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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(a) Name of Individual, Organization or Corp WASHINGTON COMMUNITY A	poration ACTION NETWORK				
(b) Address (number and street)	eck if different than previously	reported			
(c) City, State and ZIP Code					
SEATTLE WA 98122			3. FEC Identification Number		
			C C0001	C C90012709	
2. Occupation and Name of Employer (for Indi	vidual Filers Only)		C C9001	2709	
4. TYPE OF REPORT (check applications) (a) April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Fix January 31 Year-End Right Book Is this Report an amendment of the State of The S	eport M M M M M M M M M M M M M M M M M M M	4-Hour Report 3-Hour Report amends the report filed on	M M / D D		
6. TOTAL CONTRIBUTIONS				0.00	
7. TOTAL INDEPENDENT EXPENDITURES				5000.00	
Under penalty of perjury I certify that the independent ex of, any candidate or authorized committee or agent of			ion, or concert with, or at	the request or suggestion	
TYPE OR PRINT NAME OF PERSON COMPLETING FORM			Electronically Filed]	DATE	
Evans-Satoran, Serena, , ,		Evans-Satoran, Serena, , ,		09/23/2019	
NOTE: Cuberissian of false	or incomplete inf	hingt the names of the training their	ut to the new-lifef 0.11		
NOTE: Submission of false, erroneous	or incomplete information may su	uject the person signing this repo	it to trie perialities of 2 U.	o.u. 9437y.	

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

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AME OF FILER (In Full) WASHINGTON COMMUNITY ACTION NETWORK			
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination		
WASHINGTON COMMUNITY ACTION NETWORK	09 05 2018		
Mailing Address 1806 East Yesler Way			
014	Amount		
City State Zip Code SEATTLE WA 98122	5000.00		
Purpose of Expenditure Category/	Office Sought: X House State: WA		
Door to Door Outreach Type 001	Senate District: 08		
Name of Federal Candidate Supported or Opposed by Expenditure:	President		
Schrier, Kim, , ,	Check One: Support Oppose		
Calendar Year-To-Date Per Election for Office Sought 5000.00	Disbursement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination		
	M = M / D = D / Y = Y = Y		
Mailing Address			
City.	Amount		
City State Zip Code			
Purpose of Expenditure Category/	Office Sought: House State:		
Type	Senate District:		
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose		
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)		
Full Name (Last, First, Middle Initial) of Payee	Date of Public Distribution/Dissemination		
	M = M / D = D / Y = Y = Y		
Mailing Address			
	Amount		
City State Zip Code			
Purpose of Expenditure Category/	Office Sought: House State:		
Name of Fadaval Condidate Symposted as Opposed by Espandituse	Senate District:		
Name of Federal Candidate Supported or Opposed by Expenditure:	Check One: Support Oppose		
	Disbursement For: Primary General		
Calendar Year-To-Date Per Election for Office Sought	Other (specify)		
(a) SUBTOTAL of Itemized Independent Expenditures	5000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	······ >		
(c) TOTAL Independent Expenditures	5000.00		