	Travel to Socialist Alternative National	606.2	A
06-18-2016	Socialist Alternative WA	Travel to People'''s Summit in Chicago for Kshama and	356	A
03-16-2016	Socialist Alternative WA	Travel for Calvin Priest to Sweden for Red Forum	984.64	A
08-03-2016	Socialist Alternative WA	India Trip (Kshama and Calvin)	3000	A
07-25-2016	Socialist Alternative WA	Travel for Kshama and Calvin to Democratic National	800	A
11-23-2016	Socialist Alternative WA	Travel for Kshama and Calvin to CWI Conference in Belgium	2039.29	A
11-18-2016	Partners for a National Washington DC	Travel for Kshama and Calvin to PNHP Conference in	670.40	A
04-08-2016	Socialist Alternative Seattle WA	Travel for Kshama to People for Bernie rally.	500	A
Check here if continue	nued on attached sheet			

DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 **OLYMPIA WA 98504-0908** (360) 753-1111

(1/15)

PDC FORM

PERSONAL FINANCIAL **AFFAIRS STATEMENT**

PDC OFFICE USE

100743595

Refer to instruction manual for detailed assistance and examples.

TOLL FREE 1-877-601-2828

Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.

DOLLAR CODE **AMOUNT** \$1 to \$4,499 В \$4,500 to \$23,999 С \$24,000 to \$47,999 \$48,000 to 119,999 D Е \$120,000 or more

2016 Received: 04-17-2017

Covers:

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION Last Name Middle Initial SAWANT KSHAMA

Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.

Mailing Address (Use PO Box or Work Address)

Calvin Priest

SP

112 28TH AVE S City

County Zip + 4SEATTLE 98144 KING

Office Held or Sought Filing Status (Check only one box.)

Office title: CITY COUNCIL MEMBER X An elected or state appointed official filing annual report

Final report as an elected official. Term expired: _____ County, city, district or agency of the office, Candidate running in an election: month _____ year _

name and number: CITY OF SEATTLE Newly appointed to an elective office Position number:

Newly appointed to a state appointive office Term begins: ends:

Professional staff of the Governor's Office and the Legislature

12-31-2019

Ameunt:

INCOME

List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3 on reverse)

Show Self (S) Spo@şe (SP/DP) Dependent (D)

SP

PO Box 34025 SEATTLE 98124-4025 WA

(Use Code) Was Earned

City Occupation or How Compensation

Name and Address of Employer or Source of Compensation

Socialist Alternative Political Organizer В

151 S Horton

SEATTLE WΑ 98134

Check Here ☐ if continued on attached sheet

2 **REAL ESTATE** List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-

1 supplement.)

Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purch	naser	Nature and Amou Consideration Re		Payment or
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amou Original	unt - (Use Code) Current
All Other Property Entirely or Partially Owned King; 112 28th Ave S, Seattle, WA 98144 Check here if continued on attached sheet	E	Caliber Home PO Box 24610 Oklahoma City OK 73124	30 years at 3.75%	Down Payment	E	E

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS		avings accounts, in rty (including but no				
Α.	Name and address of each bank or financial institution in whi or a family member, including registered domestic partner, han account over \$24,000 any time during the report period.	ch you Type of nad	Account or Descriptic	on of Asset	Asset Value (Use Code)	Income (Use C	
В.	Name and address of each insurance company where you or a member, including registered domestic partner had a policy a cash or loan value over \$24,000 during the period.	with					
	Standard Insurance Company 10900 NE 8th St Bellevue WA 98004	Life	Insurance		E	0	
C.	Name and address of each company, association, gover agency, etc. in which you or a family member, incregistered domestic partner, owned or had a financial ir worth over \$2,400. Include stocks, bonds, owneretirement plan, IRA, notes, stock options, and other interproperty. If you, your spouse, registered domestic partner dependents had decision making authority regarding ind assets/investments list each asset or investment, the value are income amount. EXAMPLE: If you self directed an invest account, identify each stock or other asset in that account.	cluding nterest ership, angible and/or lividual nd any					
Che	eck here 🔀 if continued on attached sheet.						
4	List each creditor you or a family in CREDITORS or more any time during the perior mortgages or real estate reported	iod. Don't incli				_	OUNT CODE)
	Creditor's Name and Address	Ter	ms of Payment		ity Given	Original	Present
	Boeing Employees Credit Union P.O.Box 97050 Seattle WA 98124	2-1	year loan	2016 HC	onda Fit	А	A
Che 5	eck here if continued on attached sheet. All filers answer questions A thru D below. If the answ part of this report. If all answers are NO and you are a executive officer filing your initial report, no F-1 Supple	candidate for sta ment is required.	te or local office, an	appointee to	o a vacant elec	tive office,	or a state
	Incumbent elected officials and state executive office Supplement is required of these officeholders unless at	II answers to que	stions A thru E are I	۷Ö.			
A.	At any time during the reporting period were you, your spouse, registers company, union, association, joint venture or other entity or (2) a partnertity including but not limited to a professional limited liability company	er or member of any	/ limited partnership, lim				
B.	Did you, your spouse, registered domestic partner or dependents have at any time during the reporting period? If yes, complete Supplement		6 or more in any compar	ny, corporation,	partnership, joint	venture or o	her business
C.	Did you, your spouse, registered domestic partner or dependents own a	business at any time	e during the reporting pe	riod? If yes	s, complete Supple	ement, Part A	١.
D.	Did you, your spouse, registered domestic partner or dependents prepa (other than pay for a currently-held public office) at any time during the r				ndards for current	or deferred o	ompensatior
E.	Only for Persons Filing Annual Report. Regarding the receipt of item your spouse, registered domestic partner or dependents (or any comb source other than your governmental agency provide or pay in whole of seminar or other training? X If yes to either or both questions, complete the complete of the complete or pay in whole of the complete or the complete or pay in whole of the complete or the complete or pay in whole or pay i	pination thereof) acc or in part for you, yo	ept a gift of food or bev ur spouse, registered do	erages costing	over \$50 per oc	casion?	or 2) Did any
ALI	FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATION:		nder penalty o		
	I hold a state elected office, am an executive state officer or prohave read and am familiar with RCW 42.52.180 regarding the resources in campaigns.				e best of my kno		ardo arro
X	I hold a local elected office. I have read and am familiar with regarding the use of public facilities in campaigns.	RCW 42.17A.555	Kshama Sawar Signature	nt		04-17 Date	-2017
			Contact Telephone	: (206) 6	684 8016	*	
			Email:kshama.s			(work)*	
	NDIDATES: Do not use public agency addresses or telephotact information.	one numbers for	Email:			(Home)	Optional

Name SAWANT, KSHAMA			Page 3
3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS			
B. Name and address of each insurance company	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Hartford AD&D Insurance 690 Asylum Avenue	AD&D	E	0
Hartford CT 06155			
Check here ☐ if continued on attached sheet.			



DISCLOSURE COMMISSION

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

EMAIL: pdc@pdc.wa.gov

PDC FORM

F-1

SUPPLEMENT
(1/15)

100681054

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

CONTINUE PARTS B AND C ON NEXT PAGES

04-15-2016

PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name	First	Middle Initial	DATE
SAWANT	KSHAMA		2016-04-15

Α

OFFICE HELD, BUSINESS INTERESTS:

Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents

- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
- (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$12,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.

Washington Real Estate: Identify real estate owned by the bus	iness entity if the qualifications referenced below are met.
ENTITY NO. 1	Reporting For: Self Spouse
	Registered Domestic Partner Dependent D
LEGAL NAME:	POSITION OR PERCENT OF OWNERSHIP
15 Now	Officer
TRADE OR OPERATING NAME: 15 Now	
ADDRESS: PO Box 20861	
Seattle WA 98102	
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:	
Activist organization to raise the minimum wage to \$15	5/hour
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/H	HOLD OFFICE:
Purpose of payments	Amount (actual dollars) \$
	~
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000	OR MORE:
Agency name:	Purpose of payment (amount not required)
DAVAMENTO ENTITY DECEMED EDOM DUBINEGO QUICTOMEDO OF \$10,000 OD MODE	_
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name:	= Purpose of payment (amount not required)
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTERE	ST (Complete only if ownership in the ENTITY is 10% or more
and assessed value of property is over \$24,000. List street address, assessor parcel number	per, or legal description and county for each parcel):
Check here ☐ if continued on attached sheet	



DISCLOSURE COMMISSION

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

EMAIL: pdc@pdc.wa.gov

PDC FORM

F-1

SUPPLEMENT
(1/15)

100691007

04-15-2016

AMENDMENT

SUPPLEMENT PAGE PERSONAL FINANCIAL AFFAIRS STATEMENT

CONTINUE PARTS B AND C ON NEXT PAGES

PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name	First	Middle Initial	DATE
SAWANT	KSHAMA		2016-04-15

Α

OFFICE HELD, BUSINESS INTERESTS:

Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents

- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
- (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole
 proprietorship, union, association, business or other commercial entity and each government agency (other than the one you
 seek/hold office) which paid compensation of \$12,000 or more during the period to the entity. Briefly say what property, goods,
 services or other consideration was given or performed for the compensation.

•	Washington Real Estate: Identify real estate of	owned by the business entity if the qu	alifications referenced below are met.
ENTITY NO. 1		Reporting For	: Self Spouse
		Registered Do	omestic Partner Dependent
LEGAL NAME:		POSITIO	N OR PERCENT OF OWNERSHIP
15 Now		Offic	er
TRADE OR OPERATING	NAME:		
ADDRESS: PO Box 20681			
Seattle		WA 98102	
BRIEF DESCRIPTION C	F THE BUSINESS/ORGANIZATION:		
Activist organi	zation to raise the minimum w	wage to \$15/hour	
	CEIVED FROM GOVERNMENTAL UNIT IN WHI ose of payments	CH YOU SEEK/HOLD OFFICE:	Amount (actual dollars)
	CEIVED FROM OTHER GOVERNMENT AGENC ncy name:	CIES OF \$12,000 OR MORE:	Purpose of payment (amount not required)
	CEIVED FROM BUSINESS CUSTOMERS OF \$ tomer name:	12,000 OR MORE	Purpose of payment (amount not required)
	STATE IN WHICH ENTITY HELD A DIRECT FIN roperty is over \$24,000. List street address, asse		
Check here ☐ if continued o	on attached sheet		

FOOD TRAVEL SEMINARS

F-1 Supplement

Name SAWANT, KSHAMA

FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC

390-20-020A; 2) Travel occasions; or 3) Seminars, educational programs or other training.

	390-20-020A; 2) Travel occ	asions	; or 3) Seminars, educational programs or oth	er training.	
Date Received	Donor's Name, City and State		Brief Description	Actual Dollar Amount	Value (Use
09-08-2015	Vote Sawant Oakland	CA	Campaign travel and accomodations	\$ 451.88	Code)
02-12-2015	Socialist Alternative Minneapolis	MN	Socialist Alternative conference for Kshama Sawant	712.40	A
02-04-2015	Minneapolis Socialist Alternative Rio de Janeiro	MN Br	conference for Kshama Sawant Liberdade Socialismo e Revolu??o conference travel	3295.01	A
Check here Π if conti	nued on attached sheet				

DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 **OLYMPIA WA 98504-0908** (360) 753-1111

(1/15)

PDC FORM

PERSONAL FINANCIAL **AFFAIRS STATEMENT**

PDC OFFICE USE

100691007

Refer to instruction manual for detailed assistance and examples.

Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.

TOLL FREE 1-877-601-2828

DOLLAR CODE **AMOUNT** \$1 to \$4,499 В \$4,500 to \$23,999 С \$24,000 to \$47,999 \$48,000 to 119,999 D Е \$120,000 or more

AMENDS:

Ameunt:

(Use Code)

C

Received:

100691005

04-15-2016 SEND REPORT TO PUBLIC DISCLOSURE COMMISSION Names of immediate family members, including registered Last Name Middle Initial domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living SAWANT **KSHAMA** in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details. Mailing Address (Use PO Box or Work Address) Calvin Priest DΡ 112 28TH AVE S City County Zip + 4SEATTLE 98144 KING Office Held or Sought Filing Status (Check only one box.) Office title: CITY COUNCIL MEMBER X An elected or state appointed official filing annual report Final report as an elected official. Term expired: _____ County, city, district or agency of the office, Candidate running in an election: month _____ year _ name and number: CITY OF SEATTLE Newly appointed to an elective office Position number: Newly appointed to a state appointive office Term begins: ends: 12-31-2019 Professional staff of the Governor's Office and the Legislature List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a INCOME family member, including registered domestic partner, received \$2,400 or more during the period. Include stock

options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3 on reverse)

City Occupation or How Compensation

Was Earned

Show Self (S) Spo@şe (SP/DP) Dependent (D)

DP

SEATTLE WA 98124-4025

Name and Address of Employer or Source of Compensation

Political Organizer Sawant Vote

126 10th Ave E

PO Box 34025

SEATTLE WΑ 98102

Check Here ☐ if continued on attached sheet

2 **REAL ESTATE** List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-

1 supplement.)

Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purch	naser	Nature and Amou Consideration Re		,	
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amou Original	unt - (Use Code) Current	
All Other Property Entirely or Partially Owned King; 112 28th Ave S, Seattle, WA 98144 Check here if continued on attached sheet	E	Caliber Home PO Box 24610 Oklahoma City OK 73124	30 years at 3.75%	Down Payment	E	E	

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS		avings accounts, in rty (including but no				
A.	Name and address of each bank or financial institution in whor a family member, including registered domestic partner, an account over \$24,000 any time during the report period.	ich you Type of had	Account or Description	n of Asset	Asset Value (Use Code)	Income ((Use C	
В.	Name and address of each insurance company where you or a member, including registered domestic partner had a policy a cash or loan value over \$24,000 during the period.						
C.	Name and address of each company, association, gover agency, etc. in which you or a family member, in registered domestic partner, owned or had a financial worth over \$2,400. Include stocks, bonds, own retirement plan, IRA, notes, stock options, and other int property. If you, your spouse, registered domestic partner dependents had decision making authority regarding incassets/investments list each asset or investment, the value a income amount. EXAMPLE: If you self directed an investment, identify each stock or other asset in that account.	icluding interest nership, angible and/or dividual and any					
Che	eck here 🗌 if continued on attached sheet.						
4	List each creditor you or a family CREDITORS or more any time during the per or mortgages or real estate reporte	riod. Don't incl				AMC (USE (OUNT CODE)
	Creditor's Name and Address	Ter	ms of Payment	Secun	ty Given	Original	Present
Che	eck here if continued on attached sheet.	V50 4		510			
5	All filers answer questions A thru D below. If the answ part of this report. If all answers are NO and you are a executive officer filing your initial report, no F-1 Supple	candidate for sta	te or local office, an				
	Incumbent elected officials and state executive office Supplement is required of these officeholders unless a				must answer o	question E	. An F-1
A.	At any time during the reporting period were you, your spouse, register company, union, association, joint venture or other entity or (2) a part entity including but not limited to a professional limited liability company	ner or member of any	/ limited partnership, lim	icer, director, ge ited liability part	eneral partner or t nership, limited li	rustee of any ability compa	corporation any or simila
В.	Did you, your spouse, registered domestic partner or dependents have at any time during the reporting period? If yes, complete Supplementary complete supple		6 or more in any compar	ny, corporation,	partnership, joint	venture or of	her business
C.	Did you, your spouse, registered domestic partner or dependents own a	a business at any time	e during the reporting pe	riod? If yes	, complete Supple	ement, Part A	۸.
D.	Did you, your spouse, registered domestic partner or dependents prep (other than pay for a currently-held public office) at any time during the				dards for current	or deferred c	ompensatior
E.	Only for Persons Filing Annual Report. Regarding the receipt of iter your spouse, registered domestic partner or dependents (or any com source other than your governmental agency provide or pay in whole seminar or other training? X If yes to either or both questions, complete the complete of the complete or the compl	bination thereof) acc or in part for you, yo	ept a gift of food or bev ur spouse, registered do	erages costing	over \$50 per occ	casion? c	or 2) Did any
ALI	FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATION:		der penalty o contained in th		
	I hold a state elected office, am an executive state officer or pr have read and am familiar with RCW 42.52.180 regarding resources in campaigns.				best of my kno		aus and
	I hold a local elected office. I have read and am familiar with regarding the use of public facilities in campaigns.	n RCW 42.17A.555	Kshama Sawar Signature	nt		04-15 Date	-2016
			Contact Telephone	(206) 6	84 8016	*	
			Email:kshama.s				
	NDIDATES: Do not use public agency addresses or teleph tact information.	one numbers for	Email:			(Home)	Optional

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111

98144 – King County Check here 🗖 if continued on attached sheet F-1

PDC FORM

PERSONAL FINANCIAL AFFAIRS STATEMENT

PDC OFFICE USE

100681054

TOLL FREE 1-877-601-2828 DOLLAR Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** Covers: \$1 to \$4,499 Incumbent elected and appointed officials -- by April 15. 2015 Candidates and others -- within two weeks of becoming a В \$4,500 to \$23,999 С \$24,000 to \$47,999 candidate or being newly appointed to a position. Received: D \$48,000 to 119,999 04-15-2016 SEND REPORT TO PUBLIC DISCLOSURE COMMISSION Ε \$120,000 or more

Last Name		First		Middle Initia	Names o	f immediate family r	members, includi	na reaistered	
SAWANT		KSH.	AMA		domestic disclose t in your ho	partner. If there is for dependent childr busehold, do not ide r registered domest	no reportable inforce, or other depondentify them. Do ice	ormation to endents living dentify your	
Mailing Addr	ess (Use PO Box or V	ork Addres	ss)			n Priest	DP		
112 28TF	H AVE S				Carvin	1 111000	DI		
City		Cour	ty	Zip + 4					
SEATTLE		KIN	G	98144					
Filing Status	(Check only one box.))			Office He	ld or Sought			
X An elect	ted or state appointed	official filin	g annual report		Office title	e: CITY COUNC	IL MEMBER		
Final re	port as an elected offic	ial. Term e	expired:	_					
☐ Candida	ate running in an electi	on: month		year	1	County, city, district or agency of the office, name and number: CITY OF SEATTLE			
_	ppointed to an elective			-			TI OF SEAT	. 1 L L	
_ `					Position r	3			
	Newly appointed to a state appointive Professional staff of the Governor's O			lature	Term beg	gins: 01-01-201	ends: <u>12</u>	2-31-2019	
1	List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3 on reverse)								
Show Self (S) Spo@se (SP/DP)	Name and Address of	of Employe	or Source of C	Compensation City	√ Occupation or Ł	low Compensation	Amq	unt:	
Dependent (D)	PO Box 34025	010		Was Earned (Use Code)					
	SEATTLE		WA S	98124					
	Check Here ☐ if cor	atinued on	attached cheet						
	Officer Liefe Til Col					ion AND county (of Machineton	
2	REAL ESTATE	real estat	e with value or rsonal financia	sessor's parcel number, of over \$12,000 in which al interest during the repo	you or a family	member, including	g registered do	mestic partner,	
Property Solo	d or Interest Divested	i supplei	Assessed Value (Use Code)	Name and Address of Purc	naser	Nature and Amount (Use Code) of Payment or Consideration Received			
Property Pure	chased or Interest Acqu	ired		Creditor's Name/Address	Payment Terms	Security Given		ınt - (Use Code)	
							Original	Current	
All Other Pro	perty Entirely or Partially	y Owned		Caliber Home					
	Ave S, Seatt		E	PO Box 24610	30 years	Down	E	E	

at $\bar{3}.75\%$

Oklahoma City
OK 73124

Payment

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS		avings accounts, in rty (including but no				
A.	Name and address of each bank or financial institution in whor a family member, including registered domestic partner, an account over \$24,000 any time during the report period.	nich you Type of had	Account or Description	n of Asset	Asset Value (Use Code)	Income ((Use C	
В.	Name and address of each insurance company where you or member, including registered domestic partner had a policy a cash or loan value over \$24,000 during the period.						
C.	Name and address of each company, association, gover agency, etc. in which you or a family member, in registered domestic partner, owned or had a financial worth over \$2,400. Include stocks, bonds, own retirement plan, IRA, notes, stock options, and other introperty. If you, your spouse, registered domestic partner dependents had decision making authority regarding incassets/investments list each asset or investment, the value a income amount. EXAMPLE: If you self directed an investment, identify each stock or other asset in that account.	ncluding interest nership, tangible and/or dividual and any					
Che	eck here 🔲 if continued on attached sheet.						
4	CREDITORS List each creditor you or a family or more any time during the per or mortgages or real estate reporte	riod. Don't incl				AMC (USE (OUNT CODE)
	Creditor's Name and Address	Ter	ms of Payment	Securit	ty Given	Original	Present
Oha							
5	ack here ☐ if continued on attached sheet. All filers answer questions A thru D below. If the answert of this report. If all answers are NO and you are a executive officer filing your initial report, no F-1 Supple	candidate for sta	te or local office, an				
	Incumbent elected officials and state executive office Supplement is required of these officeholders unless a	ers filing an annı	ual financial affairs		nust answer (question E	. An F-1
A.	At any time during the reporting period were you, your spouse, register company, union, association, joint venture or other entity or (2) a part entity including but not limited to a professional limited liability company	ner or member of any	/ limited partnership, lim	icer, director, ge ited liability part	neral partner or t nership, limited li	rustee of any ability compa	corporation any or simila
B.	Did you, your spouse, registered domestic partner or dependents have at any time during the reporting period? If yes, complete Supplementary of the com		6 or more in any compar	ny, corporation, p	oartnership, joint	venture or of	her business
C.	Did you, your spouse, registered domestic partner or dependents own	a business at any time	e during the reporting pe	riod? If yes,	complete Supple	ement, Part A	۸.
D.	Did you, your spouse, registered domestic partner or dependents prep (other than pay for a currently-held public office) at any time during the				lards for current	or deferred c	ompensatior
E.	Only for Persons Filing Annual Report. Regarding the receipt of iter your spouse, registered domestic partner or dependents (or any compource other than your governmental agency provide or pay in whole seminar or other training? X If yes to either or both questions, complete the compoundation of the provided in the compoundation of the provided in the compoundation of the provided in the provide	bination thereof) acc or in part for you, yo	ept a gift of food or bev ur spouse, registered do	erages costing	over \$50 per occ	casion? c	or 2) Did any
ALI	FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATION:		der penalty ontained in th		
	I hold a state elected office, am an executive state officer or pr have read and am familiar with RCW 42.52.180 regarding resources in campaigns.				best of my kno		inde and
	I hold a local elected office. I have read and am familiar with regarding the use of public facilities in campaigns.	n RCW 42.17A.555	Kshama Sawar Signature	nt		04-15 Date	-2016
			Contact Telephone	(206) 6	84 8016	*	
			Email:kshama.s			(work)*	
	NDIDATES: Do not use public agency addresses or teleph tact information.	none numbers for	Email:			(Home)	Optional

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

F-1

PDC FORM

PERSONAL FINANCIAL AFFAIRS STATEMENT

P O S T	A R	PDC OFFICE USE
T	K	

DATE FILED PDC

DOLLAR Refer to instruction manual for detailed assistance and examples. **AMOUNT** CODE APR 15 2015 Incumbent elected and appointed officials -- by April 15. \$1 to \$4,499 Deadlines: В \$4,500 to \$23,999 Candidates and others - within two weeks of becoming a С \$24,000 to \$47,999 candidate or being newly appointed to a position. Ė D \$48,000 to \$119,999 SEND REPORT TO PUBLIC DISCLOSURE COMMISSION \$120,000 or more Last Name **First** Middle Initial Names of immediate family members, including registered domestic partner. If there is no reportable information to Sawant Kshama disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details. Mailing Address (Use PO Box or Work Address) * 600 4th Ave, Seattle, WA 98104 Zip + 4County City Seattle 98104 King Office Held or Sought Filing Status (Check only one box.) Office title: An elected or state appointed official filing annual report City Councilmember Final report as an elected official. Term expired: County, city, district or agency of the office, Candidate running in an election: month ___ year _ name and number: Seattle Newly appointed to an elective office Position number: Position 2 Newly appointed to a state appointive office Term begins: ends: 01/2014 01/2016 Professional staff of the Governor's Office and the Legislature List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3.) INCOME Show Self (S) Spouse (SP/DP) Dependent (D) Name and Address of Employer or Source of Compensation Occupation or How Compensation Amount: Was Earned (Use Code) City Councilmember D City of Seattle, 600 4th Ave, Seattle, WA 98104 Check Here if continued on attached sheet List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real **REAL ESTATE** estate with value of over \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.) Assessed Name and Address of Purchaser Nature and Amount (Use Code) of Payment or Property Sold or Interest Divested Value Consideration Received (Use Code) Security Given Mortgage Amount - (Use Code) Property Purchased or Interest Acquired Creditor's Name/Address Payment Terms Original Current Caliber Home 112 28th Ave S 30/yr cash down E Ε Loans / 617 fixed payment Eastlake Ave E Ste 300 Seattle, WA 98109 All Other Property Entirely or Partially Owned Check here if continued on attached sheet

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS	intangi		savings accounts, erty (including but i.				
À.	Name and address of each bank or financial institution in which family member, including registered domestic partner, had an a over \$24,000 any time during the report period.	you, a		count or Description	of Asset	Asset Value (Use Code)		Amount Code)
	Salal Credit Union, PO Box 19340 Seattle, WA 98109	l t	temporaril process o	account w/ Calvin Pri y held \$190,000 funds f joint purchase of hou and sale of prior hom	in ise at 112	E		
В.	Name and address of each insurance company where you, a member, including registered domestic partner, had a policy with or loan value over \$24,000 during the period. Standard Insurance Company, 10900 NE 8th Street, Bellevue, WA 98004 Hartford AD&D Insurance, 1 Hartford Plaza, Ha CT 06155	a cash	Life Insura AD/D In	ance Surance		E E		
C.	Name and address of each company, association, government a etc. in which you, a family member, including registered do partner, owned or had a financial interest worth over \$2,400. I stocks, bonds, ownership, retirement plan, IRA, notes, stock o and other intangible property. If you, your spouse, registered do partner and/or dependents had decision making authority regindividual assets/investments list each asset or investment, the and any income amount. EXAMPLE: If you self-directed an investment identify each stock or other asset in that account.	mestic nclude ptions, mestic parding e value				DAYE FI		c
	ck here if continued on attached sheet. List each creditor you or a family m	nember, in	icluding i	registered domestic	partner, ow	red \$2,400 or	AMC	DUNT
4	CREDITORS more any time during the period. Do or real estate reported in Item 2.	on't includ	de retail	charge accounts, cr	edit cards, o	or mortgages		CODE)
	Creditor's Name and Address		Tern	ns of Payment	Secur	ity Given	Original	Present
	Salal Credit Union, PO Box 19340 Seattle, WA 98109			fixed auto equi Car, Ho loan Fit		Honda	В	
Che	ck here if continued on attached sheet.							
offi	All filers answer questions A thru D below. If the answer it of this report. If all answers are NO and you are a candidate cer filing your initial report, no F-1 Supplement is required. Sumbent elected officials and state executive officers filing are uired of these officeholders unless all answers to questions A	for state o	or local o	ffice, an appointee t	o a vacant e	lective office, o	or a state ex	kecutive
A.	At any time during the reporting period were you, your spouse, register corporation, company, union, association, joint venture or other entity company or similar entity including but not limited to a professional lim	or (2) a parti	ner or men	nber of any limited partn	ership, limited	liability partnersh	trustee of any ip, limited lial	bility
В.	Did you, your spouse, registered domestic partner or dependents have business at any time during the reporting period? No If yes, comp	olete Supple	ement, Par	tA.				
C.	Did you, your spouse, registered domestic partner or dependents own Did you, your spouse, registered domestic partner or dependents pr							
	compensation (other than pay for a currently-held public office) at any t	time during	the reporti	ng period? <u>No</u> If ye	s, complete Si	ipplement, Part B	•	
E.	Only for Persons Filing Annual Report. Regarding the receipt of iter you, your spouse, registered domestic partner or dependents (or any c Did any source other than your governmental agency provide or pay in attend a seminar or other training? Yes If yes to either or both or a seminar or other training?	ombination whole or in	thereof) as	cept a gift of food or be u. vour spouse, register	verages costin	a over \$50 per oc	casion?No	or 2)
AL	L FILERS EXCEPT CANDIDATES. Check the appropriate box.			CERTIFICATION: 1		penalty of perju		
	I hold a state elected office, am an executive state officer or pro- have read and am familiar with RCW 42.52.180 regarding to resources in campaigns	ofessional : he use of	staff. I public	do-	best of my kr			
⊠	I hold a local elected office. I have read and am familiar with F regarding the use of public facilities in campaigns.	RCW 42.1	.7A.555	Signature Contact Telephone:		8016	Date 4/	19/19
	ANDIDATES: Do not use public agency addresses or telephone nur	mbers for o	contact	Email: <u>Kshama.Saw</u> Email:		=		rk) * Optional
								



Last Name

Check here [] if continued on attached sheet

DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111

APR 15 2015

F-1
SUPPLEMENT

Middle Initial

SUPPLEMENT PAGE PERSONAL FINANCIAL AFFAIRS STATEMENT

DATE

CONTINUE PARTS B AND C ON NEXT PAGE

(360) 753-1111 TOLL FREE 1-877-601-2828 EMAIL: pdc@pdc.wa.gov

PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Sawant	Kshama	4/15/15
A OFFICE HEI BUSINESS INTERESTS	(1) were an officer, director, general partner, trustee, or 10 percent	or more owner of a corporation, non-profit artnership, limited liability company or similar
•	Legal Name: Report name used on legal documents establishing the entity.	
•	Trade or Operating Name: Report name used for business purposes if different from the	legal name.
•	Position or Percent of Ownership: The office, title and/or percent of ownership held.	
•	Brief Description of the Business/Organization: Report the purpose, product(s), and/or th	e service(s) rendered.
•	Payments from Governmental Unit: If the governmental unit in which you hold or seek concerning which you're reporting, show the purpose of each payment and the actual arms	
•	Payments from Business Customers and Other Government Agencies: List each proprietorship, union, association, business or other commercial entity and each governm office) which paid compensation of \$12,000 or more during the period to the entity. Brief consideration was given or performed for the compensation.	nent agency (other than the one you seek/hold
•	Washington Real Estate: Identify real estate owned by the business entity if the qualificat	ions referenced below are met.
ENTITY NO. 1		elf Spouse
	Registered Domes	tic Partner Dependent
LEGAL NAME:	POSITION	OR PERCENT OF OWNERSHIP
TRADE OR OPERATING N	NAME:	
ADDRESS:		
	THE BUSINESS/ORGANIZATION:	
	EIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE: se of payments	mount (actual dollars)
	\$	
	EIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: y name:	urpose of payment (amount not required)
	EIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE omer name:	se of payment (amount not required)
	TATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if σ is over \$24,000. List street address, assessor parcel number, or legal description and cour	

Name			
APR 1	 5 2015 		
ENTITY NO. 2	Reporting For: Self	Spouse	
	Registered Domesti	c Partner Dependen	t 🔲
LEGAL NAME:	POSITION O	R PERCENT OF OWNER	RSHIP
TRADE OR OPERATING NAME:			
ADDRESS:			
Abbittoo.			
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:			
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT			
Purpose of payments	Am	ount (actual dollars)	
	\$		
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT	AGENCIES OF \$12,000 OR MORE:		
Agency name:	Pur	pose of payment (amount	not required)
DAVAGENTO ENTITY DECENTED FROM BUILDINGS OF ISTOMEDIA	C OF #12 000 OR MORE		
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMER: Customer name:		of payment (amount not	required)
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIR assessed value of property is over \$24,000. List street address, ass		•	10% or more and
assessed value of property is over \$24,000. List sheet address, ass	sessor parcer number, or legal description and county	tor each parcery.	
Check here ☐ if continued on attached sheet			
	y immediate family member, including registere	d domestic partner, loh	hied or prepared
LOBBYING: state legislation or state rules, ra	ates, or standards for compensation or deferre e an elected official or professional staff membe	d compensation. Do r	
Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code)
Check here ☐ if continued on attached sheet			
	1		
	e other than your own governmental agency rou, your spouse, registered domestic partner o		
	ver \$50 per occasion, excluding certain recepti educational programs or other training.	ons as defined in WAC	390-20-020A; 2)
Date Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value
Received		\$	(Use Code)
10/19/14 Socialist Alternative, Seattle WA	Flight to Belgium for Conference	\$1,217.70	Α
11/21/14 Socialist Alternative, Seattle WA 1/23/15 Socialist Alternative, Seattle WA	Flight to UK for Socialism Rally	\$963.50	A
2/12/15 Socialist Alternative, Seattle WA	Flight fo Brazil for Rally Flight to Minneapolis for Conf	\$3,295.01 \$356.20	A A
	and to minicupono for Com	Ψ330.20	-,
Check here ☐ if continued on attached sheet			

Information Continued

DATE FILED PDC F-1 Supplement

Name		APR 15 2015					
ENTITY NO.	•		elf Spouse Dependen	t 🗌			
LEGAL NAM	IE:	POSITION	OR PERCENT OF OWNER	RSHIP			
TRADE OR	OPERATING NAME:						
ADDRESS:							
BRIEF DESC	CRIPTION OF THE BUSINESS/ORGANIZATION:						
PAYMENTS	ENTITY RECEIVED FROM GOVERNMENTAL UNIT I Purpose of payments		mount (actual dollars)				
	\$						
PAYMENTS	PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF\$12,000 OR MORE: Agency name: Purpose of payment (amount not required)						
PAYMENTS	PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: Purpose of payment (amount not required)						
WASHINGT assessed val	WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):						
В	OBBYING: (Continued)						
	Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code)			
		-					
C TI	OOD RAVEL EMINARS (continued)						
Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)			
			1				

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111

TOLL FREE 1-877-601-2828

F-1

PDC FORM

PERSONAL FINANCIAL AFFAIRS STATEMENT

PDC OFFICE USE

100567064

DOLLAR Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** Covers: \$1 to \$3,999 Incumbent elected and appointed officials -- by April 15. 2013 Candidates and others -- within two weeks of becoming a В \$4,000 to \$19,999 C \$20,000 to \$39,999 candidate or being newly appointed to a position. Received: D \$40,000 to \$99,999

SEND REI	PORT TO PUBLIC DISCLO	SURE COMMIS	SSION	Ē	\$10	00,000 or more	04-1	.4-2014
Last Name	Fi	st	Middle	e Initial				
SAWANT	KS	SHAMA			disclose fo in your hou spouse or	r dependent childr usehold, do not ide	en, or other dependentify them. Do id	endents living dentify your
Send NePORT TO PUBLIC DISCLOSURE COMMISSION Company Company								
	•			Vivek S	Sawant	SP		
	st Name				1			
SEATTLE	K	02						
Filing Status	s (Check only one box.)				Office Held	d or Sought		
X An elec	ted or state appointed official fi	ling annual report			Office title:	CITY COUNC	IL MEMBER	
Final re	port as an elected official. Ten	n expired:	_					
Candida	ate running in an election: mor	ith	year _.		1	•	•	יחודי
Newly a	appointed to an elective office							. 1116
	- ' ' '					2		
	- · · · · · · · · · · · · · · · · · · ·					01-01-201	ends: _4 <u>01</u>	-01-2016
<u> </u>		neion eocia	al security le	anal judament et	c) from which i	you or a family		
1	INCOME member, incl	uding registered	I domestic partner,					
Spouse (SP/DP)				Occ				
Dependent (D)	Seattle Central C	ommunity Co	ollege	Part-ti			(Use	Code) 3
			20100					
	SEATTLE	WA S	98122					
SP				Enginee:	r		E	1
			98052					
	Check Here ☐ if continued of	n attached sheet						
	List st	reet address, as	sessor's parcel num	nber, or lega	al description	on AND county fo	or each parcel	of Washington
2	held a	personal financia	of over \$10,000 in wall interest during the	rhich you or e reporting	r a family m period. (Sho	ember, including ow partnership, c	registered dor ompany, etc. re	nestic partner, al estate on F-
Property Sol	d or Interest Divested		Name and Address of	of Purchaser				Payment or
		(Use Code)						
Property Pur	chased or Interest Acquired		Creditor's Name/Add	ress Payr	ment Terms	Security Given		ınt - (Use Code)
							Original	Current
All Other Pro	perty Entirely or Partially Owned							
Check here	☐ if continued on attached shee							

3			nd savings accounts			k, bonds a	and other
Α.	Name and address of each bank or financial institution in which yo or a family member, including registered domestic partner, had a account over \$20,000 any time during the report period.		Account or Description	n of Asset	Asset Value (Use Code)		Amount Code)
	BECU 1527 Second Ave	Check	ing		D	0	
В.	Seattle WA 98101 Name and address of each insurance company where you or a fami	lv					
	member, including registered domestic partner had a policy with cash or loan value over \$20,000 during the period.						
	Guardian	Insur	ance		D	0	
C.	Name and address of each company, association, government agency, etc. in which you or a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRV notes, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment the value and any income amount.	d er A, d					
Che	eck here ☐ if continued on attached sheet.						
4	List each creditor you or a family member						UNT
_	CREDITORS more any time during the period. Do mortgages or real estate reported in Item	2.		<u>, , , , , , , , , , , , , , , , , , , </u>	· · · · · · · · · · · · · · · · · · ·		CODE)
	Creditor's Name and Address	Ter	ms of Payment	Secur	ity Given	Original	Present
	eck here if continued on attached sheet. All filers answer questions A thru D below. If the answer is	YES to any	of these questions, t	he F-1 Supp	lement must a	lso be com	pleted as
5	part of this report. If all answers are NO and you are a cand executive officer filing your initial report, no F-1 Supplement	idate for sta	te or local office, an				
	Incumbent elected officials and state executive officers fil Supplement is required of these officeholders unless all ans	ing an annı	ual financial affairs	•	must answer	question E	. An F-1
A.	At any time during the reporting period were you, your spouse, registered dor company, union, association, joint venture or other entity or (2) a partner or entity including but not limited to a professional limited liability company?	member of any	/ limited partnership, limi				
В.	Did you, your spouse, registered domestic partner or dependents have an owat any time during the reporting period? If yes, complete Supplement, Par		6 or more in any compan	y, corporation,	partnership, joint	venture or of	her business
C.	Did you, your spouse, registered domestic partner or dependents own a busin	_					
D.	Did you, your spouse, registered domestic partner or dependents prepare, prediction (other than pay for a currently-held public office) at any time during the reportion				dards for current	or deferred o	ompensatior
E.	Only for Persons Filing Annual Report. Regarding the receipt of items not your spouse, registered domestic partner or dependents (or any combinatio source other than your governmental agency provide or pay in whole or in pseminar or other training? If yes to either or both questions, complete Sur	n thereof) acc art for you, yo	ept a gift of food or bev ur spouse, registered do	erages costing	over \$50 per oc	casion?	or 2) Did any
ALI	L FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATION:		nder penalty contained in th		
	I hold a state elected office, am an executive state officer or professi have read and am familiar with RCW 42.52.180 regarding the us resources in campaigns.				e best of my kno		and
	I hold a local elected office. I have read and am familiar with RCV regarding the use of public facilities in campaigns.	/ 42.17A.555	Kshama Sawan Signature	t	_	04-14 Date	-2014
			Contact Telephone:	(206) 6	84 8016	*	
			Email:kshama.s	awant@se	eattle.gov		
	ANDIDATES: Do not use public agency addresses or telephone ratect information.	numbers for	Email:			(Home)	Optional

DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 **OLYMPIA WA 98504-0908** (360) 753-1111

Mailing Address (Use PO Box or Work Address)

232 BELMONT AVE E APT 403

City

S

(1/12)

PDC FORM

PERSONAL FINANCIAL **AFFAIRS STATEMENT**

DOLLAR

PDC OFFICE USE

100518106

Covers: 3-24-2012: To: 3-24-2013

Received:

03-24-2013

01-01-2018

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Refer to instruction manual for detailed assistance and examples.

TOLL FREE 1-877-601-2828

County

CODE **AMOUNT** \$1 to \$3,999 Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a В \$4,000 to \$19,999 С \$20,000 to \$39,999 candidate or being newly appointed to a position. \$40,000 to \$99,999 D Е \$100,000 or more Last Name First Middle Initial SAWANT **KSHAMA**

Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details. Vivek Sawant SP

SEATTLE 98102 KING Office Held or Sought Filing Status (Check only one box.)

Office title: CITY COUNCIL MEMBER An elected or state appointed official filing annual report

Final report as an elected official. Term expired: County, city, district or agency of the office, X Candidate running in an election: month <u>AUG</u> year 2013

name and number: CITY OF SEATTLE Newly appointed to an elective office Position number:

Newly appointed to a state appointive office Term begins: ends: Professional staff of the Governor's Office and the Legislature

List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family

Zip + 4

1 INCOME member, including registered domestic partner, received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse) Show Self (S) Name and Address of Employer or Source of Compensation Occupation or How Compensation Amount:

Spouse (SP/DP) Was Farned (Use Code) Dependent (D) Seattle University Part-time Professor PO Box 222000 SEATTLE 98122 WA

Seattle Central Community College Part-time Professor В

1500 Harvard Avenue SEATTLE WΑ 98122

Check Here X if continued on attached sheet

List street address, assessor's parcel number, or legal description AND county for each parcel of Washington 2 **REAL ESTATE** real estate with value of over \$10,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-

1 supple	ment.)					
Property Sold or Interest Divested	Sold or Interest Divested Assessed Value (Use Code) Name and Address of Purchaser		haser	Nature and Amo Consideration Re	unt (Use Code) of eceived	Payment or
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amou Original	unt - (Use Code) Current
All Other Property Entirely or Partially Owned						
Check here ☐ if continued on attached sheet						1

3			nd savings accounts			k, bonds a	and other
Α.	Name and address of each bank or financial institution in which you or a family member, including registered domestic partner, had a account over \$20,000 any time during the report period.		Account or Descriptio	n of Asset	Asset Value (Use Code)		Amount Code)
	BECU 1527 Second Ave	Check	ing		D	0	
	Seattle WA 98101	35.4					
B.	Name and address of each insurance company where you or a fam member, including registered domestic partner had a policy with						
	cash or loan value over \$20,000 during the period. Guardian	Insur	ance		D	0	
C.	Name and address of each company, association, governme agency, etc. in which you or a family member, including registere domestic partner, owned or had a financial interest worth ov \$2,000. Include stocks, bonds, ownership, retirement plan, IR. notes, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authorizegarding individual assets/investments list each asset or investment the value and any income amount.	ed er A, ed ty					
Che	eck here □ if continued on attached sheet.						
4	List each creditor you or a family member CREDITORS more any time during the period. D						OUNT CODE)
	mortgages or real estate reported in Item Creditor's Name and Address		rms of Payment	Secur	ity Given	Original	Present
	oreditor s Name and Address		mis of raymont	Occur	ny aiven	Original	1 TOSCIII
Che	eck here if continued on attached sheet.	VEO to annu	-f.khki	h - 5 1 0			
5	All filers answer questions A thru D below. If the answer is part of this report. If all answers are NO and you are a cand executive officer filing your initial report, no F-1 Supplemen	lidate for sta	te or local office, an				
	Incumbent elected officials and state executive officers fi Supplement is required of these officeholders unless all ans	swers to que	estions A thru E are I	۷Ö.			
A.	At any time during the reporting period were you, your spouse, registered do company, union, association, joint venture or other entity or (2) a partner or entity including but not limited to a professional limited liability company?	member of any	y limited partnership, lim	icer, director, ge ited liability par	eneral partner or the the ship, limited I	trustee of any iability compa	/ corporation any or similai
B.	Did you, your spouse, registered domestic partner or dependents have an owat any time during the reporting period? If yes, complete Supplement, Pa		% or more in any compar	ny, corporation,	partnership, joint	venture or o	ther business
C.	Did you, your spouse, registered domestic partner or dependents own a busin	ness at any time	e during the reporting pe	riod? If yes	, complete Suppl	ement, Part A	۸.
D.	Did you, your spouse, registered domestic partner or dependents prepare, p (other than pay for a currently-held public office) at any time during the report				dards for current	or deferred o	ompensation
E.	Only for Persons Filing Annual Report. Regarding the receipt of items not your spouse, registered domestic partner or dependents (or any combination source other than your governmental agency provide or pay in whole or in partners or other training? If yes to either or both questions, complete Su	on thereof) acco	ept a gift of food or bevour spouse, registered do	erages costing	over \$50 per oc	casion?	or 2) Did any
AL	L FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATION:				
	I hold a state elected office, am an executive state officer or profess have read and am familiar with RCW 42.52.180 regarding the unresources in campaigns.						ado dila
	I hold a local elected office. I have read and am familiar with RCV regarding the use of public facilities in campaigns.	V 42.17A.555	Kshama Sawar Signature	ıt	_	03-24 Date	-2013
			Contact Telephone:	(206) 7	713-9098	*	
			Email: kshamavs	sawant@gn	nail.com	(work)*	
	ANDIDATES: Do not use public agency addresses or telephone intact information.	numbers for	Email:			(Home)	Optional

	ANT, KSHAMA		Page 3
1	INCOME		
Show Self (S) Spouse (SP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
SP	Microsoft One Microsoft Way SEATTLE WA 98052	Engineer	E
	Check Here ☐ if continued on attached sheet		

DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 **OLYMPIA WA 98504-0908** (360) 753-1111

(1/12)

PDC FORM

PERSONAL FINANCIAL **AFFAIRS STATEMENT**

AMOUNT

\$1 to \$3,999

\$4,000 to \$19,999

\$20,000 to \$39,999

DOLLAR

CODE

В

С

PDC OFFICE USE

100460561

Covers: 4-24-2011: To: 4-24-2012

Received:

Refer to instruction manual for detailed assistance and examples.

TOLL FREE 1-877-601-2828

candidate or being newly appointed to a position.

Incumbent elected and appointed officials -- by April 15.

Candidates and others -- within two weeks of becoming a

\$40,000 to \$99,999 D 04-26-2012 SEND REPORT TO PUBLIC DISCLOSURE COMMISSION Е \$100,000 or more Last Name Names of immediate family members, including registered First Middle Initial domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living SAWANT KSHAMA in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details. Mailing Address (Use PO Box or Work Address) Vivek Sawant SP 232 BELMONT AVE E APT 403 City County Zip + 4SEATTLE 98102 KING Office Held or Sought Filing Status (Check only one box.) Office title: STATE REPRESENTATIVE An elected or state appointed official filing annual report Final report as an elected official. Term expired: County, city, district or agency of the office, X Candidate running in an election: month <u>AUG</u> year <u>2012</u> name and number: LEG DISTRICT 43 -HOUSE Newly appointed to an elective office Position number: Newly appointed to a state appointive office Term begins: ends: 01-01-2015 Professional staff of the Governor's Office and the Legislature

List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family 1 INCOME member, including registered domestic partner, received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse) Show Self (S) Name and Address of Employer or Source of Compensation Occupation or How Compensation Amount:

Was Farned (Use Code) Dependent (D) Seattle University Part-time Professor PO Box 222000 SEATTLE 98122 WA Seattle Central Community College S Part-time Professor В 1500 Harvard Avenue SEATTLE WΑ 98122

Check Here X if continued on attached sheet

REAL ESTATE

2

List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$10,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-

1 supplement.)

(333 333)			Nature and Amount (Use Code) of Payment or Consideration Received		
	Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amou Original	nt - (Use Code) Current
	Use Code)				Creditor's Name/Address

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS List bank and savings accounts, insurance policies, stock, bonds and other intangible property held during the reporting period.				and other		
A.	Name and address of each bank or financial institution in which or a family member, including registered domestic partner, had account over \$20,000 any time during the report period.		Account or Description	n of Asset	Asset Value (Use Code)		Amount Code)
	BECU 1527 Second Ave Seattle WA 98101	Check	ing		D	0	
В.	Name and address of each insurance company where you or a far member, including registered domestic partner had a policy with cash or loan value over \$20,000 during the period.						
	Guardian	Insur	ance		D	0	
C.	Name and address of each company, association, governm agency, etc. in which you or a family member, including registe domestic partner, owned or had a financial interest worth o \$2,000. Include stocks, bonds, ownership, retirement plan, II notes, and other intangible property. If you, your spouse, registe domestic partner and/or dependents had decision making authoregarding individual assets/investments list each asset or investments the value and any income amount.	red ver RA, red ority					
Che	eck here ☐ if continued on attached sheet.						
4	List each creditor you or a family mem CREDITORS more any time during the period. mortgages or real estate reported in Ite	Don't include					OUNT CODE)
	Creditor's Name and Address		ms of Payment	Secur	ity Given	Original	Present
Oh	nak baya 🗆 if a antimus di ay attached abas t						
5	ack here ☐ if continued on attached sheet. All filers answer questions A thru D below. If the answer i part of this report. If all answers are NO and you are a can executive officer filing your initial report, no F-1 Suppleme	didate for sta	te or local office, an				
	Incumbent elected officials and state executive officers Supplement is required of these officeholders unless all a	filing an annı	ual financial affairs		must answer	question E	E. An F-1
A.	At any time during the reporting period were you, your spouse, registered d company, union, association, joint venture or other entity or (2) a partner centity including but not limited to a professional limited liability company?	or member of any	/ limited partnership, limi				
В.	Did you, your spouse, registered domestic partner or dependents have an at any time during the reporting period? If yes, complete Supplement, F		6 or more in any compan	y, corporation,	partnership, joint	venture or o	ther business
C.	Did you, your spouse, registered domestic partner or dependents own a bus	siness at any time	e during the reporting per	riod? If yes	s, complete Suppl	ement, Part /	A .
D.	Did you, your spouse, registered domestic partner or dependents prepare, (other than pay for a currently-held public office) at any time during the repo				dards for current	or deferred o	compensation
E.	Only for Persons Filing Annual Report. Regarding the receipt of items n your spouse, registered domestic partner or dependents (or any combina source other than your governmental agency provide or pay in whole or in seminar or other training? If yes to either or both questions, complete S	tion thereof) acc part for you, yo	ept a gift of food or bev ur spouse, registered do	erages costing	over \$50 per oc	casion?	or 2) Did any
ALI	L FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATION:	I certify ur	nder penalty	of perjury	that the
	I hold a state elected office, am an executive state officer or profes have read and am familiar with RCW 42.52.180 regarding the resources in campaigns.			information contained in this report is true and correct to the best of my knowledge.			
	I hold a local elected office. I have read and am familiar with RC regarding the use of public facilities in campaigns.	CW 42.17A.555	Kshama Sawan Signature	it		04-24 Date	-2012
			Contact Telephone:	(206)	713-9098	*	
			Email:kshamavs			(work)*	
	ANDIDATES: Do not use public agency addresses or telephone stact information.	numbers for	Email:			(Home)	Optional

	ANT, KSHAMA		Page 3
1	INCOME		
Show Self (S) Spouse (SP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
SP	Microsoft One Microsoft Way SEATTLE WA 98052	Engineer	E
	Check Here ☐ if continued on attached sheet		