

PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828		PDC FORM F-1 (1/12)		PERSONAL FINANCIAL AFFAIRS STATEMENT		PDC OFFICE USE 100518106 Covers: 3-24-2012: To: 3-24-2013 Received: 03-24-2013													
Refer to instruction manual for detailed assistance and examples. Deadlines: 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. SEND REPORT TO PUBLIC DISCLOSURE COMMISSION				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DOLLAR CODE</th> <th style="text-align: left;">AMOUNT</th> </tr> <tr> <td>A</td> <td>\$1 to \$3,999</td> </tr> <tr> <td>B</td> <td>\$4,000 to \$19,999</td> </tr> <tr> <td>C</td> <td>\$20,000 to \$39,999</td> </tr> <tr> <td>D</td> <td>\$40,000 to \$99,999</td> </tr> <tr> <td>E</td> <td>\$100,000 or more</td> </tr> </table>		DOLLAR CODE	AMOUNT	A	\$1 to \$3,999	B	\$4,000 to \$19,999	C	\$20,000 to \$39,999	D	\$40,000 to \$99,999	E	\$100,000 or more		
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Mailing Address (Use PO Box or Work Address) 232 BELMONT AVE E APT 403 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">County</td> <td style="width: 33%;">Zip + 4</td> </tr> <tr> <td>SEATTLE</td> <td>KING</td> <td>98102</td> </tr> </table>			City	County	Zip + 4	SEATTLE	KING	98102	Vivek Sawant SP										
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Filing Status (Check only one box.) <input type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input checked="" type="checkbox"/> Candidate running in an election: month <u>AUG</u> year <u>2013</u> <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature			Office Held or Sought Office title: <u>CITY COUNCIL MEMBER</u> County, city, district or agency of the office, name and number: <u>CITY OF SEATTLE</u> Position number: <u>2</u> Term begins: <u>01-01-2014</u> ends: <u>01-01-2018</u>																
1 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 \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse)																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 5%;">Show Self (S) Spouse (SP/DP) Dependent (D)</th> <th style="width: 45%;">Name and Address of Employer or Source of Compensation</th> <th style="width: 30%;">Occupation or How Compensation Was Earned</th> <th style="width: 20%;">Amount: (Use Code)</th> </tr> <tr> <td style="text-align: center;">S</td> <td>Seattle University PO Box 222000 SEATTLE WA 98122</td> <td>Part-time Professor</td> <td style="text-align: center;">B</td> </tr> <tr> <td style="text-align: center;">S</td> <td>Seattle Central Community College 1500 Harvard Avenue SEATTLE WA 98122</td> <td>Part-time Professor</td> <td style="text-align: center;">B</td> </tr> </table>							Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)	S	Seattle University PO Box 222000 SEATTLE WA 98122	Part-time Professor	B	S	Seattle Central Community College 1500 Harvard Avenue SEATTLE WA 98122	Part-time Professor	B	
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Check Here <input checked="" type="checkbox"/> 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 \$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.)																			
Property Sold or Interest Divested		Assessed Value (Use Code)	Name and Address of Purchaser		Nature and Amount (Use Code) of Payment or Consideration Received														
Property Purchased or Interest Acquired			Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current													
All Other Property Entirely or Partially Owned																			
Check here <input type="checkbox"/> if continued on attached sheet																			

3**ASSETS / INVESTMENTS - INTEREST / DIVIDENDS****List bank and savings accounts, insurance policies, stock, bonds and other intangible property held during the reporting period.**

A. Name and address of each bank or financial institution in which you or a family member, including registered domestic partner, had an account over \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
BECU 1527 Second Ave Seattle WA 98101	Checking	D	0
B. Name and address of each insurance company where you or a family member, including registered domestic partner had a policy with a cash or loan value over \$20,000 during the period. Guardian	Insurance	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, IRA, 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.			

Check here ☐ if continued on attached sheet.

4**CREDITORS****List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.****AMOUNT (USE CODE)**

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present

Check here ☐ if continued on attached sheet.

5**All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.****Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.**

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? ___ If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? ___ If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? ___ If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? ___ If yes, complete Supplement, Part B.
- E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? ___ or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? ___ If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- ☐ I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- ☐ I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.Kshama Sawant

Signature

03-24-2013

Date

Contact Telephone: (206) 713-9098

*

Email: kshamavsawant@gmail.com (work)*

Email: _____ (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

INCOME CONTINUED

F-1

Name		SAWANT, KSHAMA		Page	3
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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 SEATTLEWA 98052	Engineer	E

Check Here

☐

if continued on attached sheet