

MODIFICATION REQUEST COVER SHEET

Name of Filer	STEVEN HILL
Reporting Period	<input checked="" type="checkbox"/> Annual report – calendar year 2013 <input type="checkbox"/> Candidate/Appointee report
Type of Request	<input type="checkbox"/> New <input type="checkbox"/> Renewal with No Change <input checked="" type="checkbox"/> Renewal with Change – original granted on <u>December 4, 2001</u> (Seeking additional modification for the Seattle Foundation)
Office Held & Term	Trustee, Seattle Community Colleges Term expires September 2017.
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) – (Income & ownership Interest) and (other hardship)
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 # 3092</u>
Reason(s) for Modification (as stated by filer)	<p><u>Renewal</u> Mr. Hill is requesting a renewal of the reporting modification that would exempt him from reporting the business and other governmental customers that paid \$10,000 or more during 2013 to the following entities for which he serves as a director or trustee: Washington Public Affairs Network (TVW), Puget Sound Health Alliance, Consumers Union, Leapfrog Group and Seattle Symphony.</p> <p><u>Washington Public Affairs Network (TVW)</u> Mr. Hill is one of 27 board members for TVW, whose annual budget was \$2.5 million in 2013. He stated he is not involved in the day-to-day operations and does not have access to the entity’s customer base or sources of compensation/income. He stated that it would be a hardship to ask TVW to produce a report of its business and other governmental customers. He stated that there is no connection between Seattle Community Colleges and TVW.</p> <p><u>Puget Sound Health Alliance (PSHA)</u> Mr. Hill is one of 21 board members for PSHA, whose annual budget was \$2.5 million in 2013. He stated that he serves on the board as a result of the state’s membership in the organization. He said he is not involved in the day-to-day operations and does not have access to its customer base or sources of compensation/income. He stated that it would be a hardship to ask Puget Sound Health Alliance to produce a report of its customers.</p>

Consumers Union

Mr. Hill is one of 18 board members for the Consumers Union (operating as Consumers Union and Consumers Report), a national non-profit testing and consumer advocacy organization headquartered in Yonkers NY. He stated that Consumers Union had an annual budget of \$255 million in 2013. Mr. Hill stated that he is not involved in the day-to-day operations of Consumers Union and does not have access to information about the customer base or sources of compensation/income. He stated that it would be a hardship to ask Consumers Union to produce a report of its customers. He stated that there is there is no connection between the Consumers Union and Seattle Community Colleges.

Leapfrog Group for Patient Safety (Leapfrog)

Mr. Hill is one of 20 board members for Leapfrog, a non-profit organization located in Washington DC that had an annual budget of \$1.7 million in 2013. He said Leapfrog works with employers to encourage hospital transparency, safety, and quality. Mr. Hill stated that he serves on the board as a result of the state's membership in the organization. He stated that Leapfrog programs are supportive of state government priorities and that the board sets dues, which DRS is a payer. He stated that he is not involved in the day-to-day operations and does not have access to Leapfrog's customer base or sources of compensation/income. He stated that it would be a hardship to ask Leapfrog to produce a report of its customers.

Seattle Symphony

Mr. Hill is requesting a reporting modification that would exempt him from reporting the business and other governmental customers who paid \$10,000 or more during 2013 to the Seattle Symphony.

Mr. Hill serves on the Seattle Symphony's Board of Directors. Seattle Symphony is a non-profit organization with a \$20 million annual budget and has a 65 member Board of Directors.

Mr. Hill stated that it is not possible for him to report all of the payments Seattle Symphony has received that exceed \$10,000 and it would be a hardship to ask the organization to produce such a report.

Mr. Hill stated that there is no connection between the Seattle Symphony and Seattle Community Colleges.

With Change

Mr. Hill is requesting a reporting modification that would exempt him from reporting the business and other governmental customers that paid \$10,000 or more during 2013 to Seattle Foundation.

Mr. Hill serves on the Seattle Foundation's Board of Directors and the Investment Committee. Seattle Foundation is a non-profit organization with a \$10 million annual budget and has a 27 member Board of Directors.

	<p>Mr. Hill stated that it is not possible for him to report all of the payments Seattle Symphony has received that exceed \$10,000 and it would be a hardship to ask the organization to produce such a report.</p> <p>Mr. Hill stated that there is a connection between the Seattle Foundation and Seattle Community Colleges. If a matter were to appear before either entity regarding the other, Mr. Hill states that he would recuse himself.</p>
Staff Recommendations	Approve renewal of the reporting modification with change.

Application Questionnaire

DATE FILED PDC

Filer Name: Steven Hill

MAR 25 2014

Filer Office Held or Sought: Trustee, Seattle Community Colleges.Date of Request: March 24, 2014Period Covered by Request: 2013

Please answer questions # 1 - # 8 below.

- However, if you are seeking only nondisclosure of a residential address, answer # 1, # 4, # 6 and # 8.
- However, 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. **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).**

Business and government customers that paid more than \$10,000 for services or products provided by the following entities:

- Washington Public Affairs Network (TVW)
- Puget Sound Health Alliance
- Consumers Union
- Leapfrog Group
- Seattle Symphony
- The Seattle Foundation

2. **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.
 - Washington Public Affairs Network (TVW)
 - Puget Sound Health Alliance
 - Consumers Union
 - Leapfrog
 - Seattle Symphony

MAR 25 2014

- The Seattle Foundation
- Describe the size of the entity such as annual sales, number of customers or accounts, the number of employees, and other pertinent information.
 - Washington Public Affairs Network (TVW): \$2.5 million annual budget
 - Puget Sound Health Alliance: \$2.5 million annual budget
 - Consumers Union: \$225 million annual budget
 - Leapfrog: \$1.7 million annual budget
 - Seattle Symphony: \$20 Million annual Budget
 - The Seattle Foundation: \$10 million support budget, \$70 million in grants

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

For all of these entities, I do not have the information to answer this question.

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

For all entities , no

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

For all entities, no

- 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.

For all entities, I do not have the information to answer this question

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

For all entities, I have not done the research to answer this question.

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

- Washington Public Affairs Network (TVW) : TVW.org
- Puget Sound Health Alliance: pugetsoundhealthalliance.org
- Consumers Union : consumersunion.org or consumerreports.org
- Leapfrog: <http://www.leapfroggroup.org/>
- Seattle Symphony: seattlesymphony.org
- The Seattle Foundation: ww.seattlefoundation.org/

- 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:

Entities #1, #5, and #7: TVW, Seattle Symphony, and Seattle Foundation, are non-profit community organizations where I serve as a director. It is not possible for me to report all of the payments these organizations have received that exceed \$10,000 and it would be a hardship to ask

MAR 25 2014

these organizations to produce such a report. These reporting modifications do not frustrate the purpose of the disclosure laws, since there is no connection between this organization and the Seattle Community Colleges.

Entity #2, Consumers Union, is a national testing, publishing, and advocacy organization and is organized as a non-profit. It is not possible for me to report all of the payments Consumers Union has received that exceed \$10,000 and it would be a hardship to ask them to produce such a report. This reporting modification does not frustrate the purpose of the disclosure laws, since there is no connection between CU and the Seattle Community Colleges.

For Entities #4 & # 6, Puget Sound Health Alliance and Leapfrog, I serve on the Boards of these organizations as result of my prior role in State Government. It is not possible for me to report all of the payments the Alliance & Leapfrog have received that exceed \$10,000 and it would be a hardship to ask them to produce such a report. This reporting modification does not frustrate the purpose of the disclosure laws.

[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.

For all entities, I do not know the answer to this question.

- 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.

For all entities, no.

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

For all entities, no.

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

For all entities, 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.

3. **Describe how allowing you to not disclose the information described in your modification request does not frustrate the purposes of the Public Disclosure Act.** Please describe in detail the reasons why you believe allowing you an exemption does not conflict with the purposes of the Act.

I have disclosed what I know.

MAR 25 2014

4. **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.

Trustee, Seattle Community Colleges.

5. **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.
 - Washington Public Affairs Network (TVW): one of 27 Board members
 - Puget Sound Health Alliance: One of 21 Board members until January 13. Member of the executive committee to 4/14
 - Consumers Union: One of 18 Board members, Member of HR & Compensation Committee, Chair of Governance Committee.
 - Leapfrog: One of 20 Board members to June 13
 - Seattle Symphony: One of 65 Board members
 - The Seattle Foundation: One of 27 board members, Investment Committee
 - 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?
 - Washington Public Affairs Network (TVW): none
 - Puget Sound Health Alliance: The Alliance's programs are supportive of State Government's priorities.
 - Consumers Union: none
 - Leapfrog: Leapfrogs programs are supportive of State Government priorities.
 - Seattle Symphony: none
 - The Seattle Foundation: none
6. **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. **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

MAR 25 2014

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. 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. **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.)

No

- **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.**

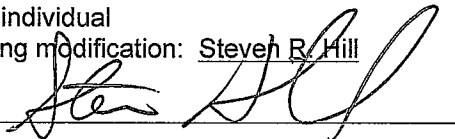
MAR 25 2014

**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: March 24, 2014

Entity or name of individual
requesting reporting modification: Steven R. Hill

Your signature: 

Your printed name: Steven R. Hill

Business street address: 200 W Comstock St Apt 501

City, state and zip code: Seattle, WA

Telephone number: (253) 279 - 5100

E-Mail Address: steven.r.hill@comcast.net

Date Signed: 3/24/2014

Place Signed (City and County): Seattle King
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



PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

F-1
(2/07)

PERSONAL FINANCIAL
AFFAIRS STATEMENT

S T R K

DATE FILED PDC

MAR 25 2014

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.

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

Last Name: Hill
First: Steven
Middle Initial: R

Names of immediate family members. 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. See F-1 manual for details.
Sandra Hill

Mailing Address (Use PO Box or Work Address)

200 W Comstock St Apt 501

City: Seattle
County: King
Zip + 4: 98119

COPY

Filing Status (Check only one box.)

- An elected or state appointed official filing annual report
- Final report as an elected official. Term expired: ____ year ____
- Candidate running in an election: month ____ year ____
- Newly appointed to an elective office
- Newly appointed to a state appointive office

Office Held or Sought
Office title: Trustee, Seattle Community Colleges
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) from which you or a family member received \$1,500 or more during the period. (Report interest and dividends in item 3 on reverse)

Show Self (S) Spouse (SP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
S	Washington State Department of Retirement Systems	Director	C
S	Weyerhaeuser Company	Pension & Deferred Income	E
SP	Sandy Hill Counseling	Psychotherapist	A

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 \$7,500 in which you or a family member 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			
200 W Comstock #501 Seattle 98119	E		

Check here if continued on attached sheet

Information Continued

F-1 DATE FILED PDC

COPY

Name
Steven Hill

MAR 25 2014

1 INCOME (continued)

Show Self (S) Spouse (SP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
S	Bainbridge Graduate Institute	Teaching	B
S	Intrepid Learning Solutions	Advisor	B
S	Washington State Hospital Assoc	Speaker	A

2 REAL ESTATE (continued)

Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser		Nature and Amount (Use Code) of Payment or Consideration Received		
		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current	
Property Purchased or Interest Acquired						
All Other Property Entirely or Partially Owned						

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS (continued)

A. Name and address of each bank or financial institution	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
<i>See attached</i>			
B. Name and address of each insurance company			
C. Name and address of each company, association, government agency			

4 CREDITORS (continued)

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE)	
			Original	Present

3

ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

List bank and savings accounts, insurance policies, stock, bonds and other intangible property held during the reporting period.

- A. Name and address of each bank or financial institution in which you or a family member had an account over \$15,000 any time during the report period.
- B. Name and address of each insurance company where you or a family member had a policy with a cash or loan value over \$15,000 during the period.
- C. Name and address of each company, association, government agency, etc. in which you or a family member owned or had a financial interest worth over \$1,500. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property.

Type of Account or Description of Asset

Asset Value (Use Code)

Income Amount (Use Code)

COPY

DATE FILED PDC

MAR 25 2014

Check here if continued on attached sheet.

4

CREDITORS

List each creditor you or a family member owed \$1,500 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

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.

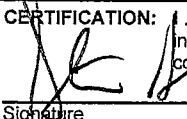
Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or any 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 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? No___ If yes, complete Supplement, Part A.
- C. Did you, your spouse or dependents own a business at any time during the reporting period? yes___ If yes, complete Supplement, Part A.
- D. Did you, your spouse or dependents prepare, promote or oppose state legislation, rules, rates or standards for current 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 or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? no___ or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse 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 or am an executive state officer. 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 42.17.130 regarding the use of public facilities in campaigns.

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

 Signature

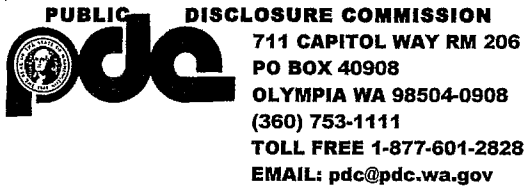
3/24/2014 Date

Contact Telephone: (253) 279 5100

Email: steven.r.hill@comcast.net (Home)

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

MAR 25 2014



PDC FORM F-1 SUPPLEMENT (9/02)	Y SUPPLEMENT PAGE PERSONAL FINANCIAL AFFAIRS STATEMENT
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PROVIDE INFORMATION FOR YOURSELF, SPOUSE, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name Hill	First Steven	Middle Initial R	DATE 3/24/14
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- A OFFICE HELD, BUSINESS INTERESTS:** For each corporation, non-profit organization, association, union, partnership, joint venture or other entity in which you, your spouse or dependents are an officer, director, general partner, trustee, or 10 percent or more owner -- provide the following information:
- 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 \$7,500 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 Dependent

LEGAL NAME: **Washington Public Affairs Network**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **TVW**

Board Member

ADDRESS: **P.O. Box 25
Olympia, WA
98507-0025**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Public Affair Broadcasting

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

Purpose of payments

Amount (actual dollars)

None

\$

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS AND OTHER GOVERNMENT AGENCIES OVER \$7,500:

Customer name:

Purpose of payment (amount not required)

Requesting a reporting 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 \$15,000. List street address, assessor parcel number, or legal description and county for each parcel):

MAR 25 2014

Page 2

F-1 Supplement

Name Steven R Hill				
ENTITY NO. 2		Reporting For: Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Dependent <input type="checkbox"/>		
LEGAL NAME: Consumers Union		POSITION OR PERCENT OF OWNERSHIP Board Member		
TRADE OR OPERATING NAME: Consumers Reports				
ADDRESS: 101 Truman Ave Yonkers, NY 10703				
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: Testing, Publishing, & Advocacy for consumers				
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:				
Purpose of payments		Amount (actual dollars)		
none		\$		
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS AND OTHER GOVERNMENT AGENCIES OVER \$7,500:				
Customer name:		Purpose of payment (amount not required)		
Requesting a Reporting 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 \$15,000. List street address, assessor parcel number, or legal description and county for each parcel):				
Check here <input type="checkbox"/> if continued on attached sheet				
B LOBBYING: List persons for whom you or any immediate family member lobbied or prepared state legislation or state rules, rates or standards for current or deferred compensation. Do not list 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 <input type="checkbox"/> 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 a portion of the following items to you, your spouse or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 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 <input type="checkbox"/> if continued on attached sheet				

Information Continued

F-1 Supplement MAR 25 2014

Name
Steven R Hill

ENTITY NO. 3

LEGAL NAME: **Sandra Hill Counseling**

TRADE OR OPERATING NAME:

ADDRESS: **320 Galer St #324
Seattle, WA 98119**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Psychotherapist

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

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS AND OTHER GOVERNMENT AGENCIES OVER \$7,500:
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 \$15,000. List street address, assessor parcel number, or legal description and county for each parcel):

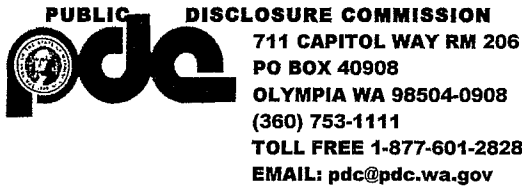
B LOBBYING: (Continued)

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)
			\$	

MAR 25 2014



PDC FORM

F-1SUPPLEMENT
(9/02)**SUPPLEMENT PAGE**
PERSONAL FINANCIAL AFFAIRS STATEMENT

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

Last Name	First	Middle Initial	DATE
Hill	Steven	R	3/24/14

A OFFICE HELD, BUSINESS INTERESTS: For each corporation, non-profit organization, association, union, partnership, joint venture or other entity in which you, your spouse or dependents are an officer, director, general partner, trustee, or 10 percent or more owner – provide the following information:

- 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 \$7,500 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. 4 Reporting For: Self Spouse Dependent

LEGAL NAME: **Puget Sound Health Alliance**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **Alliance****Non-voting Chair of the Board**ADDRESS: **600 Stewart Street Suite 824, Seattle, WA 98101**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Community Collaborative to improve access to affordable health care.

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

Purpose of payments

Amount (actual dollars)

none

\$

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS AND OTHER GOVERNMENT AGENCIES OVER \$7,500:

Customer name:

Purpose of payment (amount not required)

Requesting a reporting 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 \$15,000. List street address, assessor parcel number, or legal description and county for each parcel):

Name **Steven Hill** MAR 25 2014

ENTITY NO. **5** Reporting For: Self Spouse Dependent
 LEGAL NAME: **Seattle Symphony** POSITION OR PERCENT OF OWNERSHIP
 TRADE OR OPERATING NAME: **Board Member**
 ADDRESS: **Seattle, Wa**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Symphony Orchestra

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

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS AND OTHER GOVERNMENT AGENCIES OVER \$7,500:
 Customer name: Purpose of payment (amount not required)
Requesting a Reporting 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 \$15,000. 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 lobbied or prepared state legislation or state rules, rates or standards for current or deferred compensation. Do not list 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 a portion of the following items to you, your spouse or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 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

MAR 25 2014

Name
Steven R Hill

COPY

ENTITY NO. **6** Reporting For: Self Spouse Dependent

LEGAL NAME: **Leapfrog Group for Patient Safety** POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **Board Member**

ADDRESS: **1600 L St NW Suite 308, Washington DC 20036**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Employers encouraging Hospital transparency, safety and quality

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

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS AND OTHER GOVERNMENT AGENCIES OVER \$7,500:
Customer name: Purpose of payment (amount not required)
Requesting a reporting 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 \$15,000. 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)
			\$	

MAR 25 2014



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

COPY

PDC FORM
F-1
SUPPLEMENT
(1/12)

SUPPLEMENT PAGE
PERSONAL FINANCIAL AFFAIRS STATEMENT

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

Last Name Hill	First Steven	Middle Initial R	DATE 3/24/14
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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. 17 Reporting For: Self Spouse
Registered Domestic Partner Dependent
LEGAL NAME: **Seattle Foundation** POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Community Foundation

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

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:
Agency name: Purpose of payment (amount not required)

Requesting a Reporting Modification
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE
Customer name: Purpose of payment (amount not required)

Requesting a Reporting 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):

Requesting a Reporting Modification



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. 3092
OF STEVEN HILL FOR A)	Findings, Conclusions
REPORTING MODIFICATION)	and Order

On March 28, 2013, the application of Steven Hill, 200 West Comstock Street, Apt. 501, Seattle, Washington 98119, for a modification of the reporting requirements of RCW 42.17A.710 was brought before the Public Disclosure Commission.

Consideration of the request was made pursuant to RCW 42.17A.120 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, Steven Hill, by Modification Application, requested a renewal of the reporting modification that would exempt him from reporting the business and other governmental customers that paid \$10,000 or more during 2012 to the following entities for which he serves as a director or trustee: Seattle Symphony, Washington Public Affairs Network (TVW), Puget Sound Health Alliance, Consumers Union, and Leapfrog Group.

The Commission was provided with a certification from Mr. Hill 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. Hill has previously been granted the requested reporting modification, the most recent being Order No. 3055.
2. Mr. Hill is a Trustee for Seattle Community Colleges. His appointed term expires September 2017.
3. Seattle Symphony: Mr. Hill serves on the Seattle Symphony's Board of Directors. Seattle Symphony is a non-profit organization that has a 65 member Board of Directors. Mr. Hill stated that it is not possible for him to report all of the payments Seattle Symphony has received that exceed \$10,000 and it would be a hardship to ask the organization to produce such a report. Mr. Hill stated that there is no connection between the Seattle Symphony and Seattle Community Colleges.
4. Washington Public Affairs Network (TVW): Mr. Hill is one of 27 board members for TVW. TVW's annual budget was \$2.5 million in 2012. He stated he is not involved in the day-to-day operations and does not have access to the entity's customer base or sources of compensation/income. He stated that it would be a hardship to ask TVW to produce a report

of its business and other governmental customers. He stated that there is no connection between Seattle Community Colleges and TVW.

5. Puget Sound Health Alliance (PSHA): Mr. Hill is one of 21 board members for PSHA. PSHA's annual budget was \$2.5 million in 2012. He stated that he serves on the board as a result of the state's membership in the organization. He said he is not involved in the day-to-day operations and does not have access to its customer base or sources of compensation/income. He stated that it would be a hardship to ask Puget Sound Health Alliance to produce a report of its customers.
6. Consumers Union: Mr. Hill is one of 18 board members for the Consumers Union (operating as Consumers Union and Consumer Reports), a national non-profit testing and consumer advocacy organization headquartered in Yonkers, New York. He stated that Consumers Union had an annual budget of \$225 million in 2012. Mr. Hill stated that he is not involved in the day-to-day operations of Consumers Union and does not have access to information about the customer base or sources of compensation/income. He stated that it would be a hardship to ask Consumers Union to produce a report of its customers. He stated that there is no connection between the Consumers Union and Seattle Community Colleges.
7. Leapfrog Group for Patient Safety (Leapfrog): Mr. Hill is one of 20 board members for Leapfrog, a non-profit organization located in Washington, DC that had an annual budget of \$1.7 million in 2012. He said Leapfrog works with employers to encourage hospital transparency, safety, and quality. Mr. Hill stated that he serves on the board as a result of the state's membership in the organization. He stated that Leapfrog programs are supportive of state government priorities and that the board sets dues. He stated that he is not involved in the day-to-day operations and does not have access to Leapfrog's customer base or sources of compensation/income. He stated that it would be a hardship to ask Leapfrog to produce a report of its customers.

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 42.17A.710 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 15, 2013:

1. The applicant shall report all payments made by Seattle Community Colleges to all entities required to be listed on an F-1 Supplement page.

- 2. The applicant may satisfy the reporting requirements of RCW 42.17A.710(1)(g)(ii) without identifying the reportable business and other governmental customers of the Seattle Symphony, Washington Public Affairs Network (TVW), Puget Sound Health Alliance, Consumer's Union, and Leapfrog Group.
- 3. In all other matters required to be reported, the applicant shall comply in full with the reporting requirements of RCW 42.17A.

DATED this 10th day of April, 2013.

FOR THE PUBLIC DISCLOSURE COMMISSION

Andrea M. Doyle
Andrea McNamara Doyle
Executive Director

I, JANA Y. GERR certify that I mailed a copy of this order to the Respondent/Applicant at his/her respective address postage pre-paid on the date stated herein.
[Signature] 4/18/13
Signed Date