Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period	Date of election if applicable: (Month, Day, Year)
from 7-1-2018	
through 9-22-2018	11-6-2018

Date Stamp: RECEIVED SEP 27 2018 CITY ADMINISTRATOR

CALIFORNIA FORM 460

For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1407187

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Michelle Costantine for Mayor 2018

STREET ADDRESS (NO P.O. BOX): 3708 H Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Eureka	CA	95503	707 599-6742

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Patty Callison

MAILING ADDRESS: 3484 M Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Eureka	CA	95503	707 845-1618

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9-27-2018 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 9-27-2018 (Date) By [signature] (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on _____ (Date) By _____ (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Michelle Costantine

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Mayor of Eureka

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
3780 H st	Eureka	CA	95503

Related Committees Not Included in this Statement: ***List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.***

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 7-1-2018
through 9-22-2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Michelle Costantine for Mayor 2018

I.D. NUMBER
1407187

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	*Schedule A, Line 3*	$ 10245.00	$ 10585.00
2. Loans Received	*Schedule B, Line 3*		
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 10245.00	$ 10585.00
4. Nonmonetary Contributions	*Schedule C, Line 3*		
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 10245.00	$ 10585.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 10323.91	$ 10323.91
7. Loans Made	*Schedule H, Line 3*		
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 10323.91	$ 10323.91
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*		
10. Nonmonetary Adjustment	*Schedule C, Line 3*		
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 10323.91	$ 10323.91

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
__/__/__	$
__/__/__	$

*Amounts in this section may be different from amounts reported in Column B.

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 340.00
13. Cash Receipts	*Column A, Line 3 above*	10245.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	
15. Cash Payments	*Column A, Line 8 above*	10323.91
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 261.09

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... *Schedule B, Part 2* $

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
from 7-1-2018
through 9-22-2018

Page 4 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: MICHELLE COSTAWTIWE

I.D. NUMBER: 1407187

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8-9-18	CHET ALBIN P.O. BOX 6949 EUREKA, CA 95502	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	300.00	300.00	
8-9-18	MICHAEL BARRETTO 3121 D ST EUREKA CA. 95503	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	100.00	100.00	
7-21-18	DARRYL BLACKWELL 4511 LEWIS AVE EUREKA, CA 95503	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	500.00	500.00	
9-21-18	PATTY CALLISON 3484 M ST. EUREKA, CA 95503	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SELF EMPLOYED CLERK	300.00	300.00	
8-9-18	PIERRE CARBONNEAU P.O. BOX 6501 EUREKA, CA. 95502	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SELF CARBONNEAU CERAMIC TILE	180.00	180.00	

SUBTOTAL $ 1380

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 7,878.-
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 2367.-
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 10,245.-

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7-1-2018
through 9-22-2018

CALIFORNIA FORM 460

NAME OF FILER: MICHELLE COSTANTINE

I.D. NUMBER: 1407187

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9-21-18	TIMOTHY CALLISON 3484 M ST. EUREKA, CA. 95503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	PROPERTY MANAGER SW SERVICES-	300.00	300.00	
8-9-18	CARBONNEAU CERAMIC TILE 2306 2nd ST. EUREKA CA 95501	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		150.00	150.00	
8-9-18	AIMEE CARROLL 3945 DAVIS CT. EUREKA, CA. 95503	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	V.P. OF CARBONNEAU TILE CO.	410.00	410.00	
8-14-18	JOY COSTANTINE 5281 MOUNT AUKUM RD PLACERVILLE, CA.	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	200.00	200.00	
8-3-18	ARROW DEAN 675 MARTIN WAY EUREKA, CA. 95503	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	ADMINISTRATOR PLAY + LEARN PRE SCHOOL	250.00	500.00	

SUBTOTAL $ 1310

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7-1-2018
through 9-22-2018

CALIFORNIA FORM 460

NAME OF FILER
MICHELLE COSTANTINE

I.D. NUMBER
1407187

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7-15-18	LORETTA MATEIK 700 D ST. PETALUMA, CA. 94952	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	500.00	500.00	
9-5-18	DEBBIE McBETH 1123 FRESHWATER RD EUREKA, CA. 95503	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	500.00	500.00	
9-16-18	JACKIE McBETH 1837 O ST. EUREKA, CA. 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	159.00	159.00	
9-15-18	CONNIE MILLER 1716 HAYES ST. EUREKA, CA. 95501	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	199.00	199.00	
9-5-18	BRIAN PAYTON 3835 UNION ST. EUREKA CA 95503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	CASEWORKER IN HOME SUPPORTIVE SERVICES	260.00	260.00	

SUBTOTAL $ 1618

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7-1-2018
through 9-22-2018

CALIFORNIA FORM 460

NAME OF FILER: MICHELLE COSTAWTIWE

I.D. NUMBER: 1407187

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9-16-18	JAMES MC BETH 3684 MITCHELL RD. EUREKA, CA. 95503	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	MANAGER O+M INDUSTRIES	200.00	200.00	
8-31-18	PHILIP KABLE, DLN3206181 3402 ROCKY LANE HYDESVILLE CA 95547	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		400.00	400.00	
9-16-18	MARCI PIGG 880 VISTA DR McKINLEYVILLE, CA 95519	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	REALTOR COLDWELL BANKER	200.00	200.00	
8-10-18	ROBERT McBETH 1123 FRESHWATER RD EUREKA, CA 95503	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	SELF O+M INDUSTRIES	500.00	500.00	
8-1-18	PLAY + LEARN PRE SCHOOL 4865 HIDDEN MEADOWS EUREKA, CA 95503	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	500.00	

SUBTOTAL $ 1550

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7-1-2018
through 9-22-2018

CALIFORNIA FORM 460

NAME OF FILER: MICHELLE COSTAWINE

I.D. NUMBER: 1407187

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8-9-18	ANGELA DEMARTINI 2263 HOME DR. EUREKA, CA. 95503	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	MANAGER SCHMIDBAUER LUMBER	330.00	330.00	
7-3-18	EUREKA OB-GYN 3200 WALFORD AVE EUREKA, CA. 95503	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	250.00	
9-21-18	HBE PAC FPPC # 1321055 1213 5TH ST. EUREKA, CA. 95501	☐ IND ☒ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	
9-10-18	ANITA HILFIKER 1 FST - R-4 EUREKA, CA. 95501	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	200.00	200.00	
8-15-18	GREGORY KING 230 W 14TH ST EUREKA, CA. 95501	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	MGR. BUCKSPORT SPORTING GOODS	400.00	400.00	
			SUBTOTAL $ 1680			

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7-1-2018
through 9-22-2018

CALIFORNIA FORM 460

NAME OF FILER
MICHELLE COSTANTINE

I.D. NUMBER
1407187

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8-9-18	STRICKLAND TERMITE CONTROL 5000 LUMBERADE DR. EUREKA, CA 95503	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		190.00	190.00	
8-20-18	LEON WARMUTH 3760 J ST EUREKA CA. 95503	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	RETIRED	150.00	150.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
				SUBTOTAL $ 340.00		

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 7-1-2018
through 9-22-2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: MICHELLE COSTANTINE

I.D. NUMBER: 1407187

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
ADVANCED SIGN + DISPLAY 726 2nd ST. EUREKA, CA. 95501	CMP	YARD SIGNS	3007.87
BI COASTAL MEDIA 5640 S. BROADWAY EUREKA, CA. 95503	RAD	RADIO ADS.	738.00
CITY OF EUREKA FILING FEE 531 K ST. EUREKA, CA 95501	FIL	FEE	960.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 4,705.87

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 9,637.43
2. Unitemized payments made this period of under $100 ..... $ 686.48
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ _____
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... TOTAL $ 10,323.91

Schedule E
(Continuation Sheet)
Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period
from 7-1-2018
through 9-22-2018

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: MICHELLE COSTANTINE

I.D. NUMBER: 1407187

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
JOHN CHIU P.O. BOX 986 EUREKA, CA. 95502	CMP	SERVICES.	200.00
KIEM TU 5650 S. BROADWAY EUREKA, CA. 95503	TEL	TV ADS-	1015.50
KINS RADIO 1101 MARSH RD EUREKA, CA 95508	RAD	RADIO ADS	935.55
COST COAST COMM 603 F ST EUREKA, CA. 95501	RAD	RADIO ADS-	250.25
MB DESIGN 803 PINE ST. EUREKA, CA. 95501	CMP	GRAPHIC SOLUTIONS	737.50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 3,138.80

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 7-1-2018 through 9-22-2018

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: MICHELLE COSTANTINE

I.D. NUMBER: 1407187

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
SENIOR NEWS 1910 CALIFORNIA ST. EUREKA, CA. 95501	PRT	PRINT AD	476.00
SUDDEN LINK COMM 911 W. WABASH EUREKA, CA. 95501	TEL	TV ADS	467.50
TIMES PRINTING 106 T ST. EUREKA, CA.	LIT	FLYERS-	375.48
VISTA PRINT 1207 10 ST HUNTINGTON BEACH, CA 92648	LIT	ADS-	365.28
VISUA CONCEPTS- 820 N ST ARCATA, CA 95521	CMP	BANNER	108.50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 1792.76