



Washington State Public Disclosure Commission
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www.pdc.wa.gov

To: Commissioners, Washington State Public Disclosure Commission
From: Evelyn Fielding Lopez, Executive Director *efl*
Date: April 24, 2017
Re: Recusal Language in F-1 Forms

Recusal Language Suggestion

At the January PDC Meeting, the Commission heard a request for a modification from Jay Manning, a Trustee for Eastern Washington University. During the discussion on the request, Mr. Manning mentioned that he would recuse himself from any decision at EWU that would be a conflict of interest:

As a long time government person who believes in what you do and your rules, that if I were to ever have a situation that were to come up where a client of the firm, mine or some other partner's, some contract decision or a grant decision or something like that, I would recuse myself because, (1) the rules of Eastern Washington University require that, and (2) it's obvious that the rules of professional conduct for a lawyer require it, and my own compass would require that.

January 26, 2017 PDC Meeting, Reporting Modification: Jay J. Manning; Comments of Manning.

After the modification was approved, Chair Levinson suggested that the PDC look into adding some language about recusal on the F-1 so that "when the person signs the F1 they are attesting that they would in fact recuse themselves should any circumstances change so that what Mr. Manning has offered here would become a normal course of business." Chair Levinson appeared to be suggesting that the F-1 Form be amended to add some language regarding recusal.

Jennifer Hansen, Filer Assistance Specialist, noted that she could easily change the modification request form so that anyone asking for a modification of the F-1 report would attest that they would recuse themselves from any matter that posed a conflict of interest with business or personal interests.

It was unclear in the following discussion if the Commission was expressing a desire to change the F-1 Form that all F-1 filers submit, or the modification application that is only submitted by those asking for relief from submitting some information.

Form Change Options

1. The F-1 Form: Changing the F-1 Form is not easy because the form is in rule, and any changes to the paper form also requires changes/programming for the electronic form. A copy of WAC 390-24-010 is attached. Nonetheless, if the Commission wants to add recusal language to the F-1 Form, it might be appropriate to add language to the certification next to the signature block.

The F-1 Form currently provides: "CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge." It could be amended to include: "Should any matter come before me that would pose a conflict of interest with my personal or business interests, I will recuse myself from the decision."

2. The F-1 Report Modification Request: The F-1 Report Modification Request is a form developed and maintained by PDC staff. It is not in rule, and could be changed to fit emerging needs. A copy of the Modification Request form is attached.

Recusal language could be added to page 6 of the application, which currently provides:

1. **CUSTOMERS OR SOURCES OF COMPENSATION/INCOME.** If you are seeking a modification related to a particular entity's reportable customers or sources of compensation/income for an entity, describe:

- In detail the position you hold in the entity (examples: owner, board member, officer, partner, etc.) and the duties performed by you for that entity, if any (examples: setting policy, hiring, approving contracts, approving budgets, etc.). Please provide as much description as possible.
-

- If you (or if you are seeking office, will you) make any decisions as a public official that may benefit the customers of the entity for which you are seeking a modification, or sources of compensation/income for the entity for which you are seeking a modification?
-

An additional bullet point could be added: "If you have any matter come before you that would pose a conflict of interest with personal or business interests, will you recuse yourself from the decision?"

Recommendation

If the Commission wishes to add recusal language, the Modification Request application can most easily be changed. If that is the desired option, the Commission should ask the Director of Communications and Outreach to work with the Customer Service staff to make the change and report back to the Commission.

If the Commission wishes to change the F-1 Form, I recommend that change be added to the list of changes to be considered when the F-1 application is updated by the IT Division.

Enclosures

WAC 390-24-010

Forms for statement of financial affairs.

The official form for statements of financial affairs as required by RCW 42.17A.700 is designated "F-1," revised 1/15. Copies of this form are available on the commission's web site, www.pdc.wa.gov, and at the Commission Office, 711 Capitol Way, Room 206, Evergreen Plaza Building, P.O. Box 40908, Olympia, Washington 98504-0908. Any paper attachments must be on 8-1/2" x 11" white paper.

<p>PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828</p>	PDC FORM F-1 (1/15)	PERSONAL FINANCIAL AFFAIRS STATEMENT	P M PDC OFFICE USE O A S R T K R E C E I V E D
Refer to instruction manual for detailed assistance and examples. Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.		DOLLAR CODE A \$1 to \$4,499 B \$4,500 to \$23,999 C \$24,000 to \$47,999 D \$48,000 to \$119,999 E \$120,000 or more	
SEND REPORT TO PUBLIC DISCLOSURE COMMISSION			
Last Name _____ First _____ Middle Initial _____		Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.	
Mailing Address (Use PO Box or Work Address) * _____			
City _____ County _____ Zip + 4 _____			
Filing Status (Check only one box.) <input type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ year _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature		Office Held or Sought Office title: _____ County, city, district or agency of the office, name and number: _____ Position number: _____ Term begins: _____ ends: _____	
1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3.)			
Show Self (S) Spouse (SP/CP) Dependent (D)	Name and Address of Employer or Source of Compensation _____	Occupation or How Compensation Was Earned _____	Amount: (Use Code) _____
Check Here <input type="checkbox"/> if continued on attached sheet			
2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)			
Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms
		Security Given	Mortgage Amount - (Use Code) Original Current
All Other Property Entirely or Partially Owned			
Check here <input type="checkbox"/> if continued on attached sheet			

CONTINUE ON NEXT PAGE

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS	List bank and savings accounts, insurance policies, stock, bonds and oth intangible property (including but not limited to stock options) held during t reporting period.		
A.	Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$24,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
B.	Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$24,000 during the period.			
C.	Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account.			
Check here <input type="checkbox"/> if continued on attached sheet.				

4	CREDITORS	List each creditor you or a family member, including registered domestic partner, owed \$2,400 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.			AMOUNT (USE CODE)
	Creditor's Name and Address	Terms of Payment	Security Given	Original	Prese
Check here <input type="checkbox"/> if continued on attached sheet.					

5 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? ____ If yes, complete Supplement, Part A.

B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? ____ If yes, complete Supplement, Part A.


C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? ____ If yes, complete Supplement, Part A.

D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? ____ If yes, complete Supplement, Part B.

E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? ____ or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? ____ If yes to either or both questions, complete Supplement, Part C.

<p>ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.</p> <p><input type="checkbox"/> I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.</p> <p><input type="checkbox"/> I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.</p> <p>*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.</p>	<p>CERTIFICATION: I certify under penalty of perjury that t information contained in this report is true a correct to the best of my knowledge.</p> <p>Signature _____ Date _____</p> <p>Contact Telephone: () *</p> <p>Email: _____(work) *</p> <p>Email: _____(Home) Option.</p>
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REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNAT

 <p>PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828 EMAIL: pdc@pdc.wa.gov</p>	PDC FORM F-1 SUPPLEMENT (1115)	SUPPLEMENT PAGE PERSONAL FINANCIAL AFFAIRS STATEMENT	
PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS YOUR HOUSEHOLD			
Last Name	First	Middle Initial	DATE
<p>A OFFICE HELD, BUSINESS INTERESTS: Provide the following information if, during the reporting period, you, your spouse, registered domestic partner dependents</p> <p>(1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or</p> <p>(2) were a partner or member of a limited partnership, limited liability partnership, limited liability company similar entity, including but not limited to a professional limited liability company.</p> <ul style="list-style-type: none"> • Legal Name: Report name used on legal documents establishing the entity. • Trade or Operating Name: Report name used for business purposes if different from the legal name. • Position or Percent of Ownership: The office, title and/or percent of ownership held. • Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered. • Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received. • Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$12,000 or more during the period to the entity. Briefly say what property, goods or services or other consideration was given or performed for the compensation. • Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met. 			
ENTITY NO. 1		Reporting For: Self <input type="checkbox"/> Spouse <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Dependent <input type="checkbox"/>	
LEGAL NAME:		POSITION OR PERCENT OF OWNERSHIP	
TRADE OR OPERATING NAME:			
ADDRESS:			
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:			
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:		Amount (actual dollars)	
Purpose of payments		\$	
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:		Purpose of payment (amount not required)	
Agency name:		Purpose of payment (amount not required)	
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE		Purpose of payment (amount not required)	
Customer name:		Purpose of payment (amount not required)	
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):			
Check here <input type="checkbox"/> if continued on attached sheet			
CONTINUE PARTS B AND C ON NEXT PAGE			

Page 2

F-1 Supplement

Name _____

ENTITY NO. 2 _____ Reporting For: Self Spouse
 Registered Domestic Partner Dependent

LEGAL NAME: _____ POSITION OR PERCENT OF OWNERSHIP _____

TRADE OR OPERATING NAME: _____

ADDRESS: _____

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: _____

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:
 Purpose of payments _____ Amount (actual dollars) _____
 \$ _____

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:
 Agency name: _____ Purpose of payment (amount not required) _____

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE
 Customer name: _____ Purpose of payment (amount not required) _____

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or m and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here if continued on attached sheet

B LOBBYING: List persons for whom you, or any immediate family member, including registered domestic partner, lobbied prepared state legislation or state rules, rates, or standards for compensation or deferred compensation. Do not pay from government body in which you are an elected official or professional staff member.

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code)

Check here if continued on attached sheet

C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or portion of the following items to you, your spouse, registered domestic partner or dependents, or a combinat thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC 3 20-020A, L-2 Reporting Guide; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
			\$	

Check here if continued on attached sheet

Information Continued

F-1 Supplement

Name _____

ENTITY NO. Reporting For: Self Spouse
 Registered Domestic Partner Dependent

LEGAL NAME: POSITION OR PERCENT OF OWNERSHIP _____

TRADE OR OPERATING NAME: _____

ADDRESS: _____

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: _____

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:
 Purpose of payments _____ Amount (actual dollars) _____
 \$ _____

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:
 Agency name: _____ Purpose of payment (amount not required) _____

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE
 Customer name: _____ Purpose of payment (amount not required) _____

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or m and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

B LOBBYING: (Continued)

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code)

C FOOD TRAVEL SEMINARS (continued)

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
			\$	

[Statutory Authority: RCW 42.17A.110 and 42.17A.125(2). WSR 15-01-066, § 390-24-010, filed 12/11/14, effective 1/11/15. Statutory Authority: RCW 42.17A.110. WSR 12-03-002, § 390-24-010, filed 1/4/12, effective 2/4/12. Statutory Authority: RCW 42.17.370. WSR 09-14-061, § 390-24-010, filed 6/29/09, effective 7/30/09; WSR 08-19-058, § 390-24-010, filed 9/12/08, effective 11/5/08. Statutory Authority: RCW 42.17.370(1). WSR 08-01-070, § 390-24-010, filed 12/14/07, effective 1/14/08. Statutory Authority: RCW 42.17.370 and 42.17.241 (1) (n). WSR 07-04-084, § 390-24-010, filed 2/5/07, effective 3/8/07. Statutory Authority: RCW 42.17.370. WSR 06-18-034, § 390-24-010, filed 8/28/06, effective 9/28/06; WSR 05-06-070, §

390-24-010, filed 3/1/05, effective 4/1/05; WSR 02-20-036, § 390-24-010, filed 9/24/02, effective 10/25/02. Statutory Authority: RCW 42.17.370(1). WSR 00-22-053, § 390-24-010, filed 10/27/00, effective 11/27/00. Statutory Authority: RCW 42.17.370 (1) and (11) and 42.17.241 (1)(n). WSR 97-23-020, § 390-24-010, filed 11/10/97, effective 1/1/98. Statutory Authority: RCW 42.17.370(1). WSR 96-09-017, § 390-24-010, filed 4/8/96, effective 5/9/96. Statutory Authority: RCW 42.17.370. WSR 91-24-011, § 390-24-010, filed 11/22/91, effective 12/23/91. Statutory Authority: RCW 42.17.370(1). WSR 88-20-029 (Order 88-04), § 390-24-010, filed 9/29/88; WSR 86-19-039 (Order 86-06), § 390-24-010, filed 9/12/86; WSR 86-08-030 (Order 86-02), § 390-24-010, filed 3/26/86; WSR 85-24-020 (Order 85-05), § 390-24-010, filed 11/26/85; WSR 84-01-017 (Order 83-03), § 390-24-010, filed 12/9/83; WSR 80-18-028 (Order 80-07), § 390-24-010, filed 12/1/80; WSR 80-02-055 (Order 80-01), § 390-24-010, filed 1/17/80; Order 94, § 390-24-010, filed 10/31/77; Order 87, § 390-24-010, filed 11/19/76; Order 62, § 390-24-010, filed 8/26/75; Order 48, § 390-24-010, filed 3/3/75; Order 44, § 390-24-010, filed 9/26/74; Order 6, § 390-24-010, filed 3/23/73.]

Washington State Public Disclosure Commission
Personal Financial Affairs Statement
Reporting Modification Application Questionnaire, Instructions And Certification
June 2015



Application Questionnaire Instructions

The purpose of the Public Disclosure Act in chapter RCW 42.17A includes at RCW 42.17A.001(3):

“That the people shall be assured that the private financial dealings of their public officials, and of candidates for those offices, present no conflict of interest between the public trust and private interest.”

The form for providing disclosures of financial affairs is the F-1 Personal Financial Affairs Statement. The Act also provides for a process to seek a modification or suspension of reporting some information. RCW 42.17A.110(10) states in part:

*“After hearing, by order approved and ratified by a majority of the membership of the commission, [the commission is empowered to] suspend or modify any of the reporting requirements of this chapter in a particular case if it finds that literal application of this chapter works a **manifestly unreasonable hardship** and if it also finds that the suspension or modification will not **frustrate the purposes of the chapter...***

... Any suspension or modification shall be only to the extent necessary to substantially relieve the hardship. The commission shall act to suspend or modify any reporting requirements only if it determines that facts exist that are clear and convincing proof of the findings required under this section.” (Emphasis added).

Possible qualifications for modifications or suspensions (referred to collectively as “modifications”) are found at RCW 42.17A.110(10) and WAC 390-28-100. Copies of these provisions and reporting requirements are on the PDC’s website at www.pdc.wa.gov under “Laws and Rules.” The *Personal Financial Affairs Statement Instruction Manual* is also available on the website, under “Filer Resources – Manuals and Brochures.” The Commission has also adopted Interpretations addressing modifications for certain professions and situations, and those are also available under “Laws and Rules” then “Interpretations.” Modifications, if granted by the Commission, cover only one reporting period. Another application must be made in the following years if you still need a modification.

PDC staff has implemented this application procedure for filers requesting an F-1 Reporting Modification from the Commission. This is designed to provide more uniform information to the Commission from filers seeking a modification, and to enable a quicker response to possible questions about a request from the Commission at the hearing. **Please fill out this Application Questionnaire prior to having a modification request taken to the full Commission for consideration.** The blanks in this document will expand to accommodate your answers. **It is suggested that you review this entire Application Questionnaire first, before filling out your answers.**

✓ **If you are requesting a modification, whether new or a renewal of an earlier request, please:**

- (1) **Complete or review** your filed Personal Financial Affairs Statement (PDC Form F- 1) including Supplemental attachments (*except for the information for which you are seeking a modification – leave the relevant sections or lines blank on the F-1 form at this time*);
- (2) **Answer all questions (# 1 – # 8)** on this Application Questionnaire, unless otherwise directed below,
- (3) **Confirm whether you authorize the PDC to use email may correspond with you about your request by email:**
- (4) **Sign the Certification** if you do not intend to be present at the Commission hearing on your modification request, and
- (5) **Return** this Application Questionnaire to the PDC via e-mail, mail, fax or other delivery (and also send the original of the Certification to the PDC).

- Please note, however, that while this Application Questionnaire for filers seeking a modification can be returned to the PDC in several ways, **F-1 forms cannot be filed by fax or e-mail**. See filing instructions in the *Personal Financial Affairs Statement Instruction Manual*.

✓ **Other items to consider:**

- Filers for which a PDC Interpretation may apply. As noted, the Commission has adopted Interpretations for specific filers that are requesting modifications. Those filers include attorneys, automobile dealers, judges and judicial candidates, and spouses of elected and appointed officials, and also include candidates for public office. If you qualify as a filer under an Interpretation, please review the applicable Interpretation and provide the information pursuant to the Interpretation as part of your F-1 or F-1 Supplement forms. Copies of the Interpretations are available on the PDC website at www.pdc.wa.gov under “Laws & Rules” then “Interpretations.”
- Competitive disadvantage. If you are claiming a competitive disadvantage (in disclosing information), you must describe in detail the competitive environment in which the entity operates and explain how disclosure would likely affect the competitive position of the entity.

✓ **Please carefully review your F-1 and/or F-1 Supplement to ensure each form is fully completed.** Here are some commonly overlooked areas:

- Do you make the buy and sell decisions with regard to the IRA’s, stocks and other securities listed as retirement or income generating assets in Section 3c of your F-1? **If the answer is YES** (if you control the buy and sell decisions) **you must identify the individual securities or mutual funds held.**
- Did you disclose all of your retirement accounts (i.e. IRA, 401 k, deferred compensation, PERS 1, 2, 3 or TRS or LEOFF, etc.)?
- Did you complete all of the questions in Section 5 of the F-1?

Questions? If you have questions, you may contact PDC staff at (360) 753-1111; 1-877-601-2828 (toll-free in Washington State). The PDC Fax number is: (360) 753-1112. E-mail: pdc@pdc.wa.gov. The PDC address is on the last page of this form (Certification).

Application Questionnaire

Background Information

Filer Name: _____

Filer Office Held or Sought: _____

Date of Request: _____

Period Covered by Request: _____

Questions

Please answer questions # 1 - # 8 below, unless:

- **RESIDENTIAL ADDRESS.** If you are seeking only nondisclosure of a residential address, answer # 1, # 4, # 6 and # 8.
- **SPOUSAL SEPARATION.** If you are seeking only nondisclosure of information related to your spouse based upon a recent or pending divorce or separation, or because it relates to a bona fide separate property agreement or other bona fide separate status, answer # 1, # 4, # 7 and # 8. A request for nondisclosure may be considered when such financial interest does not constitute a present or prospective source of income for you.



1. **EMAIL AUTHORIZATION.** Check the box below to give the PDC permission to provide future correspondence about your request – including hearing orders – to you by email.

I authorize the PDC to provide future correspondence to me email rather than sending it through the U. S. mail.

Email address: _____

2. **MODIFICATION REQUEST SUMMARY.** Describe the general nature of the information you do not wish to disclose. (Examples: financial interests where reporting the name would likely adversely affect the competitive position of an entity, customer lists of a business entity or sources of compensation/income for the entity, confidential relationships, information subject to bona fide separate property agreements, personal residential address, other).

3. **UNREASONABLE HARDSHIP.** Describe in detail the manifestly unreasonable hardship in disclosing the information. Please describe in detail the reasons why you believe disclosing the information would be a hardship. The reasons stated should address the issues such as those listed below. Please address those topics below that are relevant to your specific request. For example, if you are seeking nondisclosure related to an entity, for each entity, please:

- Provide the name and description of the entity, business, union, association, not-for-profit, charitable organization, or other entity for which you are seeking a modification request from reporting the entity's disclosable customers/sources of compensation/income.

- Describe the size of the entity such as annual sales, number of customers or accounts, the number of employees, and other pertinent information.

- Describe how many business customers or other sources paying the entity more than \$12,000 would be subject to disclosure.

- Describe if you have access to information about the entity's customer base or sources of compensation/income.

- Describe if you are involved with the day-to-day operations of the entity.

- Describe if any of the entity's customers or sources of compensation/income are already listed in other public sources or publications including advertisements, or public records.

- Describe if any of the entity's customers or sources of compensation/income are already listed on a website.

- If the entity has a website address, list it here:

- If the entity's customers or sources of compensation/income are described elsewhere on the Internet, describe why you are seeking a modification (nondisclosure) for those customers or sources of compensation/income:

[Note: along with other information provided in the Application Questionnaire, Internet information regarding entities/sources of compensation/income may be reviewed by PDC staff and/or the Commission as part of the modification process.]

- Describe if the entity has the ability to sort its customer list or sources of compensation/income to identify those paying the entity more than \$12,000 during the reporting period.

- Describe if you disclosed all of the governmental customers or governmental sources of compensation/income that paid the entity more than \$12,000 in the reporting period.

- Indicate whether you have an ownership interest of 10% or more in the entity.

- Indicate whether your spouse's interest in an entity requires you to complete an F-1 Supplement for that entity.

- Describe other relevant information you believe the Commission should consider as to why it would be a manifestly unreasonable hardship if the information was required to be disclosed.



4. **NOT FRUSTRATE THE PURPOSES OF THE ACT.** Describe how allowing you to not disclose the information described in your modification request does not frustrate the purposes of the Public Disclosure Act.



5. **DUTIES.** Describe your duties as an elected or appointed official. Please describe the jurisdiction or agency for which you hold public office, and the duties performed by you as a public official (examples: adopting rules or ordinances, hiring staff, approving contracts, setting policy, etc.). Please provide as much description as possible.
-



6. **CUSTOMERS OR SOURCES OF COMPENSATION/INCOME.** If you are seeking a modification related to a particular entity's reportable customers or sources of compensation/income for an entity, describe:

- In detail the position you hold in the entity (examples: owner, board member, officer, partner, etc.) and the duties performed by you for that entity, if any (examples: setting policy, hiring, approving contracts, approving budgets, etc.). Please provide as much description as possible.
-

- If you (or if you are seeking office, will you) make any decisions as a public official that may benefit the customers of the entity for which you are seeking a modification, or sources of compensation/income for the entity for which you are seeking a modification?
-



7. **RESIDENTIAL ADDRESS.** Are you requesting to be exempted from disclosing the address of your personal residence in the Real Estate Section of the F-1? In this situation, you or your spouse may be a law enforcement officer, prosecutor, judge, or other official, and the disclosure of the address of your primary residence on the F-1 form could cause you or your family harm, based upon tangible evidence or a specific threat. If so, please explain in detail the **manifestly unreasonable hardship** if disclosure were required, and **why the purposes of the act would not be frustrated** if disclosure of the address was not required. If nondisclosure is based upon an anti-harassment or similar court order, please state.
-

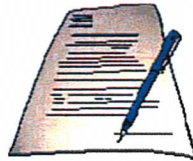


8. **SPOUSAL SEPARATION.** Are you requesting to be exempted from disclosing information related to your spouse based on a pending or recent divorce or separation, or bona fide separate property agreement or other bona fide separate status? In this situation, the filer

has little or no knowledge of spouse's or former spouse's income, assets, liabilities or relationship to outside entities for which reporting may be required. (For example, do you file separate income tax returns?) The filer does not have access to spouse's or former spouse's financial information. The financial interest of the spouse or former spouse does not constitute a present or prospective source of income for the filer. If this is your situation, please describe.



9. **OTHER INFORMATION.** Is there any other information you want the Commission to consider regarding your modification request? (If you are attaching any information or documents, please describe attachments.)
-



- **IF YOU WILL NOT BE ATTENDING THE HEARING IN PERSON OR BY PHONE TO ATTEST THE ABOVE INFORMATION AND RESPOND TO COMMISSION QUESTIONS, YOU MUST ALSO COMPLETE AND SIGN THE ATTACHED CERTIFICATION PRIOR TO SUBMISSION.**

**Certification for an Application for a
Reporting Modification or Suspension
When Applicant Is Waiving Personal Appearance
At the Hearing
(Notary Not Required)**

I am waiving my personal appearance at the hearing on my request for a reporting modification or suspension, and request the Commission to consider my written application. I certify (or declare) under penalty of perjury under the laws of the State of Washington that the facts set forth in the attached application for a reporting modification are true and accurate to the best of my actual knowledge or belief.

List the date of the application request: _____

Entity or name of individual requesting reporting modification: _____

Your signature: _____

Your printed name: _____

Business street address: _____

City, state and zip code: _____

Telephone number: (____) ____ - ____

E-Mail Address: _____

Date Signed: _____

Place Signed (City and County): _____
City County

*RCW 9A.72.040 provides that: "(1) A person is guilty of false swearing if he makes a false statement, which he knows to be false, under an oath required or authorized by law. (2) False swearing is a gross misdemeanor."

IF YOU FAX OR SCAN AND SEND A COPY OF THIS SIGNED CERTIFICATION VIA E-MAIL TO THE PDC WITH YOUR MODIFICATION REQUEST, THE ORIGINAL MUST STILL BE PROVIDED. RETURN THE ORIGINAL OF THIS CERTIFICATION TO:

WASHINGTON STATE PUBLIC DISCLOSURE COMMISSION
711 Capitol Way Room 206
P.O. Box 40908
Olympia, WA 98504-0908
Attn: Reporting Modification Request