

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100780612

08-04-2017

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

James D Constantine (Friends of Dow Constantine)

Mailing Address

PO Box 16285

City

Seattle, WA

Zip + 4

98116

Office Sought (candidates)

COUNTY EXECUTIVE

Election Date

2017

1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT

Date Received		Amount	Total
	a. Anonymous	0.00	25.00
	b. Candidate's personal funds deposited in the bank (include candidate loans in 1c).....		
	c. Loans, notes, security agreements. Attach Schedule L		
	d. Miscellaneous receipts (interest, refunds, auctions, other). Attach explanation		
	e. Small contributions \$25.00 or less not itemized and number of persons giving _____ (persons)		

2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100:* Employer's Name, City and State	P R I N T	G E N	Amount	Aggregate* Total
07/26/17	Maureen S Bo 419 Garfield St Seattle, WA 98109-2908	None Seattle, WA OccupationRetired	X		50.00	150.00
07/27/17	Charles Earl 2016 N 29th St Tacoma, WA 98403-2945	None Tacoma, WA OccupationRetired	X		50.00	300.00
07/27/17	Joan Earl 2016 N 29th St Tacoma, WA 98403-2945	None Tacoma, WA OccupationRetired	X		50.00	425.00
07/26/17	Betty Gulledege-Bennett 8417 California Ave SW Seattle, WA 98136-2324	None Seattle, WA OccupationRetired	X		55.00	308.00
07/27/17	Andrew Price 1630 43rd Ave E, Apt 1017 Seattle, WA 98112-6221	None Seattle, WA OccupationRetired	X		200.00	200.00
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			405.00	*See reverse for details.
		Amount from attached pages			550.00	

3. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT

Sum of parts 1 and 2 above. Enter this amount in line 1, Schedule A to C4.

955.00

4. Date of Deposit

07/31/17

I certify that this report is true and complete to the best of my knowledge

Treasurer's Signature

Date

Philip Lloyd

08-04-2017

Treasurer's Daytime Telephone No.: (206) 382-5552

RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Page 2

Candidate or Committee Name (Do not abbreviate. Use full name.) James D Constantine (Friends of Dow Constantine)	Deposit Date 07/31/17
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2. CONTRIBUTIONS OVER \$25.00

Date Received	Contributor's Name, Address, City, State, Zip	Contributions of more than \$100: Employer's Name, City and State	P R I	G E N	Amount	Aggregate Total*
07/31/17	Curt Pryde 2216 77th Ave NE Medina, WA 98039-2317	Pryde Johnson Seattle, WA Occupation <u>Developer</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	250.00	500.00
07/31/17	Fawn Pryde 2216 77th Ave NE Medina, WA 98039-2317	Pryde Johnson Seattle, WA Occupation <u>Developer</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	250.00	500.00
07/26/17	Nina Shilling 4836 Puget Blvd SW Seattle, WA 98106-1311	, Occupation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	50.00	50.00
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
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Page Total 550.00