

MODIFICATION REQUEST COVER SHEET

Name of Filer	RODNEY REID
Reporting Period	<input checked="" type="checkbox"/> Annual report – calendar year 2012 <input type="checkbox"/> Candidate/Appointee report
Type of Request	<input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal with No Change – <u>original granted on December 8, 2011</u> <input type="checkbox"/> Renewal with Change
Office Held/Sought & Term	Port Commissioner, Port of Waterman Term expires: December, 2013
PDC Protocol	<input type="checkbox"/> Attorney: Interpretation #02-03 <input type="checkbox"/> Judge / Judicial Candidate: Interpretation #02-04 <input type="checkbox"/> Automobile Dealership: Interpretation #02-05 <input type="checkbox"/> Spousal: Interpretation #02-06 <input checked="" type="checkbox"/> WAC 390-28-100(1)(b) & (1)(e)
Supporting Documents (attached)	<input checked="" type="checkbox"/> Current F-1 <input checked="" type="checkbox"/> Modification Application <input checked="" type="checkbox"/> Prior order (if renewal) – <u>Order # 3047</u>
Reason(s) for Modification (as stated by filer)	<ul style="list-style-type: none"> • Mr. Reid is requesting a renewal of the reporting modification that would exempt him from disclosing the business customers that paid \$10,000 or more during 2012 to Alpine Evergreen Co., Inc. (Alpine): • Mr. Reid is also requesting a renewal of the reporting modification that would exempt him from disclosing Washington real estate parcels in which Alpine held a direct financial interest of \$20,000 or more during 2012. • Mr. Reid stated that Alpine is a family-owned timber company, owned by 16 family members, and is headquartered in Bremerton, Washington. The company employs a full-time manager, a part-time field supervisor, and a part-time bookkeeper. Mr. Reid holds a 25% ownership interest in the company and serves as President and Chairman of the Board. • Mr. Reid stated that Alpine's reportable customers include approximately 9 sawmills and/or log export companies, a gravel company, and a cell-tower company. • Mr. Reid stated that disclosing the company's customer list would adversely affect the competitive position of the company by

	<p>informing their competitors of who they sell their timber to and would also inform them of the percent and quantity of each grade of wood the company is growing.</p> <ul style="list-style-type: none">• Mr. Reid stated that disclosing the parcels of real estate held by the company would be too lengthy and cumbersome to compile given the limited staff resources. He stated that the company owns approximately 5,800 acres in 5 counties in Washington. He said he would be agreeable to disclosing the total number of acres held in each county in Washington. He stated that Alpine does not own land within the boundaries of the Port of Waterman.• Mr. Reid stated that Alpine's business is not related in any way to the Port of Waterman. He stated that in the unlikely event a matter should come to the Port Commissioners that would involve Alpine's customers or properties, he would recuse himself.
Other Issues	<p>The Port of Waterman is one of the smallest ports in the state. The Port owns and maintains a fishing pier in Kitsap County and has no employees. Mr. Reid stated that the Port of Waterman's Commissioner's duties include maintaining the fishing pier for the benefit of the public by approving replacement and repair contracts.</p> <p>Mr. Reid disclosed that Alpine has one governmental client –U.S. Department of Agriculture.</p>
Staff Recommendations	Approve renewal of the reporting modification with no change.

Application Questionnaire

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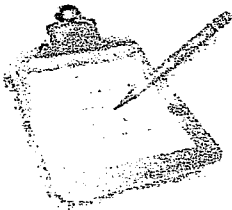
Background Information

Filer Name: Rodney P. ReidFiler Office Held or Sought: Port of Waterman CommissionerDate of Request: 1-31-13Period Covered by Request: 2012

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. **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).

See F-1 Supplement (Alpine Evergreen Co., Inc.)

A) Corporation customers would adversely affect competitive position.

B) Real Estate by same entity is too length to list. (5800 acres in 5 counties.

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2. **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.

Alpine Evergreen Co., Inc is a timber company owned by 16 family members.

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

Alpine is a family corporation (sub-s) who has a 9 member board of directors. Employees = 1 full time manager, 1 parttime field supervisor and 1 parttime bookkeeper. Alpine logs approx. 1.5 to 2.0 million board feet per year and sells this to 9+/- sawmills and export companies. They also receive royalties from a gravel mine.

- Describe how many business customers or other sources paying the entity more than \$10,000 would be subject to disclosure.

9 +/- sawmills and or export companies + 1 gravel company + 1 cell tower company

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

yes

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

No – retired from day to day

- 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.

Timber, Gravel and cell tower = no

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Real estate is listed at each counties auditor's records

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

Unknown and Doubtful

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

N/A

- 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:

N/A

[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 \$10,000 during the reporting period.

yes

- Describe if you disclosed all of the governmental customers or governmental sources of compensation/income that paid the entity more than \$10,000 in the reporting period.

yes

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

Yes - 25%

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

no

- 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.

Our Board of Directors would not want our competitors to know exactly who we sell our timber to. They then not only would know who we sell to but the % and quantity of each grade of wood we are growing.

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3. **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.

Alpine Evergreen owns no land within the district of the Port of Waterman. In fact, Alpine's land is miles away and some cases in other counties within the state. Alpine's business is not related in any way to a simple fishing pier owned by the Port of Waterman.



Washington

4. **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.

Although I am a newly appointed Port Commissioner – my duties seem to be maintaining a fishing pier for the benefit of the public by approving replacement and repair contracts with the other 2 Commissioners. The Port of Waterman has no employees.



5. **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.

President and Chairman of the Board of Directors. The Board sets policy and hires a manager whom we assist as needed.

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- 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?

None



6. **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.

No



7. **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.

No



8. **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.)

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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: 1-31-13

Entity or name of individual requesting reporting modification: RODNEY P. REID

Your signature: Rodney P. Reid

Your printed name: RODNEY P. REID

Business street address: 6089 WASHINGTON BEACH DR E

City, state and zip code: PORT ORCHARD, WA 98366

Telephone number: (360) 871-7717

E-Mail Address: rodreid288@uwwecable.com

Date Signed: 1-31-13

Place Signed (City and County): PORT ORCHARD KITSAP
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

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.

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

DOLLAR CODE	AMOUNT
A	\$1 to \$3,999
B	\$4,000 to \$19,999
C	\$20,000 to \$39,999
D	\$40,000 to \$99,999
E	\$100,000 or more

RECEIVED
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Last Name: **RED** First: **RODNEY** Middle Initial: **P**

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 registered domestic partner. See F-1 manual for details.

Mailing Address (Use PO Box or Work Address) *
6089 WAHAWKA BEACH DR. E

City: **PORT ORCHARD** County: **KITSAP** Zip + 4: **98346 + 8031**

Filing Status (Check only one box.)

An elected or state appointed official filing annual report

Final report as an elected official. Term expired: _____

Candidate running in an election: month _____ year **2012**

Newly appointed to an elective office

Newly appointed to a state appointive office

Professional staff of the Governor's Office and the Legislature

Office Held or Sought

Office title: **PORT COMMISSIONER**

County, city, district or agency of the office, name and number: **PORT OF WATKINSON**

Position number: **1**

Term begins: **10/18/11** ends: **12/31/13**

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 \$2,000 or more during the period. (Report interest and dividend in Item 3 on reverse)

Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
S	US GOVERNMENT / SOCIAL SECURITY	45+ YRS of WORK	C
S	ALPINE EVERGREEN 7124 STATE HWY #3 SW BREMERTON, WA 98312	BOARD OF DIRECTORS FEES	A
SP/DP	RENTAL PROPERTY 5571 MINARD RD W Bremerton, WA 98312	RENT (RND)	B

Check Here 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 \$10,000 in which you or a family member, including registered domestic partner, held personal financial interest during the reporting period. (Show partnership, company, etc. real estate on 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 if continued on attached sheet

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PDC FORM F-1 SECTION 2 REAL ESTATE						
PROPERTY OWNED	ASSESSED VALUE	CREDITORS NAME+ADDRESS	PAYMENT TERMS	SECURITY GIVEN	MORTGAGE AMOUNT	CURRENT VALUE
Watauga Home Kitsap County 4664-000-012-1001	E	Morgan Stanley- Smith Barney 2011 NW Myhre Rd Suite 301 Silverdale, WA 98383	30 Yr Mort. Rate = 4.75 %	Home + Property	E	E
5597 Minard Rd W Kitsap County 0323-1-2-002-1001	E	None	N/A	N/A	N/A	E
5571 Minard Rd W Kitsap County 0323-2-028-1001	E	None	N/A	N/A	N/A	E
Wynoochee Forestland Gray's Harbor County 1/4 Ownership # 170602110000	E	None	N/A	N/A	N/A	E
Waldron Island San Juan County 1/3 ownership # 52-28034	E	None	N/A	N/A	N/A	E

3**ASSETS / INVESTMENTS - INTEREST / DIVIDENDS**

List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the 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 \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
KITSAP BANK P.O. BOX 1110 BREWERTON, WA 98337	2 CHECKING ACCOUNTS	E	A
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 \$20,000 during the period.	NONE	DATE FILED PDG JAN 31 2013	
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 \$2,000. 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.	SEE ATTACHED SHEET		

Check here if continued on attached sheet.**4****CREDITORS**

List each creditor you or a family member, including registered domestic partner, owed \$2,000 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	Present
NONE				

Check here 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? YES 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? YES 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? NO 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? NO 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? NO If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- 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.
- 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.

*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Redey P. Reid
 Signature _____ Date _____

Contact Telephone: (360) * 871-7717

Email: _____ (work) *

Email: redreid298@uw.edu (Home) Optional**REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE**


DATE FILED PDC

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PDC FORM F-1 SECTION 3C

NAME AND ADDRESS	TYPE OF ACCT/DESCRIPTION	ASSET VALUE	INCOME AMOUNT
Morgan Stanley-Smith Barney 2011 NW Myhre Rd Suite 301 Silverdale, WA 98383	Seperately managed accounts and Mutual funds by Doug Berger	E	B
Edward Jones P.O.Box 3016 Belfair, WA 98528	Seperately managed accounts and Mutual funds by David Hawley	E	B
Edward Jones P.O.Box 3016 Belfair, WA 98528	Self Directed Accounts as follows		
	Bond GNMA Pool	C	A
	Bond GNMA Pool	C	A
	Insured Municipal Income Trust	B	A
	Insured Municipal Income Trust	B	A
	Jacobs Engr Group	B	A
	Realty Income Corp	B	A

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<p>PUBLIC DISCLOSURE COMMISSION  711 CAPITOL WY NW 200 PO BOX 40000 OLYMPIA WA 98504-0000 (360) 703-4111 TOLL FREE 1-877-651-3839 EMAIL: pdc@pdc.wa.gov</p>	<p>PDC FORM F-1 SUPPLEMENT (1/08)</p>	<p>SUPPLEMENT PAGE PERSONAL FINANCIAL AFFAIRS STATEMENT</p>
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PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name REID	First RODNEY	Middle Initial P	DATE 1-31-13
--------------------------	------------------------	----------------------------	------------------------

A OFFICE HELD, BUSINESS INTERESTS: Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents

- (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
- (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.

- **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, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$10,000 or more during the period to the entity. Briefly say what property, goods, 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 Spouse
 Registered Domestic Partner Dependent

LEGAL NAME: **HOOD CANAL MARINE COMMUNITY SCHOLARSHIP FOUNDATION**

POSITION OR PERCENT OF OWNERSHIP
TREASURER

TRADE OR OPERATING NAME:

ADDRESS: **P.O. Box 1424
 BELFAIR, WA 98328**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
MANAGE FUNDS AND DISTRIBUTE SCHOLARSHIPS TO YOUTH (501 3(c))

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:
 Purpose of payments: **NONE** Amount (actual dollars): **\$ 0**

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:
 Agency name: **NONE** Purpose of payment (amount not required):

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE:
 Customer name: **NONE** 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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):
NONE

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

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SUPPLEMENT PAGE
PERSONAL FINANCIAL AFFAIRS STATEMENT

PDC FORM
F-1
SUPPLEMENT
(11/09)

PUBLIC DISCLOSURE COMMISSION
pdc
711 CAPITAL BLDG RM 206
PO BOX 40308
OLYMPIA WA 98504-0308
(360) 763-1111
TOLL FREE 1-877-691-2828
EMAIL: pdc@pdc.wa.gov

PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name **RED** First **RODNEY** Middle Initial **P** DATE **1-31-13**

A OFFICE HELD, BUSINESS INTERESTS: Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents

- (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
- (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.

- 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, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$10,000 or more during the period to the entity. Briefly say what property, goods, 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 Spouse
Registered Domestic Partner Dependent

LEGAL NAME: **HOOD CANAL MASONIC LODGE #288** POSITION OR PERCENT OF OWNERSHIP
Free and Accepted MASONS OF WASHINGTON **SECRETARY**

TRADE OR OPERATING NAME: **HOODCANAL Lodge #288**

ADDRESS: **PO. Box 47**
Bellevue, WA 98008

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
FRATERNAL ORGANIZATION

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:
Purpose of payments: **NONE** Amount (actual dollars): **\$**

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:
Agency name: **NONE** Purpose of payment (amount not required):

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE:
Customer name: **NONE** 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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):
NONE

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

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PUBLIC DISCLOSURE COMMISSION
pdc
711 CAPITOL HWY RM 206
PO BOX 40000
OLYMPIA WA 98504-0000
(360) 753-1111
TOLL FREE 1-877-691-2838
EMAIL: pdc@pdc.wa.gov

PDC FORM
F-1
SUPPLEMENT
(11/09)

SUPPLEMENT PAGE
PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name: **RED** First: **RODNEY** Middle Initial: **P** DATE: **1-31-13**

A OFFICE HELD, BUSINESS INTERESTS: Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents
(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
(2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
• 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, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$10,000 or more during the period to the entity. Briefly say what property, goods, 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 Spouse
Registered Domestic Partner Dependent

LEGAL NAME: **McEWAN PEOPLE GRAVEL MINE LLC** POSITION OR PERCENT OF OWNERSHIP: **1/9 OWNERSHIP**

TRADE OR OPERATING NAME:

ADDRESS: **2717 MARINE DR. BREWSTER, WA 98312**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: **GRAVEL MINE IN MASON COUNTY**

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE
Purpose of payments: **NONE** Amount (actual dollars): **\$**

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:
Agency name: **NONE** Purpose of payment (amount not required):

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE
Customer name: **PORT ORCHARD SAND AND GRAVEL** Purpose of payment (amount not required): **GRAVEL ROYALTIES**

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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):
MASON COUNTY (LISTED UNDER B.B.d.R.)

JAN 9 1 2013

SUPPLEMENT PAGE
PERSONAL FINANCIAL AFFAIRS STATEMENT

PUBLIC DISCLOSURE COMMISSION
pdc
711 CAPITAL WY NW 200
PO BOX 40000
OLYMPIA WA 98544-0000
(360) 762-4111
TOLL FREE 1-877-691-3232
WWW.PDC.PWA.MA.GOV

PDC FORM
F-1
SUPPLEMENT
(1/13)

PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name: **REID** First: **RODNEY** Middle Initial: **P** DATE: **1-3-13**

A

OFFICE HELD, BUSINESS INTERESTS:

Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents

- (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
- (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.

- 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.
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- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self Spouse
Registered Domestic Partner Dependent

LEGAL NAME: **ELFENDALL PASS ASSOCIATES**

POSITION OR PERCENT OF OWNERSHIP
3.3% OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS: **3330 KITSAP WAY
BREMERTON, WA 98312**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

LAND DEVELOPMENT

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE
Purpose of payments

NONE

Amount (actual dollars)

\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE
Agency name:

NONE

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE
Customer name:

NONE

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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

N/A

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

PUBLIC DISCLOSURE COMMISSION
pdc
 711 CAPITOL WY NW 2ND
 PO BOX 40308
 OLYMPIA WA 98544-0308
 (360) 783-1111
 TOLL FREE 1-877-691-3636
 EMAIL: pdc@pdc.wa.gov

PDC FORM
F-1
 SUPPLEMENT
 (11.08)

JAN 31 2013
SUPPLEMENT PAGE
 PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name REID	First RODNEY	Middle Initial P	DATE 1-31-13
--------------------------	------------------------	----------------------------	------------------------

- A OFFICE HELD, BUSINESS INTERESTS:** Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents
- 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
 - were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
- 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.
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 - Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self Spouse
 Registered Domestic Partner Dependent

LEGAL NAME: **SHORE DRIVE ASSOCIATES**

POSITION OR PERCENT OF OWNERSHIP
2.68% OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS: **P.O. BOX 4430
 BREMERTON, WA 98312**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Building Development

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:
 Purpose of payments
NONE

Amount (actual dollars)
\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:
 Agency name:
NONE

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE
 Customer name:
**REID REAL ESTATE
 REID PROPERTY MANAGEMENT**

Purpose of payment (amount not required)
RENTS

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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

N/A

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

JAN 31 2013

PUBLIC DISCLOSURE COMMISSION
pdca
 711 CAPITOL WAY RM 206
 PO BOX 48906
 OLYMPIA WA 98544-0906
 (360) 732-1111
 TOLL FREE 1-877-891-3838
 EMAIL: pdc@pdca.wa.gov

PDG FORM
F-1
 SUPPLEMENT
 (1/13)

SUPPLEMENT PAGE
PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name **REID** First **RODNEY** Middle Initial **P** DATE **1-31-13**

A

OFFICE HELD, BUSINESS INTERESTS:

Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents

- (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
- (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.

- 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.
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- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self Spouse
 Registered Domestic Partner Dependent

LEGAL NAME: **HOG RANCH ASSOCIATES**

POSITION OR PERCENT OF OWNERSHIP

2.5% ownership

TRADE OR OPERATING NAME:

ADDRESS: **P.O. BOX 4430
 BREWSTER, WA 98322**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
LAND DEVELOPMENT

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:
 Purpose of payments

NONE

Amount (actual dollars)

\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:
 Agency name:

NONE

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE:
 Customer name:

NONE

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 \$20,000. List street address, assessor parcel number, or legal description and acreage for each parcel):

N/A

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

JAN 31 2013

<p>PUBLIC DISCLOSURE COMMISSION  711 CAPITOL WAY RM 206 PO BOX 40000 OLYMPIA WA 98546-0000 (360) 763-4111 TOLL FREE 1-877-661-2628 EMAIL: pdc@pdc.wa.gov</p>	<p>PDC FORM F-1 SUPPLEMENT (71 000)</p>	<p>SUPPLEMENT PAGE PERSONAL FINANCIAL AFFAIRS STATEMENT</p>
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PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name REID	First ROOPE	Middle Initial P	DATE 1-31-13
--------------------------	-----------------------	----------------------------	------------------------

A OFFICE HELD, BUSINESS INTERESTS: Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents

- 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
- were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.

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- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1 Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: **BISHOP, BRIX, REID (A PARTNERSHIP)** POSITION OR PERCENT OF OWNERSHIP
1/9th OWNERSHIP

TRADE OR OPERATING NAME: **BB&R**

ADDRESS: **2717 MARINE DR
BREMERTON, WA 98312**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
TIMBER AND LAND HOLDING COMPANY

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE

Purpose of payments	NONE	Amount (actual dollars)	\$
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PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE

Agency name:	NONE	Purpose of payment (amount not required)
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PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

Customer name:	NONE	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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

**MASON COUNTY 32004-22-66620
32133-60-01000
32133-30-00000**

Check here if confused on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

JAN 31 2013

<p>PUBLIC DISCLOSURE COMMISSION  711 CAPITOL WAY RM 205 PO BOX 48888 OLYMPIA WA 98504-0888 (360) 783-4111 TOLL FREE 1-877-601-2828 EMAIL: pdc@pdc.wa.gov</p>	<p>PDC FORM F-1 SUPPLEMENT (1/1/09)</p>	<p>SUPPLEMENT PAGE PERSONAL FINANCIAL AFFAIRS STATEMENT</p>
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PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name REID	First RODNEY	Middle Initial P	DATE 1-31-13
--------------------------	------------------------	----------------------------	------------------------

A OFFICE HELD, BUSINESS INTERESTS: Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents

- 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
- were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.

- Legal Name: Report name used on legal documents establishing the entity.
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- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self Spouse
 Registered Domestic Partner Dependent

LEGAL NAME: **ALPINE EVERGREEN CO., INC**

TRADE OR OPERATING NAME: **"ALPINE"**

ADDRESS: **7124 STATE HWY #3 SW
 BREMERTON, WA 98512**

POSITION OR PERCENT OF OWNERSHIP:
**PRESIDENT
 CHAIRMAN OF THE BOARD
 25% OWNERSHIP**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
TIMBER COMPANY (FAMILY SINCE 1943)

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:
 Purpose of payments: **NONE**
 Amount (actual dollars): **\$**

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:
 Agency name: **UNITED STATES DEPARTMENT OF AGRICULTURE**
 Purpose of payment (amount not required): **COST SHARE FOR
 TIMBER THINNING**

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE:
 Customer name: **[WILL FILE FOR MODIFICATION]**
 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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):
[WILL FILE FOR MODIFICATION]

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

JAN 31 2013

F-1 Supplement

Information Continued

Name **RODNEY P RED**

ENTITY NO. Reporting For: Self Spouse

LEGAL NAME: Registered Domestic Partner Dependent

TRADE OR OPERATING NAME: POSITION OR PERCENT OF OWNERSHIP

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 \$10,000 OR MORE:
 Agency name: Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 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 more and assessed value of property is over \$20,000. 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)
N/A		

C FOOD TRAVEL SEMINARS (continued)

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



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
 PO BOX 40906
 OLYMPIA WA 98504-0906
 (360) 753-1111
 TOLL FREE 1-877-601-2828
 EMAIL: pdc@pdc.wa.gov

PDC FORM
F-1
 SUPPLEMENT
 (7/09)

JAN 31 2013
SUPPLEMENT PAGE
 PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name Reid	First Rodney	Middle Initial P.	1-31-13
-------------------	-----------------	----------------------	---------

- A OFFICE HELD, BUSINESS INTERESTS:** Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents
- (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
 - (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
- Legal Name: Report name used on legal documents establishing the entity.
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 - Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: Alpine Evergreen Co., Inc

POSITION OR PERCENT OF OWNERSHIP

President / CHAIRMAN OF THE BOARD
 OWNERSHIP = 25%

TRADE OR OPERATING NAME: Alpine

ADDRESS: 7124 State Hwy 3 SW Bremerton, WA 98312

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Timber company (Family Corporation since 1943)

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

None

\$ 0

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

United States Department of Agriculture

Cost sharing (timber thinning)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

Customer name:

Purpose of payment (amount not required)

SEEKING MODIFICATION

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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

SEEKING MODIFICATION

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE



STATE OF WASHINGTON

PUBLIC DISCLOSURE COMMISSION

711 Capitol Way Rm. 206, PO Box 40908 • Olympia, Washington 98504-0908 • (360) 753-1111 • FAX (360) 753-1112
Toll Free 1-877-601-2828 • E-mail: pdc@pdc.wa.gov • Website: www.pdc.wa.gov

May 7, 2012

Rodney Reid
6089 Watauga Beach Drive East
Port Orchard, WA 98366

Subject: Reporting Modification – calendar year 2011

Dear Mr. Reid:

Enclosed is a copy of PDC Order No. 3047, granting the reporting modification you requested concerning your Personal Financial Affairs Statement (PDC Form F-1) for the 2011 calendar-year reporting period.

Reporting modifications are granted for one reporting period. If you need to renew your reporting modification request, you must do so each time you file an F-1 report. Please submit your request early enough to allow the Commission time to act on your request before the annual April 15 filing deadline.

Thank you for your cooperation and participation during the reporting modification process. If you have questions, please contact me at (360) 586-4555, toll free at 1-877-601-2828, or by email at kristin.murphy@pdc.wa.gov.

Sincerely,

A handwritten signature in cursive script, appearing to read "Kristin Murphy".

Kristin Murphy
Political Finance Specialist

Enclosure



STATE OF WASHINGTON

PUBLIC DISCLOSURE COMMISSION

711 Capitol Way Rm. 206, PO Box 40908 • Olympia, Washington 98504-0908 • (360) 753-1111 • FAX (360) 753-1112
Toll Free 1-877-601-2828 • E-mail: pdc@pdc.wa.gov • Website: www.pdc.wa.gov

BEFORE THE PUBLIC DISCLOSURE COMMISSION
OF THE STATE OF WASHINGTON

IN THE MATTER OF THE APPLICATION)	PDC No. 3047
OF RODNEY REID FOR A)	Findings, Conclusions
REPORTING MODIFICATION)	and Order

On April 26, 2012, the application of Rodney Reid, 6089 Watauga Beach Drive East, Port Orchard, Washington 98366, for a modification of the reporting requirements of RCW 42.17.241¹ was brought before the Public Disclosure Commission.

Consideration of the request was made pursuant to RCW 42.17A.120² and chapter 390-28 WAC by the Commission. The proceedings were held in Room 206, Evergreen Plaza Building, 711 Capitol Way, Olympia, Washington, 98504. The applicant, Rodney Reid, by Modification Application, requested a renewal of the reporting modification that would exempt him from disclosing the business customers that paid \$10,000 or more during 2011 to Alpine Evergreen Co., Inc. (Alpine). Mr. Reid also requested a renewal of the reporting modification that would exempt him from disclosing Washington real estate parcels in which Alpine held a direct financial interest of \$20,000 or more during 2011.

The Commission was provided with a certification from Mr. Reid waiving his personal appearance at the hearing and stating that the facts contained in the request are true and accurate.

FINDINGS OF FACT

Based upon the Modification Application, the Commission makes the following Findings of Fact:

1. Mr. Reid has previously been granted the requested reporting modification, the most recent being Order No. 3027.
2. Mr. Reid is an appointed Commissioner for the Port of Waterman. His appointed term ends on December 31, 2012.
3. Mr. Reid stated that Alpine is a family-owned timber company, owned by 16 family members, and is headquartered in Bremerton, Washington. The company employs a full-time manager, a part-time field supervisor, and a part-time bookkeeper. Mr. Reid holds a 25% ownership interest in the company and serves as President and Chairman of the Board.
4. Mr. Reid stated that Alpine's reportable customers include approximately 9 sawmills and/or log export companies, a gravel company, and a cell-tower company.

¹ RCW 42.17.241 now codified at RCW 42.17A.710 (effective January 1, 2012).

² RCW 42.17A.120 (effective January 1, 2012) formerly codified at RCW 42.17.370(10).

5. Mr. Reid stated that disclosing the company's customer list would adversely affect the competitive position of the company by informing their competitors of who they sell their timber to and would also inform them of the percent and quantity of each grade of wood the company is growing.
6. Mr. Reid stated that disclosing the parcels of real estate held by the company would be too lengthy and cumbersome to compile given the limited staff resources. He stated that the company owns approximately 5,800 acres in 5 counties in Washington. He said he would be agreeable to disclosing the total number of acres held in each county in Washington. He stated that Alpine does not own land within the boundaries of the Port of Waterman.
7. Mr. Reid stated that Alpine's business is not related in any way to the Port of Waterman. He stated that in the unlikely event a matter should come to the Port Commissioners that would involve Alpine's customers or properties, he would recuse himself.

CONCLUSIONS OF LAW

Having made these Findings of Fact, the Commission makes the following Conclusions of Law:

1. Literal compliance with all the provisions of the reporting requirements of RCW 42.17.241³ would work a manifestly unreasonable hardship on the applicant.
2. Limited suspension or modification of the reporting requirements as specified in the Order would not frustrate the purposes of the Act in this particular case.

ORDER

Having made these Findings of Fact and Conclusions of Law, the Commission issues the following Order:

For the Statement of Personal Financial Affairs required to be filed with the Public Disclosure Commission between January 1 and April 16, 2012:

1. The applicant shall disclose all payments made by the Port of Waterman to Alpine Evergreen Co., Inc.
2. The applicant must satisfy the reporting requirements of RCW 42.17.241(1)(g)(ii)³ by identifying the governmental customers who paid Alpine Evergreen Co., Inc. \$10,000 or more during the reporting period.
3. The applicant may satisfy the reporting requirements of RCW 42.17.241(1)(g)(ii)³ without identifying the business customers of Alpine Evergreen Co., Inc.
4. The applicant may satisfy the reporting requirements of RCW 42.17.241(1)(k)³ regarding real property holdings in Washington State in which Alpine Evergreen Co., Inc. held a direct financial interest by reporting raw and timber land by acreage and county, and all other real

³ RCW 42.17.241 now codified at RCW 42.17A.710 (effective January 1, 2012).

