

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE

100627036

02-09-2015

TOLL FREE 1-877-601-2828

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

JAMES D CONSTANTINE (Friends of Dow Constantine Surplus)

Mailing Address
PO Box 16285

Seattle, WA

02/10/15

JAMES CONSTANTINE

Office Sought (Candidates) Zip + 4Election Date *For PACs, Parties & Caucus Committees: During 98116 COUNTY EXECUTIVE 2013 this report period, did the committee make an independent Report Period From (last C-4) To (end of period) Final Report? expenditure (i.e., an expense not considered a contribution) supporting or opposing a state or local candidate? Covered 01/01/15 01/31/15 Yes No X **RECEIPTS** *See next page Yes No 1. Previous total cash and in kind contributions (From line 8, last C-4) 2. Cash received (From line 2, Schedule A) In kind contributions received (From line 1, Schedule B)..... Total cash and in kind contributions received this period (Line 2 plus 3)...... 0.00 Loan principal repayments made (From line 2, Schedule L)..... Corrections (From line 1 or 3, Schedule C)......Show + or (-) 0.00 Total pledge payments due (From line 2, Schedule B) 0.00 **EXPENDITURES** 10. Previous total cash and in kind expenditures (From line 17, last C-4) 12. In kind expenditures (goods & services) (From line 1, Schedule B) 13. Total cash and in kind expenditures made this period (Line 11 plus line 12)...... 987.46 14. Loan principal repayments made (From line 2, Schedule L)..... 15. Corrections (From line 2 or 3, Schedule C)......Show + or (-) 0.00 17. Total cash and in kind expenditures during campaign (Combine lines 10, 13 and 16)...... **CANDIDATES ONLY** Name not **CASH SUMMARY** 18. Cash on hand (Line 8 minus line 17)...... 66,627.93 Won Lost Unopposed on ballot [Line 18 should equal your bank account balance(s) plus your petty cash balance.] Primary election 19. Liabilities: (Sum of loans and debts owed) General election Treasurer's Daytime Telephone No.: 20. Balance (Surplus or deficit) (Line 18 minus line 19) (000)000-000066,627.93 CERTIFICATION: I certify that the information herein and on accompanying schedules and attachments is true and correct to the best of my knowledge. Candidate's Signature Treasurer's Signature

S A Carlson

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

01/31/15

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

Report Date

JAMES	D	CONSTANTIN	E (Friends	of Dow	Constantine	Surplus)	01/01/15	
1. CASH RECEIPTS (Contributions) which have been reported on C3. List each deposit made since last C4 report was submitted.								

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Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total de	posits
2. TOTAL CASH REG	CEIPTS			Enter	also on line 2 of C4	\$	0

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)
- 3) If expenditures are made directly or indirectly to compensate a person or entity for soliciting signatures on a statewide initiative or referendum 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.

CODE **DEFINITIONS** ON NEXT PAGE

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

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

Enter also on line 11 of C4

987.46

G - General Operation and Overhead

3. EXPENDITURES

4. TOTAL CASH 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..
- Itemize each expenditure of more than \$50 by date paid, name and address of vendor, code/description, and amount.
- 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.

Date Paid	Vendor or Recipient (Name and Address)	Code	Purpose of Expense and/or Description	Amount
N/A	Expenses of \$50 or less	N/A	N/A	227.46
01/05/15	JAMES D CONSTANTINE PO Box 16285 Seattle, WA 98116		Work Staff Meeting 12/05/2014 Reimbursement	57.25
01/15/15	34TH DISTRICT DEMOCRATS 6523 California Ave SW #183 Seattle, WA 98136		Contribution to Legislative Party Committee	250.00
01/21/15	JAMES D CONSTANTINE PO Box 16285 Seattle, WA 98116		Work Staff Meeting 1/5/2015 Reimbursement	96.36
01/21/15	JAMES D CONSTANTINE PO Box 16285 Seattle, WA 98116		Work Staff Meeting 1/12/2015 Reimbursement	63.20
01/21/15	JAMES D CONSTANTINE PO Box 16285 Seattle, WA 98116		Work Staff Meeting 1/13/2015 Reimbursement	84.08
01/21/15	JAMES D CONSTANTINE PO Box 16285 Seattle, WA 98116		Work Staff Meeting 1/16/2015 Reimbursement	118.55
			Total from attached pages	\$ 90.56

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)

O1/01/15

O1/31/15

Date Paid	Vendor or Recipient (Name and Address)	Code	Purpose of Expense and/or Description	Amount
01/21/15	JAMES D CONSTANTINE PO Box 16285 Seattle, WA 98116		Work Staff Meeting 1/19/2015 Reimbursement	90.56