Recipient Committee Campaign Statement Cover Page

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 9-22-18
through 10-20-18

Date of election if applicable: (Month, Day, Year)
November 6, 2018

Date Stamp
RECEIVED
OCT 25 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): 3780 H st

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX: PO Box 201

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Cutten	CA	95534	707 599-6742

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Patty Callison

MAILING ADDRESS: 3484 M st

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 10-25-18 (Date) By [signature] (Signature of Treasurer or Assistant Treasurer)

Executed on 10-25-18 (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 for Mayor 2018

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

Mayor for the City 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 9-22-18 through 10-20-18

CALIFORNIA FORM 460

Page 3 of 9

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*	$ 7255.00	$ 17840.00
2. Loans Received	*Schedule B, Line 3*	0	
3. SUBTOTAL CASH CONTRIBUTIONS	*Add Lines 1 + 2*	$ 7255.00	$ 17840.00
4. Nonmonetary Contributions	*Schedule C, Line 3*	0	
5. TOTAL CONTRIBUTIONS RECEIVED	*Add Lines 3 + 4*	$ 7255.00	$ 17840.00

Expenditures Made

6. Payments Made	*Schedule E, Line 4*	$ 7410.00	$ 17733.91
7. Loans Made	*Schedule H, Line 3*	0	0
8. SUBTOTAL CASH PAYMENTS	*Add Lines 6 + 7*	$ 7410.00	$ 17733.91
9. Accrued Expenses (Unpaid Bills)	*Schedule F, Line 3*	0	0
10. Nonmonetary Adjustment	*Schedule C, Line 3*	0	0
11. TOTAL EXPENDITURES MADE	*Add Lines 8 + 9 + 10*	$ 7410.00	$ 17733.91

Current Cash Statement

12. Beginning Cash Balance	*Previous Summary Page, Line 16*	$ 261.09
13. Cash Receipts	*Column A, Line 3 above*	7255.00
14. Miscellaneous Increases to Cash	*Schedule I, Line 4*	0
15. Cash Payments	*Column A, Line 8 above*	7410.00
16. **ENDING CASH BALANCE**	*Add Lines 12 + 13 + 14, then subtract Line 15*	$ 106.09

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

17. LOAN GUARANTEES RECEIVED — *Schedule B, Part 2* — $ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	*See instructions on reverse*	$ 0
19. Outstanding Debts	*Add Line 2 + Line 9 in Column B above*	$ 0

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).

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	$	$

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.

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

CALIFORNIA FORM 460

Statement covers period
from 9-22-18
through 10-20-18

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Michelle Costantine for Mayor 2018

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)
10-3-18	Barry Smith Construction 2306 2nd st Eureka CA 95501	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00	
10-3-18	Harper Motors 4800 N Highway 101 Eureka CA 95503	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00	
10-3-18	L H Properties 1200 W Harris st Eureka CA 95503	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00	
10-3-18	Ron Lundblade PO Box 3597 Eureka CA 95502	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Owner Lundblade Construction	500.00	500.00	
10-3-18	Michael McBeth 1123 Freshwater Rd Eureka CA 95503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Self Employed	100.00	100.00	
			SUBTOTAL $	2100.00		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 5650.00
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 1605.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 7255.00

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA FORM 460

Statement covers period
from 9-22-18
through 10-20-18

NAME OF FILER: Michelle Costantine for Mayor 2018

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)
10-3-18	Mid City Motor World 4800 N Highway 101 Eureka CA 95503	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	500.00	
10-3-18	Marvin Timbol 1933 B st Eureka CA 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Hunan Restaurant Henderson Center	200.00	200.00	
10-3-18	Patrica Barnum PO Box 1425 Eureka CA 95502	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500.00	500.00	
10-3-18	Robert Barnum PO Box 1425 Eureka CA 95502	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	500.00	500.00	
10-3-18	Sharon Britt 4569 Pacific Lane Eureka CA 95503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200.00	200.00	
			SUBTOTAL $	1900.00		

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 9-22-18
through 10-20-18

CALIFORNIA FORM 460

NAME OF FILER: Michelle Costantine for Mayor 2018

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)
10-5-18	Jackie McBeth 1837 O st Eureka CA 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	300.00	459.00	
10-5-18	John McBeth 1837 O st Eureka CA 95501	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	300.00	399.00	
10-5-18	George Schmidbauer 1494 Walker Point Rd Eureka CA 95503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00	250.00	
10-5-18	Mary Schmidbauer 1494 Walker Point Rd Eureka CA 95503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00	250.00	
10-10-18	Fatima Naylor 3801 H st Eureka CA 95503	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Escrow Officer Humboldt Land and Title	250.00	250.00	
			SUBTOTAL $	1350.00		

*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 A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 9-22-18
through 10-20-18

CALIFORNIA FORM 460

NAME OF FILER
Michelle Costantine for Mayor 2018

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)
10-12-18	Charles Bussman PO Box 472 Eureka CA 95502	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	300.00	300.00	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	300.00		

*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 9-22-18
through 10-20-18

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Michelle Costantine for Mayor 2018

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
Bi Coastal Media 5640 S Broadway Eureka CA 95503	RAD	Ads	1140.00
Kiem TV 5660 S Broadway Eureka CA 95503	TEL	Ads	2239.00
Kins Radio 1101 Marsh Rd Eureka CA 95501	RAD	Ads	456.60

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

SUBTOTAL $ 3835.60

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... $ 7410.00
2. Unitemized payments made this period of under $100 ..... $ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... $ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL $** 7410.00

Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

Statement covers period from 9-22-18 through 10-20-18

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Michelle Costantine for Mayor 2018

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
Lost Coast Communications PO Box 25 Ferndale CA 95536	RAD	Ads	1050.00
North Coast Journal 310 F st Eureka CA 95501	PRT	Ad	330.00
Senior News 1910 California st Eureka CA 95501	PRT	Ads	328.00
Suddenlink Communications 911 W Wabash Eureka CA 95501	TEL	Ads	1679.00
Times Printing 106 T st Eureka CA 95501	LIT	Flyers	188.03

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

SUBTOTAL $ 3575.00