### PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 0LYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

## SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

PDC OFFICE USE 101004396

**C4** 

(3/97)

10-09-2020

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

-	Friends of Do	ow Constan	tine S	urplu	s)				
Mailing AddressCityPO Box 16285Seattle, WA									
Zip + 4 98116	Office Sought (Cano COUNTY EXECT		Electi 2017	ion Date					mittees: During an independent
Report Period From (last C-4		nd of period)	Final	Report?		expenditure (i.e.	, an expense	not conside	ered a contribution)
Covered 09/01/20	09	/30/20	Yes	No X	-	supporting or opp	oosing a state	e or local ca	ndidate?
RECEIPTS						*See next page		Yes	No
1. Previous total cash and in kir (if beginning a new campaign	nd contributions (From a or calendar year, se	n line 8, last C-4) e instruction boo	klet)					\$	\$759,486.18
2. Cash received (From line 2, S	Schedule A)					· _\$	\$0.00		
3. In kind contributions received	(From line 1, Schedu	ıle B)					\$0.00		
4. Total cash and in kind contrib	outions received this p	period (Line 2 plu	ıs 3)						\$0.00
5. Loan principal repayments m	ade (From line 2, Sch	edule L)					\$0.00		
6. Corrections (From line 1 or 3,	, Schedule C)			. Show +	or (-)		\$0.00		
7. Net adjustments this period (	Combine line 5 & 6)					Sł	now + or (-)		\$0.00
8. Total cash and in kind contrib	outions during campai	gn (Combine line	es 1, 4 & 7	")					\$759,486.18
9. Total pledge payments due (I	From line 2, Schedule	e B)		\$0.0	0				
EXPENDITURES		·							
10. Previous total cash and in kin (If beginning a new campaigr	d expenditures (From or calendar year, se	n line 17, last C-4 e instruction boo	4) •klet)						\$510,377.62
11. Total cash expenditures (From	m line 4, Schedule A)					\$3	8,997.46		
12. In kind expenditures (goods &	& services) (From line	1, Schedule B)					\$0.00		
13. Total cash and in kind expend	ditures made this peri	od (Line 11 plus	line 12)				······		\$3,997.46
14. Loan principal repayments m	ade (From line 2, Sch	edule L)					\$0.00		
15. Corrections (From line 2 or 3,	Schedule C)			. Show +	or (-)		\$0.00		
16. Net adjustments this period (	Combine lines 14 & 1	5)				Sł	now + or (-)		\$0.00
17. Total cash and in kind expend	ditures during campai	gn (Combine line	es 10, 13 a	and 16)					\$514,375.08
CANDIDATES ONLY Won Lost L	Name not Jnopposed on ballot	CASH SUMMA		e minue li	no 17	7)			\$245,111.10
						ce(s) plus your petty ca			<i>2137111</i> 10
Primary election		19. Liabilities:	(Sum of lo	ans and	debts	s owed)			\$0.00
Treasurer's Daytime Telephone N	lo.:					,	-		Ş0.00
(206)932-6030		20. Balance (S	urplus or c	deficit) (Li	ine 18	8 minus line 19) .			\$245,111.10
CERTIFICATION: I certify that the inf		accompanying sch	1				the best of my	knowledge.	2
Candidate's Signature	Date		Treasure	er's Signa	ature				Date
JAMES CONSTANTINE	10	/09/20	SA Car	rlson				1	0/09/20

# CASH RECEIPTS AND EXPENDITURE



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

Candidate of Committee Name	(Do not ab	breviate. Use fuil name	.)			Cepon Date	
JAMES D CONSTANTINE	(Friend	ls of Dow Const	tantine Surp	lus)	09/01/20	09/30/20	
1. CASH RECEIPTS (Contrib	outions) whic	h have been reported o	n C3. List each dep	osit made since last C4	report was submitted	d.	
Date of deposit	Amount	Date of deposit	Amount	Date of deposit	Amount	Total deposits	
						•	
2. TOTAL CASH RECEIPTS				Enter a	so on line 2 of C4	\$ \$0.	00

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 <u>in-kind or earmarked contributions</u> to a candidate or committee or <u>independent expenditures</u> that benefit a candidate or committee, identify the candidate or committee in the Description block;
- 2) When reporting payments to vendors for travel expenses, identify the traveler and travel purpose in the Description block; and

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

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

## 3. EXPENDITURES

- a) Expenditures of <u>\$50 or less</u>, 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.
- b) Itemize each expenditure of more than \$50 by date paid, name and address of vendor, code/description, and amount.
- c) 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		\$137.82
09/01/20	UNIVERSITY OF WASHINGTON PO BOX 359505 Seattle, WA 98195-9505		Contribution to Charitable Organization	\$2,500.00
09/03/20	WASHINGTON STATE FERRIES 301 Maple Park Ave SE, PO Box Olympia, WA 98504-7300		Travel for Work Meeting	\$74.25
09/18/20	MASON COUNTY DEMOCRATS PO Box 1272 Shelton, WA 98584		Contribution to County Party Organization	\$100.00
09/21/20	UNITED MITOCHONDRIAL DISEASE 8085 Saltsburg Road, Suite 201 Pittsburgh, PA 15239		Contribution to Charitable Organization	\$100.00
09/27/20	LAFAYETTE PARENT TEACHER 2645 California Avenue SW Seattle, WA 98116		Contribution to Charitable Organization	\$355.00
09/28/20	HISTORYLINK 1411 4th Avenue, Suite 803 Seattle, WA 98101		Contribution to Charitable Organization	\$250.00
	•	•	Total from attached pages	\$ \$480.39
4. TOTAL CA	SH EXPENDITURES		Enter also on line 11 of C4	\$ \$3,997.46

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EXPENDITURES CONTINUATION SHEET (Attachment to Schedule A)							
				Page 3			
Candidate or (	Committee Name (Do not abbreviate. Use full nam	ie.)		Report Date			
JAMES D CO	ONSTANTINE (Friends of Dow Con	stantine Surplu	s) 09/01/2	20 09/30/20			
Date Paid	Vendor or Recipient (Name and Address)	Code	Purpose of Expense and/or Description	Amount			
09/29/20	METROPOLITAN MARKET 2320 42nd Avenue SW Seattle, WA 98116	Food	for Staff Meeting	\$270.03			
	METROPOLITAN MARKET	Food	for Staff Meeting				

09/30/20	2320 42nd Avenue SW Seattle, WA 98116	Food for Staff Meeting	\$75.05
09/30/20	MISSION 2325 California Ave SW Seattle, WA 98116	Food for Staff Meeting	\$135.31

Page Total \$ \$480.39