

**CASH RECEIPTS  
 MONETARY  
 CONTRIBUTIONS**

**C3**  
 (1/02)

THIS SPACE FOR OFFICE USE

100796094

10-27-2017

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 .....		
10/20/17	e. Small contributions \$25.00 or less not itemized and number of persons giving <u>1</u> (persons)	15.00	

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
10/20/17	Margot Blacker 200 99th Ave NE, Apt 24 Bellevue, WA 98004-5472			X	35.00	35.00
	Occupation					
10/21/17	Maureen S Bo 419 Garfield St Seattle, WA 98109-2908	None Seattle, WA		X	50.00	50.00
	Occupation Retired					
10/20/17	Coca-Cola North America 1 Coca Cola Plz NW Atlanta, GA 30313-2499			X	500.00	1,000.00
	Occupation					
10/21/17	Ila M Hemm 12120 SE 91st St Newcastle, WA 98056-2042			X	50.00	50.00
	Occupation					
10/20/17	Lembhard G Howell 814 Lakeside Ave S Seattle, WA 98144-3318	None Seattle, WA		X	350.00	400.00
	Occupation Retired					
	<input checked="" type="checkbox"/> Check here if additional pages are attached	<b>Sub-total</b>			1,000.00	<b>*See reverse for details.</b>
		<b>Amount from attached pages</b>			35.00	

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.

1,035.00

4. Date of Deposit: 10/26/17

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: 10-27-2017

# 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 10/26/17
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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*
10/21/17	Michael R Korn 11027 Woodward Ave S Seattle, WA 98178-3159	, Occupation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	35.00	35.00
		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"/>		
		Occupation	<input type="checkbox"/>	<input type="checkbox"/>		