

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE

100789312

09-29-2017

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	G E N	Amount	Aggregate* Total
09/25/17	BOMA PAC of Washington State 1420 5th Ave, Ste 1250 Seattle, WA 98101-5132			X	1,000.00	1,000.00
		Occupation				
09/25/17	David T McDonald 925 4th Ave, Ste 2900 Seattle, WA 98104-1158	K&L Gates LLP Seattle, WA		X	250.00	250.00
		Occupation				
09/25/17	Sally Ohlenkamp 16506 79th Pl NE Kenmore, WA 98028-4443	Northshore SD Bothell, WA		X	500.00	500.00
		Occupation				
09/25/17	Steve Ohlenkamp 16506 79th Pl NE Kenmore, WA 98028-4443	TCG, LLC Kenmore, WA		X	500.00	900.00
		Occupation				
09/25/17	Eric T Schneider 7903 S 124th St Seattle, WA 98178-4831	Gateway USA Seattle, WA		X	1,000.00	1,000.00
		Occupation				
	<input checked="" type="checkbox"/> Check here if additional pages are attached	<b>Sub-total</b>			3,250.00	<b>*See reverse for details.</b>
		<b>Amount from attached pages</b>			100.00	

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.

3,350.00

4. Date of Deposit: 09/28/17

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

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

Treasurer's Signature: Philip Lloyd      Date: 09-29-2017

# RECEIPTS CONTINUATION SHEET (Attachment to C-3 Form)

Candidate or Committee Name (Do not abbreviate. Use full name.) James D Constantine (Friends of Dow Constantine)	Deposit Date 09/28/17
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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*
09/25/17	H. David Stensel 7631 E Mercer Way Mercer Island, WA 98040-5822	, Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50.00	50.00
09/25/17	Patricia Stensel 7631 E Mercer Way Mercer Island, WA 98040-5822	, Occupation	<input type="checkbox"/>	<input checked="" 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"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		