

CASH RECEIPTS MONETARY CONTRIBUTIONS

C3

(1/02)

THIS SPACE FOR OFFICE USE

100790602

10-06-2017

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		
09/28/17	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>36</u> (persons)	258.00	

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
10/01/17	Pete Anthony 29520 7th Ave SW Federal Way, WA 98023-3528	, Occupation		X	100.00	100.00
10/01/17	Rhonda Berry PO Box 18802 Seattle, WA 98118-0802	King County Seattle, WA OccupationOperations Manager		X	4.00	225.00
09/30/17	Ronald Bosi 4008 SW Director St Seattle, WA 98136-2529	None Seattle, WA OccupationRetired		X	100.00	775.00
09/29/17	Judith Camou 15631 36rh Ave NE Seattle, WA 98155	, Occupation		X	35.00	35.00
09/28/17	Jennifer Hills 583 Battery St, Apt 1502 Seattle, WA 98121-1977	King County Seattle, WA OccupationRisk Manager		X	25.00	125.00
	<input checked="" type="checkbox"/> Check here if additional pages are attached	Sub-total			522.00	*See reverse for details.
		Amount from attached pages			1,250.00	

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.

1,772.00

4. Date of Deposit

10/05/17

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

Treasurer's Signature

Date

Philip Lloyd

10-06-2017

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 10/05/17
---	--------------------------

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*
09/30/17	Robert Kaplan 516 Yale Ave N, Unit 500 Seattle, WA 98109-5677	None Seattle, WA Occupation <u>Not Employed</u>		X	150.00	150.00
09/30/17	Melinda Powers PO Box 368 Vashon, WA 98070-0368	The Hardware Store Restaurant Vashon, WA Occupation <u>Restaurateur</u>		X	50.00	100.00
10/03/17	Martin Selig 1000 2nd Ave, Fl 18 Seattle, WA 98104-1094	Martin Selig Real Estate Seattle, WA Occupation <u>Real Estate</u>		X	1,000.00	1,000.00
09/30/17	Vicky Smith 5308 SW Manning St Seattle, WA 98116-3128	Providence Health Services Seattle, WA Occupation <u>Recreation Therapist</u>		X	50.00	50.00
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				
		Occupation				

Page Total 1,250.00