PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 0LYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

PDC OFFICE USE 100864144

C4

(3/97)

10-10-2018

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

	Friends of Do	ow Constan	tine S	urpl	us)		
Mailing Address PO Box 16285						City Seattle, WA	
Zip + 4	Office Sought (Cano			on Dat	te		Caucus Committees: During
98116 Report Period From (last C-4		nd of period)	2017 Final	Report	t2		ommittee make an <u>independent</u> nse not considered a contribution)
Covered 09/01/18	,	/30/18				supporting or opposing a si	
	5 03	/30/10	Yes	No	Λ	л.	
RECEIPTS						*See next page	Yes No
 Previous total cash and in kin (if beginning a new campaign 	d contributions (From or calendar year, see	n line 8, last C-4) e instruction boo	klet)				··· <u>\$</u> \$755,852.60
2. Cash received (From line 2, S	Schedule A)					<u></u> \$\$0.00	<u>)</u>
3. In kind contributions received	(From line 1, Schedu	ıle B)				\$0.00	<u>)</u>
4. Total cash and in kind contrib	outions received this p	period (Line 2 plu	ıs 3)				
5. Loan principal repayments ma							<u>)</u>
6. Corrections (From line 1 or 3,	Schedule C)			Show	+ or (-) \$0.00	<u>)</u>
7. Net adjustments this period (Combine line 5 & 6)					Show + or (-) \$0.00
8. Total cash and in kind contrib	utions during campai	gn (Combine line	es 1, 4 & 7)			\$755,852.60
9. Total pledge payments due (F	From line 2, Schedule	e B)		\$0.	00		
EXPENDITURES							
10. Previous total cash and in kin (If beginning a new campaign	d expenditures (From or calendar year, se	n line 17, last C-4 e instruction boo	4) klet)				\$358,431.72
11. Total cash expenditures (From	m line 4, Schedule A)						96
12. In kind expenditures (goods &	& services) (From line	1, Schedule B)				\$0.0	00
13. Total cash and in kind expend	ditures made this peri	od (Line 11 plus	line 12)				
14. Loan principal repayments ma	ade (From line 2, Sch	edule L)					<u>00</u>
15. Corrections (From line 2 or 3,	Schedule C)			Show	+ or (-) \$0.0	00
16. Net adjustments this period (Combine lines 14 & 1	5)				Show + or (-	⁾ \$0.00
17. Total cash and in kind expend	ditures during campai	gn (Combine line	es 10, 13 a	and 16)		
CANDIDATES ONLY Won Lost L	Name not Jnopposed on ballot	CASH SUMMA		minue	line	7)	\$346,034.92
						nce(s) plus your petty cash balance.]	
Primary election		19. Liabilities:	(Sum of lo	ans ar	nd deb	ts owed)	
Treasurer's Daytime Telephone N	o.:	20 Balance (S		loficit)	/Line	19 minus line 10)	
(000)000-0000		20. Dalance (S	urpius of C	iencit)	(Line	18 minus line 19)	\$346,034.92
CERTIFICATION: I certify that the inf Candidate's Signature	ormation herein and on Date	accompanying sch	edules and Treasure				my knowledge. Date
JAMES CONSTANTINE		/10/18	S A Ca				10/10/18
			I				

CASH RECEIPTS AND EXPENDITURE



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

Candidate of Committee Name	(Do not ab	previate. Use fuil name.)	1			Report Date	
JAMES D CONSTANTINE	(Friend	ls of Dow Const	antine Surp	lus)	09/01/18	09/30/18	
1. CASH RECEIPTS (Contribu	utions) whic	h have been reported on	C3. List each dep	osit made since last C4	report was submitte	ed.	
Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total deposits	
						•	
2. TOTAL CASH RECEIPTS				Enter a	so on line 2 of C4	\$ <u>\$</u> 0.	<u>. 00</u>

CODES FOR CLASSIFYING EXPENDITURES: If one of the following codes is used to describe an expenditure, no other description is generally needed. The exceptions are:

- If expenditures are in-kind or earmarked contributions to a candidate or committee or independent expenditures that benefit a candidate or 1) committee, identify the candidate or committee in the Description block;
- When reporting payments to vendors for travel expenses, identify the traveler and travel purpose in the Description block: and 2)

If expenditures are made directly or indirectly to compensate a person or entity for soliciting signatures on a statewide initiative or referendum 3) petition, use code "V" and provide the following information on an attached sheet: name and address of each person/entity compensated, amount paid each during the reporting period, and cumulative total paid all persons to date to gather signatures.

C - Contributions (monetary, in-kind & transfers)

CODE DEFINITIONS ON NEXT PAGE

- I Independent Expenditures L - Literature, Brochures, Printing
- B Broadcast Advertising (Radio, TV)
- N Newspaper and Periodical Advertising
- O Other Advertising (yard signs, buttons, etc.)
- V Voter Signature Gathering

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- P Postage, Mailing Permits
- S Surveys and Polls
- F Fundraising Event Expenses
- T Travel, Accommodations, Meals
- M Management/Consulting Services
- W Wages, Salaries, Benefits
- G General Operation and Overhead

3. EXPENDITURES

- a) Expenditures of \$50 or less, including those from petty cash, need not be itemized. Add up these expenditures and show the total in the amount column on the first line below..
- b) Itemize each expenditure of more than \$50 by date paid, name and address of vendor, code/description, and amount.
- c) For each payment to a candidate, campaign worker, PR firm, advertising agency or credit card company, attach a list of detailed expenses or copies of receipts/invoices supporting the payment.

	Vendor or Recipient	<u> </u>	Purpose of Expense		•
Date Paid	(Name and Address)	Code	and/or Description		Amount
N/A	Expenses of \$50 or less		N/A N/A		\$153.07
09/09/18	BANK OF AMERICA CREDIT CARD PO Box 15710 Wilmington, DE 19850-5710		Alaska Air - Work Travel		\$164.90
09/09/18	BANK OF AMERICA CREDIT CARD PO Box 15710 Wilmington, DE 19850-5710		Mamnoon - Food for Staff Meeting		\$117.99
09/10/18	DIVA ESPRESSO 401 Fifth Avenue Seattle, WA 98104		Coffee for Staff Meeting		\$200.00
09/17/18	HOUSE DEMOCRATIC CAMPAIGN 4130 1st Avenue South, Suite D Seattle, WA 98134		Contribution to Legislative Caucus Committee		\$25,000.00
09/17/18	WA SENATE DEMOCRATIC CAMPAIGN 1000 Aurora Avenue N, Suite 100 Seattle, WA 98109		Contribution to Legislative Caucus Committee		\$25,000.00
09/21/18	GO FUND ME 855 Jefferson Ave Redwood City, CA 94063		Contribution to Police Officer Memorial		\$300.00
			Total from attached pages	\$	\$450.00
4. TOTAL CAS	SH EXPENDITURES		Enter also on line 11 of C4	\$	\$51,385.96

EXPENDITURES CONTINUATION SHEET (Attachment to Schedule A)

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

JAMES D CONSTANTINE (Friends of Dow Constantine Surplus)

ONSTRATINE (FITEIRUS OF DOW CONStan	icine .	Surpius) 09/01/18	09/30/10
Vendor or Recipient (Name and Address)	Code	Purpose of Expense and/or Description	Amount
UNITED MITOCHONDRIAL DISEASE 8085 Saltsburg Road, Suite 201 Pittsburgh, PA 15239		Donation to Charitable Organization	\$200.00
THE IF PROJECT 6523 California Ave SW Seattle, WA 98136		Donation to Charitable Organization	\$250.00
	Vendor or Recipient (Name and Address) UNITED MITOCHONDRIAL DISEASE 8085 Saltsburg Road, Suite 201 Pittsburgh, PA 15239 THE IF PROJECT 6523 California Ave SW	Vendor or Recipient (Name and Address) Code UNITED MITOCHONDRIAL DISEASE 8085 Saltsburg Road, Suite 201 Pittsburgh, PA 15239 THE IF PROJECT 6523 California Ave SW	Vendor or Recipient (Name and Address)Purpose of Expense and/or DescriptionUNITED MITOCHONDRIAL DISEASE 8085 Saltsburg Road, Suite 201 Pittsburgh, PA 15239Donation to Charitable OrganizationTHE IF PROJECT 6523 California Ave SWDonation to Charitable Organization

Page Total \$ \$450.00

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09/01/18

Report Date

09/30/18