

SUMMARY, FULL REPORT RECEIPTS AND EXPENDITURES

C4(3/97)

PDC OFFICE USE 110052551

10-09-2021

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

JAMES D CONSTANTINE (Friends of Do	w Constan	tine Su	rplus)				
Mailing Address PO Box 16285					City Seattle, WA			
Zip + 4 98116	Office Sought (Cand		Election 2017	n Date	*For PACs, Parti	ies & Cau		
Report Period From (last C-	4) To (er	nd of period)	Final F	Report?	expenditure (i.e., a	ın expense ı	not conside	ered a contribution)
Covered 09/01/2	1 09	/30/21	Yes	No X	supporting or oppos	sing a state	or local ca	ndidate?
RECEIPTS					*See next page		Yes	No
Previous total cash and in kir (if beginning a new campaign	nd contributions (From n or calendar year, see	line 8, last C-4) e instruction boo	klet)			<u>.</u>	\$	\$759,486.18
2. Cash received (From line 2,	Schedule A)				\$	\$0.00		
3. In kind contributions received	d (From line 1, Schedu	ıle B)				\$0.00		
4. Total cash and in kind contrib	outions received this p	eriod (Line 2 plu	ıs 3)			<u> </u>		\$0.00
5. Loan principal repayments m	nade (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)				Shov	v + or (-)		\$0.00
8. Total cash and in kind contrib	outions during campai	gn (Combine line	es 1, 4 & 7)			<u> </u>		\$759 <u>,</u> 486.18
9. Total pledge payments due (From line 2, Schedule	B)		\$0.00				
EXPENDITURES								
 Previous total cash and in kir (If beginning a new campaign 	nd expenditures (From n or calendar year, see	i line 17, last C-4 e instruction boo	4) klet)			<u> </u>		\$557,212.15
11. Total cash expenditures (Fro	m line 4, Schedule A)				··· \$1,	017.46		
12. In kind expenditures (goods	& services) (From line	1, Schedule B)				\$0.00		
13. Total cash and in kind expen	ditures made this peri	od (Line 11 plus	line 12)			·····-		\$1,017.46
14. Loan principal repayments m	nade (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)			Shov	v + or (-)		\$0.00
17. Total cash and in kind expen	ditures during campai	gn (Combine line	es 10, 13 ar	nd 16)				\$558,229.61
CANDIDATES ONLY	Name not	CASH SUMMA						
	Unopposed on ballot				17)nce(s) plus your petty cash			\$201,256.57
Primary election				ots owed)	<u> </u>		\$0.00	
Treasurer's Daytime Telephone N	20 Balance (C	urnlue or de	oficit) /Line	19 minus line 10\				
(206)937-3694		ZU. Dalance (5	urpius or at	andit) (Line	18 minus line 19)			\$201,256.57
CERTIFICATION: I certify that the in		accompanying sch				best of my ki	nowledge.	
Candidate's Signature	Date		Treasurer	's Signatur	e			Date
JAMES CONSTANTINE	SA Car	lson			1	0/09/21		

CASH RECEIPTS AND EXPENDITURE

SCHEDULE to C4

F	1
(11	/93)

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

Report Date

09/30/21

JAM	ES 1	CONSTAN	TINE (F	riends	of Do	w Consta	ntine	Surplus)	09/01/21
1.	CASI	H RECEIPTS	(Contribution	s) which ha	ave been	reported on 0	C3. List e	ach deposit n	nade since last C4 re	eport was submitted.

Date of deposit Amount Date of deposit Amount Date of deposit Amount Total deposits

\$ TOTAL CASH RECEIPTS Enter also on line 2 of C4 <u>\$0.0</u>0

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:

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

- 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 \$50 or less, 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..
- 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	\$183.98
09/01/21	CUGINI FLORISTS 413 S 3rd Street Renton, WA 98057	os	Flowers for Office Event	\$79.26
09/02/21	GEORGETOWN LC RESTAURANT 5501 Airport Way South B Seattle, WA 98108	os	Food for Staff Meeting	\$112.50
09/04/21	TAMARIND TREE 1036 S Jackson St Seattle, WA 98104	os	Food for Staff Meeting	\$53.50
09/07/21	ARTHUR'S 2311 California Ave SW Seattle, WA 98116	os	Food for Staff Meeting	\$90.97
09/15/21	JAMES D CONSTANTINE PO Box 16285 Seattle, WA 98116	os	Reimbursement for Staff Meeting Food (Tamarind Tree 9/9)	\$79.87
09/18/21	TRANSPORTATION CHOICES 219 1st Ave S Suite 420 Seattle, WA 98104	C	Contribution to Charitable Organization	\$150.00
	•	<u> </u>	Total from attached pages	\$ \$267.38

Total from attached pages S267.38

\$1,017.46

Enter also on line 11 of C4

EXPENDITURES CONTINUATION SHEET (Attachment to Schedule A)

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

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Report Date

JAMES D CONSTANTINE (Friends of Dow Constantine Surplus)

09/01/21

09/30/21

Date Paid	Vendor or Recipient (Name and Address)	Code	Purpose of Expense and/or Description	Amount
09/18/21	GEORGETOWN LC RESTAURANT 5501 Airport Way South B Seattle, WA 98108	os	Food for Staff Meeting	\$74.69
09/23/21	SEATTLE FLOWERS 600 2nd Ave Seattle, WA 98104	os	Flowers for Office Event	\$92.96
09/28/21	MIOPOSTO 2139 California Ave SW Seattle, WA 98116	os	Food for Staff Meeting	\$99.73
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