Linda -

EXECUTIVE SESSION - 6:30 p.m. Evaluate Qualifications of Candidate(s) for Appointment to Elective Office

STUDY SESSION DES MOINES CITY COUNCIL - May 1, 2003 - 7:00 p.m.

PLEDGE OF ALLEGIANCE TO THE FLAG

ROLL CALL

DISCUSSION ITEMS:	DISCUSSION LEADER:	GOAL:	EST. TIME:
1. Council Candidate Interview Process	Mayor	Decision	20 Minutes
2. Draft Resolution No. 03-088 2003 Waterland Festival	Mayor	Adoption	45 Minutes
3. Interviews of Candidates for Vacant, Unexpired Council Position #2			2 Hours 25 Minutes

NEXT MEETING DATE: Regular meeting May 8, 2003

ADJOURNMENT

DISCUSSION ITEM
#1

AGENDA ITEM

BUSINESS OF THE CITY COUNCIL
City of Des Moines, WA

SUBJECT: 2003 Waterland Festival

ATTACHMENTS:
City Attorney's First Draft of Resolution No. 03-088
"Alternative Sec. 4"
"Alternative Sec. 5 and Sec. 6"
Cover Letter From Greater Des Moines Chamber of Commerce
Plan of Festival Layout
Minutes of Chamber/Condo owners meeting
Memo – Waterland Costs for 2002.

FOR AGENDA OF: May 1, 2003
DEPT. OF ORIGIN: Marina

DATE SUBMITTED: April 18, 2003
CLEARANCES:
[X] Marina
[X] Legal

APPROVED BY CITY MANAGER

FOR SUBMITTAL:

A. Purpose & Recommendation

The purpose of this presentation is to inform the City Council about the plan for this year's Waterland Festival and to present the Chamber of Commerce's request for the Council's approval for the use of City Property for the 2003 Festival.

Recommended Motion

"I move that the City Council adopt Resolution NO. 03-088 authorizing the Greater Des Moines Chamber of Commerce to conduct its 2003 Waterland Festival and listing conditions under which such permission is granted"

B. Background

Each year in July the Greater Des Moines Chamber of Commerce conducts the Waterland Festival and Parade. The Festival takes place on City owned property in the Marina and the Beach Park and the Parade takes place on City streets in the downtown area. To conduct the festival, the Chamber must get permission from the City Council in the form of a resolution.

C. Discussion

Draft Resolution NO. 03-088 is essentially the same as last year's resolution. The only difference is a change in the hours of operation for the festival. This year the hours of operation are listed in the resolution as 11:00 a.m. to 12:00 midnight on Wednesday, July 23rd, 11:00 a.m. to 11:00 p.m. on the following Thursday, Friday and Saturday, and 11:00 a.m. to 8:00 p.m. on Sunday, July 27th.

This year, the Chamber is planning to return to the layout used for the 2001 Festival. The food vendors will be located in the central parking lot east of the boat launch, and the carnival rides will be located in the north parking lot. The Arts & Crafts will be located in the Beach Park, in front of the Rotary Hole-in-One golf island. The parking lot will be managed as before, with a $5.00 fee for parking in the general parking area. The north end of the lot will be reserved for Marina tenant parking.

C. Alternatives

The Council has the option of adopting Draft Resolution NO. 03-088 as submitted or adding language to the resolution that responds to the concerns expressed by some Council Members about the Festival's cost to the City. The Staff has included two possible changes to the Resolution in the packet for purposes of discussion. The attachment labeled "Alternative Sec. 4" would add language to Sec. 4 of the Draft Resolution that would require the Chamber to reimburse the City for all costs of City Services except those associated with the parade. The attachment labeled "Alternative Sec. 5 and Sec. 6 would add language to the Draft Resolution that would require the Chamber to disclose the financial details of the Festival and all other Chamber operations. In this alternative, Sec. 6 is the former Sec. 5, with the same wording.

D. Financial Impact

Last year the Council directed the staff to track and report the costs incurred by the City for helping to prepare for and stage the Waterland Festival. Those costs were summarized and reported to the Council last year. (See attached memo). Generally, the City incurred indirect costs of about $14,000 and direct costs of about $35,500. Indirect costs are those regularly scheduled hours that City employees spent facilitating the Festival. The City would have paid for these hours anyway. Direct costs are those over-time hours that the employees spent working on the Festival. Typically, these are hours spent by the Police Department providing security for the Festival. The total cost of security is driven by the number of police reserves that are available. The Police command staff tries to use as many reserve hours as possible, because the Chamber budgets $10,000 for security and pays the reserves directly. If any of the budgeted funds are left after paying the reserves, the balance is given to the City. Off-duty officers provide the remainder of the hours needed for security, usually on over-time. Obviously, it is an advantage to the Chamber and the City to use as much reserve officer time as possible. There was also a small amount, (less than $500), of equipment and material cost reported in 2002.

There were some revenue impacts for the Marina operation, but they are harder to quantify. As in the past, the public launch was shut down for the week of the Festival, and there was a corresponding loss of revenue. This loss was offset somewhat by increases in fuel sales. Guest moorage revenue was down for that week also, but it was down all season last year.

Some Council Members have expressed concerns about the costs to the City for the Festival. The staff has met with the Chamber to discuss some options for reducing those costs. One option would be to reimburse the City for more of its direct expenses. Another option would be to reduce the indirect costs. Unfortunately, most of the direct costs are related to security, which

is the responsibility of the Police Department and not controllable by the Chamber. Some of the indirect cost is related to clean up in the Marina and the downtown area. If the Chamber could assume those duties, indirect costs could be lowered significantly, although that would not result in a direct savings to the City, because those employees would be working anyway. Some of the indirect costs are related to the parade. The parks and public works crews have to sign and barricade the parade route. For liability reasons, these are duties that are not easily assumed by the Chamber.

E. Recommendation

F. Concurrence

CITY ATTORNEY'S FIRST DRAFT 03/11/03

DRAFT RESOLUTION NO. 03-088

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF DES MOINES, WASHINGTON, authorizing the Greater Des Moines Chamber of Commerce to conduct its 2003 Waterland Festival and listing conditions under which such permission is granted.

WHEREAS, the City Council finds that the Waterland Festival, a continuation of an annual community event begun in 1919, enhances the quality of life for all residents of the City of Des Moines, and

WHEREAS, the Greater Des Moines Chamber of Commerce ("Chamber of Commerce") as sponsor of the event carries out all activities as a Chamber of Commerce function, and

WHEREAS, the City of Des Moines wishes to permit the Waterland activities of the Chamber of Commerce while at the same time being held harmless from any liability arising from the existence of such activities; now therefore,

THE CITY COUNCIL OF THE CITY OF DES MOINES RESOLVES AS FOLLOWS:

Sec. 1. Permission to conduct the 2003 Waterland Festival during the period July 23, 2003 through July 27, 2002 is granted to the Chamber of Commerce, subject to the following conditions:

(1) That the Chamber of Commerce shall defend and hold the City of Des Moines harmless from any liability which may result from the conduct of the Waterland event or its activities.

(2) That the prime leadership of all Waterland committees shall be non-City personnel and that it be clearly understood that assistance by City personnel is advisory to the Chamber of Commerce.

(3) The Chamber of Commerce shall purchase liability insurance in the amount of two million dollars ($2,000,000) and shall name the City of Des Moines as a named additional insured. Proof of such insurance must be delivered to the City ten (10) days prior to the event.

(4) The Chamber shall be permitted to erect such special signage as is appropriate in the thirty (30) days prior to and during the event. The Chamber of Commerce must remove all such signage within ten (10) days after the final day of the Waterland Festival.

(5) Normal fees for conduct of a community event shall be waived where possible excepting those fees required by another governmental agency, provided the event subject to such permit or fee is fully sanctioned by the Chamber of Commerce and complies with all necessary requirements including health regulations.

(6) The Chamber of Commerce shall acknowledge in writing its responsibilities for the conduct of Waterland activities accepting such limitations as are contained in this resolution in addition to such limitations as may be imposed by the City Council or City Manager, including but not limited to:

(a) The City Manager is authorized to close the boat launch facility at the Des Moines Marina during the Waterland Festival for the purpose of public safety

(b) The Chamber of Commerce agrees to take whatever measures are necessary to prevent damage to the Marina facility and to be responsible for any damage which may occur.

(c) The hours of operation of the festival shall be as follows:

11:00 a.m. to 12:00 midnight	↱	Wednesday
11:00 a.m. to 11:00 p.m.	↱	Thursday, Friday and Saturday
11:00 a.m. to 8:00 p.m.	↱	Sunday.

A Des Moines Police Department command officer will have the authority to close the festival down earlier should it be necessary following assessment of any security issues.

(d) The Waterland Pub shall be closed at 11:30 p.m. on Wednesday; 10:30 p.m. on Thursday, Friday and Saturday; and 7:30

p.m. on Sunday; or earlier at the discretion of a Des Moines Police Department command officer.

(e) The Chamber of Commerce will use all reasonable efforts to advertise the festival as a family-oriented community festival.

(f) All retail sales of food and merchandise will be subject to permission of the Chamber of Commerce and fees collected by the Chamber of Commerce by such licensing shall include a percentage for security services to be provided by the Des Moines police department.

(g) The Chamber of Commerce shall pay such sums for security as are determined by the City Manager, based on projected police services, which shall include funds collected by the Chamber from the carnival operator.

(h) The Chamber of Commerce shall be authorized to contract with a private business to regulate and charge for parking, which charge shall not exceed five dollars ($5.00) per vehicle per visit.

(i) To enhance the security of the patrons of the festival, the Chamber of Commerce shall be authorized to fence the main festival grounds in the Marina, with entrance gates located at the north and south ends of the festival. The gates will be staffed by Chamber of Commerce personnel at all times. A general admission fee will be charged as follows:

General Admission	$1.00
Seniors (62 and Over)	$ .50
Children (Under 12)	Free

Sec. 2. The City Manager is authorized, at his discretion, to grant permission to the Chamber of Commerce to use and occupy for the purpose of the Waterland Festival City facilities and property, including, but not limited to, the Des Moines Marina, City parks, and public rights-of-way.

Sec. 3. The City Manager is directed and authorized to issue to the Chamber of Commerce, without cost, a right-of-way permit for the Waterland parade.

Sec. 4. The City Manager is authorized to provide City assistance to the Waterland Festival, which may include, without limitation, services by the police, public works, parks, and marina departments. The City Manager shall provide a report to the City Council on services provided and costs thereof.

Sec. 5. Permission is granted for the Chamber of Commerce to utilize the official City of Des Moines logo in connection with the annual Waterland Festival.

ADOPTED BY the City Council of the City of Des Moines, Washington this ___ day of _____, 2003 and signed in authentication thereof this ____ day of _____, 2003.

_____
M A Y O R

APPROVED AS TO FORM:

_____
Acting City Attorney

ATTEST:

_____
City Clerk

DRAFTRES/03-088

ALTERNATIVE SEC. 4

Sec. 4. The City Manager is authorized to provide City assistance to the Waterland Festival, which may include, without limitation, services by the police, public works, parks, and marina departments. The City Manager shall provide a report to the City Council on services provided and costs thereof. The Chamber of Commerce shall reimburse the City of Des Moines for the costs of the City services provided in connection with the Waterland Festival. [except for those services provided in connection with the Waterland Parade.]

ALTERNATIVE SEC. 5 AND SEC. 6

Sec. 5. To ensure that the expenditure of City funds in support of the Waterland Festival is in compliance with the requirements of the Washington State Constitution prohibiting gifts of public funds, the Chamber of Commerce shall, within sixty (60) days after close of the Waterland Festival, provide the City of Des Moines with a complete accounting of the revenues and expenses of the Festival; and shall, within sixty (60) days after close of the Chamber of Commerce fiscal year, provide the City of Des Moines with a complete accounting of the overall revenues and expenses of the Chamber of Commerce.

Sec. 6. Permission is granted for the Chamber of Commerce to utilize the official City of Des Moines logo in connection with the annual Waterland Festival.

ADOPTED BY the City Council of the City of Des Moines, Washington this ___ day of _____, 2003 and signed in authentication thereof this ____ day of _____, 2003.

_____
M A Y O R

APPROVED AS TO FORM:

_____
Acting City Attorney

ATTEST:

_____
City Clerk

DRAFTRES/03-088

Serving the Business and Economic Interests
of the **Waterland** Community since 1947
desmoineswa.org

greater Des Moines CHAMBER OF COMMERCE

April 18, 2003

City Council Members
City of Des Moines
21630 11th Avenue South, Suite A
Des Moines, Washington 98198

Re: Waterland Festival Resolution

Dear Council Members:

We respectfully submit herein our Resolution to the City of Des Moines for your consideration, support and approval.

Enclosed please find a diagram detailing the marina floor layout and the proposed changes to the Waterland Festival floor plan. In an effort to best serve the City, community, and our vendors we propose the following changes to last years program.

Arts & Craft Site Located outside the North entrance, partnering in the same location as the Rotary "Hole in One" fundraiser.

Benefit: The Arts & Crafts vendors will have increased visibility and traffic to their site. Additionally, "Hole in One" and the Arts & Crafts fair will compliment each other.

Pub & Eatery: Will be set up on the dock, North of the Harbormaster office extending out to the curb.

Benefit: Still a prime location on the waterfront overlooking the boat moorage, in view of the entertainment stage and away from the entrances.

Carnival Rides: Will be staged in the North and Northwest parking lot area of the marina.

Benefit: The large carnival rides will be located to the far west with the carnival game booths along the east. This will reduce the noise level affecting the condominium residents.

Entertainment Stage: The stage will be erected in front of the Harbormaster office in the parking lot on the Northwest diagonal facing the Pub & Eatery.

Benefit: This location will protrude the noise away from the condominium residents, yet will still be in a prime location to entertain the audience.

22030 7th Avenue South, Suite 104 / Des Moines, WA 98198
(206) 878-7000 / Fax: (206) 824-8779 / E-mail: admin@desmoineswa.org

Traffic Management Issues:

1. All vendors will enter and exit from the South parking lot.
   Benefit: Reduce the congestion and noise.

2. In order to expedite crowd access, there will be two ticket booths located at the North parking lot entrance and one on the South entrance on Wednesday night. One of the North booths will be for exact change and prepaid tickets. Ticket booths will be promptly removed at the end of the Festival.
   Benefit: Facilitate crowd entrances on opening night; and reduce teardown time at closure.

3. A shuttle will be available to transport patrons from Highline Community College parking lot to the Festival. Additional emphasis will be placed on advertising this service.
   Benefit: Alleviate traffic congestion and ease the management of traffic on the marina floor parking.

4. Condo residence access lane will be provided and limited to their use and that of official vehicles.
   Benefit: 24-Hour access to the residents without the inconvenience of waiting in line. Facilitate any potential emergency rescue to the residents.

We have established a community volunteer Waterland Committee (see enclosed organization chart) to assist in the successful management of the Festival. The specific issues addressed in this letter will be assigned to the appropriate chair representative who will have full authority to carry them through.

As sponsors of the Waterland Festival, we at the Chamber of Commerce too have felt the impact of our economy. Living in the beautiful Pacific Northwest we absorb the risk that our Festival may be rained out; thus suffering financial reprocations. Naturally, we are sensitive to the City's investment of their support of this event. As in any endeavor, we must exercise good business practices. The Chamber of Commerce has graciously accepted the support of our community organizations without question or input as to scheduling, supervision or management. We have reviewed the costs reported by the City personnel however it did not include a pre-Festival projected cost of service forecast and a comparison thereof. With the added fencing in 2002 and the Police Department's report that no unusual activity occurred, we too question the validity of the scope of security provided. Perhaps a full review of this process should be discussed. We want to minimize any financial burden the Festival could pose on the City; it's citizens or the

Chamber. So the only possible solution is for all parties involved to meet and discuss the financial impact of the Festival and how we can reduce the operating costs.

In summary, we all know what is best...the Waterland Festival is good for our community. The only question is, "can we work together to make it a success?" The Chamber of Commerce and Waterland Committee believe we can! Open communication, community participation and teamwork are the key.

We respectfully request that you vote "yes" to the Waterland Festival on April 24th with a joint commitment that we will meet to address the financial impact and implementation of a plan for success.

Respectfully yours,

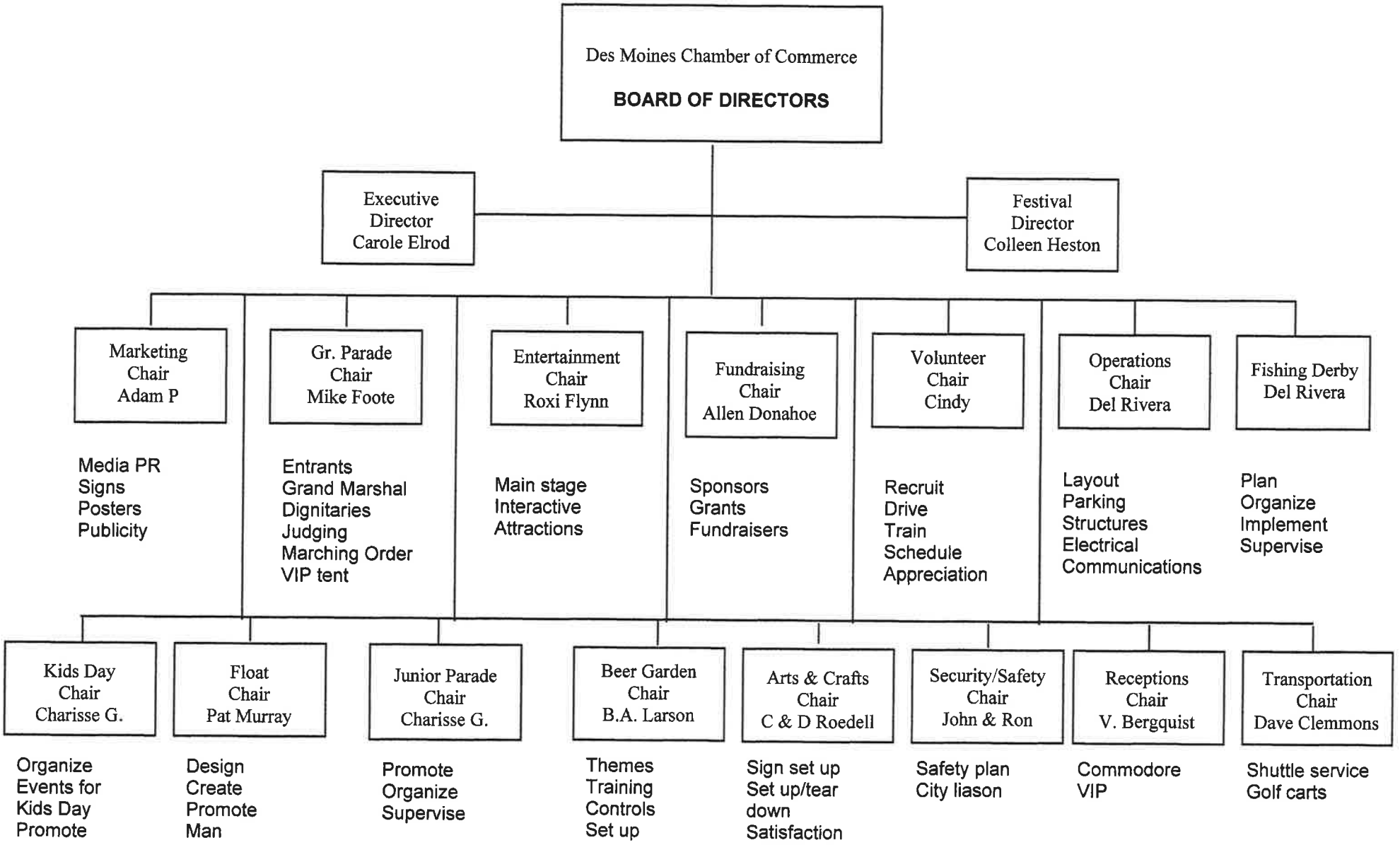
DES MOINES CHAMBER OF COMMERCE

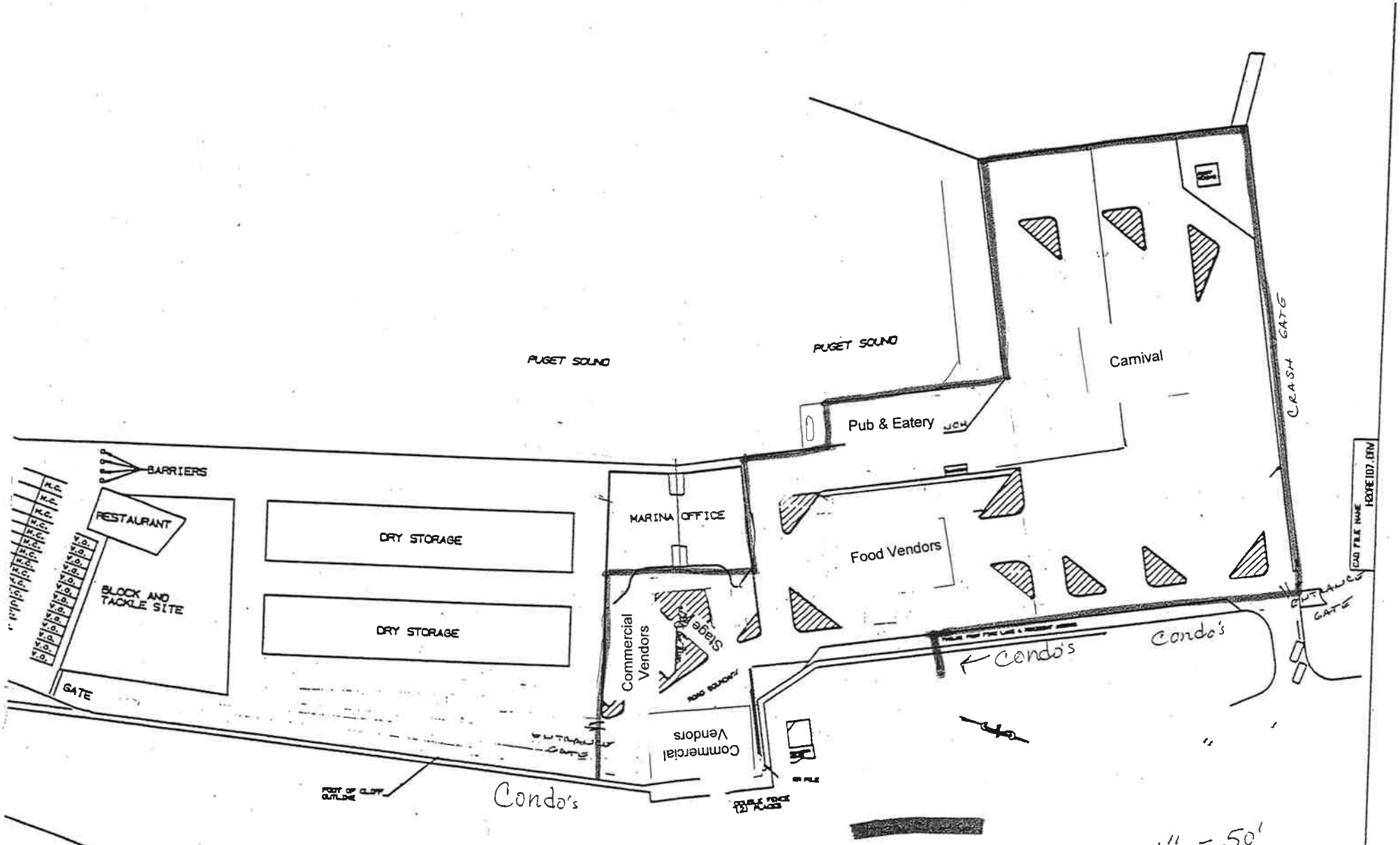
Carole Elrod

Carole Elrod
Executive Director

Enclosures

WATERLAND FESTIVAL COMMITTEE ORGANIZATION





WATERLAND LAYOUT-DESMOINES MARINA
1995 WATERLAND FESTIVAL

COUNCIL - FYI

City of DesMoines
21630 11th aver so
DesMoines Washington 98198

Copy: Corbett
Joe
Linda
Patrice
John O.

April 14th 2003

Attn: City manager/City of DesMoines Council

Re: Waterland Festival yearly Notice of Application

To whom it may concern:

As the presiding officer of the DesMoines chamber of commerce representing the DesMoines business district for over 50 years and sponsors of the annual city of DesMoines Waterland festival I am formally requesting council approval for use of the DesMoines marina for the dates of July 23rd thru July 27th, marine view Dr on Sunday July 27th for the annual waterland grand parade and of the 2003 waterland festival and resolution 03-088 as offered to the chamber by the city attorney on 03/11/03 including resolution revisions as agreed.

The dates of July 23rd thru July 27th are actual festival operation dates with the normal time (approximately 2 to 3 days) pre festival and post festival for set up and takes down of festival carnival.

In lue of certain concerns expressed by the condominium owners located on and around the marina floor I have appointed a chamber/ condominium liaison (Ms. Arlene Knight, a condo owner) to represent the condominiums residents concerns and requested the representative to bring these concerns to a meeting on wed the 8th of April and discuss these potential concerns arising from any potential impacts to surrounding residents.

The meeting was held at the DesMoines police dept and attended by members of the chamber and the condominium appointee.

All parties involved approved the festival layout and agreed that the changes agreed to by the parties involved would be acceptable to the residents.

The chamber realizes the financial impacts that events such as the waterland festival, haunted house, Fourth of July fireworks, 5 k run, 3 on 3-basketball tournament, and other city of DesMoines events may have on its citizens and taxpayers. We respectfully submit that the investment by our taxpayers regarding community offered events regardless of the sponsoring group are looked upon favorably by the council and that our taxpayers surely would have no problem with the city assisting the chamber and the many waterland volunteers in the presentation of these events and other events in our community and the greater DesMoines area, as has been the practice of our city for the last several decades.

Any of the above listed events and their sponsors will remind you of the importance of offering our voters, taxpayers and citizens including their family and friends in the surrounding communities a wide variety of events to enjoy throughout the year.

The loss of the annual waterland festival (a community event sponsored by the DesMoines chamber of commerce for over 30 years) would be a terrible loss to not only our community and our citizens but to the surrounding communities as well.

This annual" Seafair sponsored waterland festival" has attracted approximately 1.5 million people to our community and our business district over the last several decades and we respectfully submit that our taxpayers and citizens would be greatly disappointed in our elected officials and city staff if our community festival were discontinued.

The chamber like the other event sponsors mentioned above are attempting to give something positive for our community to enjoy and I am sure that any of the above event sponsors would agree that the accountability question should be of concern to us all regardless of the event sponsor or other matters involving our taxpayers funds.

The chamber encourages an honest accounting of all events and financial impacts involving our taxpayer's dollars and would be interested in meeting with city staff to discuss any differences and concerns regarding taxpayer's money being expended to provide assistance to provide the annual waterland festival to our citizens.

I am confident that the chamber will be held to no more or no less of a standard than others and that the accountability question will be fairly administered to sponsors of all community events.

The chamber looks forward to working with the city staff and employees to again provide a successful Waterland event for all to enjoy.

Respectfully yours,

H.M.Foote
2003 President Greater DesMoines chamber of commerce

cc: Washington news council
Tacoma news tribune
South county journal
Seattle times
Seattle PI
Robinson newspaper
Komo television
King television
Channel 13 television

April 14, 2003

TO: Mike Foote, President
Des Moines Chamber of Commerce

FM: Arlene Knight and Earline Byers
Condominium Resident Representatives

RE: Pre-Waterland – 2003 Meeting, April 09, 2003

Attached are the transcribed notes of our Pre-Waterland meeting, April 9th, 2003, as taken by Jeannette Jones, who has served as secretary to South Shores Board of Directors for the last three years. It is our understanding you intend to furnish council with copies of our condominium resident's Agenda that was distributed and used for the purpose of this meeting. We think it is appropriate, that you attach a copy of these transcribed notes for council reference.

The meeting went well. We believe the agreed changes will benefit our community's Waterland Festival. We did forget to set an early August date for our Post-Waterland meeting reports therefore we propose a meeting at the same place August 19th, 2003 at 2:00pm.

WATERLAND 2003

A meeting was held between the Chamber of Commerce and Representatives Condominium Residents regarding Waterland 2003 on April 9, 2003 at 2:00p.m. at the Des Moines Police Meeting Room. Present were Mike Foote, President of the Des Moines Chamber of Commerce, Colleen Heston, Treasurer of the Chamber of Commerce and Waterland Director, Carole Elrod, Executive Director of the Chamber of Commerce, Earline Byers and Arlene Knight representing the condominium residents. Minutes were recorded by Jeanette Jones.

<u>The following conditions for the Waterland Festival 2003 were discussed and agreed upon by all participants:</u>

The purpose of the meeting was to voice concerns the condominium residents have regarding Waterland. An agenda that outlined those concerns was distributed to all participants. Mike Foote advised that he is glad that Arlene Knight would be a liaison between the Chamber and condominium residents. It was agreed that Earline Byers is the alternate contact in the event Arlene is unavailable. We will exchange telephone numbers for contact now and during the festival and likewise his office would advise our representatives of any significant deviation from agreed plans

One of the first concerns of the residents was the size, location and noise of Waterland and the carnival in particular last year. Mike informed us that he too wanted the layout of Waterland 2003 to impact everyone the least amount. Last year large carnival rides were abutted right up to the front of the condominiums, with a "Barker" having a continuous high noise level. After discussion, it was agreed by all that the entire Waterland layout would go back to the way it was set up two years ago. The carnival rides will occupy the north and northwest parking lot area of the marina. The beer garden would be set up against the embankment next to the "Quartermaster" property. Also, the condominium owners and Mike Foote voiced concern with accompanying sound from the stage coming right into their homes. It was suggested and agreed upon that the stage would face the northwest and as much west as possible to deflect sound intrusion. A drawing of the agreed layout of the festival will be provided to condominium representatives present at the meeting for approval prior to presentation to council.

It was agreed that due to the new layout last year, all of the vendors had to come in and out from Cliff Avenue, but returning to the former layout of two years ago, all vendors will come in and out of the South parking lot, which will reduce much of the congestion and noise to condominium residents within that area.

Last year, many of employees of the carnival used the "Quartermaster" property. This property was left with considerable debris day and night. It was felt that this property should be fenced and no one should be able to go in there. If it is used for carnival purposes, it should only be for carnival and vendor storage purposes and it should only be for trucks not needing refrigeration that would generate noise and disruption to neighboring residents. The Chamber will have volunteers clean up any debris on this property periodically during Waterland.

Arlene Knight advised that the residents of the Mariner and Cliff House condominiums are very concerned about access to their homes. They must have 24-hour access without waiting in line with others. With the exception of police, fire and official vehicles, The Cliff House, the Mariner condominiums and the Wasson resident should be the ONLY users of the north marina entrance via Chamber pass authority. It was agreed that two resident passes for each unit be given to the owners, to-wit: 28 passes for the Cliff House and 18 passes for the Mariner.

Last year's trial of later hours resulted in noise up until 2:00 a.m. at the Marina and then starting again at 5:00 a.m. for the street sweeper. This allowed only a 3-hour window (from 2:00 a.m. to 5:00 a.m.) for quiet time at condo resident homes. Instead of closing at midnight, it was suggested and agreed upon by the Chamber that the following hours would apply:

Opening Night – Wednesday (Fireworks) –	**Close at Midnight**
	Beer Garden – 11:30 p.m.
Thursday through Saturday -	**Close at 11:00 P.M.**
	Beer Garden – 10:30 p.m.
Sunday -	**Close at 8:00 P.M.**
	Beer Garden – 7:30 p.m.

Mike Foote advised that there would again be a public admission fee to the festival and related fencing of the festival grounds. In order to expedite crowd access, there will be two ticket booths at the North parking lot. One booth will be for exact change. There will also be a ticket booth and entrance at the South parking lot. This should aid in the congestion at the entrances of the festival. Admission charge will be $1.00 for adults, $.50 for seniors, and everyone under 12 years of age free.

The condominium owners brought to the Chamber's attention some other related general Waterland concerns for their consideration that are not related directly to residents' impact. It was suggested that these should be visited and addressed by the Harbor Master as it relates to the Marina and Chamber officials as it relates to the Festival:

1. **Ticket booths not removed for five days.**
2. **Public boat launch closed for eleven days not the agreed 5 festival days.**
3. **Breakers Restaurant closed impacted by lack of customer parking.**
4. **Classic Yachts impacted by lack of customer parking and Parks Department 5K run.**

In summary it was agreed this meeting produced positive results and provides the foundation to continue this line of communication that allows us to work together for the good of the community in future events and festivals. The post Waterland meeting will be held at the same location in early August.

MARINA

Memo

To: City Council

Via: Tony Piasecki, City Manager

From: Police Department, Department of Parks and Recreation, Marina, Public Works Department

Date: 04/15/2003

Re: Waterland Costs for 2002

Costs

The City Council directed the staff to track and report the costs incurred by the City for helping prepare for and stage the Waterland festival. Employees were instructed to record both regular and overtime hours spent on the Festival and report any equipment used. The Finance Department set up a system to capture and record the information and prepared the attached spreadsheet showing the total labor costs for the Festival. The labor figures are reported in two columns. The column titled "Total Regular Earnings and Benefits" reports the regularly scheduled work hours that employees spent facilitating the Festival. These costs are reported separately because the City would have paid for these hours anyway, but the employee would have been doing something else. The column titled "Overtime Earnings and Benefits" reports the overtime hours that employees spent working on the Festival. These are costs incurred directly as a result of the Festival. The staff also reported mileage for vehicles used to support Waterland and a small amount of materials used at the Festival like garbage bags and paint. The electricity used by the vendors was recorded by the Marina staff and billed directly to the Chamber of Commerce. The total costs are summarized In Table 1 below.

Table 1

Total Regular Earnings and Benefits	$14,052.52
Total Overtime Earnings and Benefits	35,573.17
Vehicle Mileage –675 miles @ .365 cents/mile	246.38
Materials	228.56
Total	$50,100.63

Operations

Marina

This year the north parking lot and the public hoists were closed from 8:00 p.m. on Saturday, July 20 to noon on Monday, July 29. Usually, the facilities are closed down on the Sunday night before Waterland, but this year the 3–on-3 Basketball Tournament was held on Sunday, July 21st, instead of earlier in June. Impacts on service revenues, (launching, fuel sales and guest moorage) were estimated by subtracting the service revenues during the Waterland week from an average of the revenues from the week before and the week after the Festival. The revenue impacts are shown in Table 2. The 3-on-3 Basketball Tournement sponsored by the Recreation Department was held in the North Lot on Sunday, July 20th so logically, part of the revenue loss must be allocated to that event. The staff estimates that amount to be one seventh of the total or about $550.

Table 2

	Week Before	Week After	Average	Week During	Gain/ Loss
Fuel	$16,881	$16,694	$16,787	$19,573	$2,786
Launch	$4,435	$3,525	$3,980	$0	($3,980)
Guest Moorage	$6,196	$6,491	$6,344	$4,450	($1,894)
Estimated Gain(Loss)					($3,088)

Police Department

The payroll costs for full-time police officers and their supervisors are included in the totals in Table 1. Reserve officers from Des Moines, Fife, Normandy Park and Pacific worked 486.5 hours at a cost of $15 per hour ($7,798 total). These officers were paid directly by the Chamber of Commerce. The Chamber remitted a check to the City for $2,202, which is the amount left of their $10,000 security budget after paying the reserve officers.

Other Police-related Waterland Expenses:

Use of Vehicles: Numerous police vehicles were used to facilitate police operations during Waterland. Mileage usage was tracked and a total of **674.4** miles were logged to the various vehicles. (These costs are included in Table 1)

Other police assets were used during Waterland but no specific costs were attributed or charged. These include the use of the mobile police command precinct for a period of six days and the use of six police bikes. Some equipment was purchased such as portable radio batteries and minor bike repairs made, however, these purchases would have needed to be made anyway. The timing of these purchases is normally done just prior to Waterland . We do have a problem with having to borrow portable police radios. (This year we managed to borrow 15 from three different police departments.) Normally we would have to rent them at

$10.00 per day per radio. Purchase of the radios would be approximately $1,600 per unit. Obviously, we cannot count on always being able to borrow the radios.

Department	Last Name	First Name	Type of Earnings	Hrs	Earnings	P / L1 / L2	Pension 1.32% / 0.22% / 2.86%	NG / G	ICMA 401 (A) 5.00% / 6.52%	ICMA 457 Non - Guilc 1.52%	Lezl Amount	Un-employment 0.50%	Medicare 1.45%	Total Annual Benefits	Total Benefits & Regular Earnings	Total Benefits & O.T. Earnings
001160	Watson	Peggy A	Reg	1	$ 27.63		$ 0.36		$ 1.38	$ 0.42	$ 0.05	$ 0.14	$ 0.40	$ 2.75	$ 30.38	
001160	Wright	Jennifer E.	Reg	5	$ 94.24		$ 1.24		$ 4.71	$ 1.43	$ 0.25	$ 0.47	$ 1.37	$ 9.47	$ 103.71	
001340	O'Leary	John E.	Reg	26	$ 1,083.71		$ 30.99		$ 70.66	$ -	$ 2.75	$ 5.42	$ 15.71	$ 125.53	$ 1,209.24	
001340	Tucker	Kevin Raymond	Reg	0.5	$ 20.84		$ 0.60		$ 1.36	$ -	$ 0.05	$ 0.10	$ 0.30	$ 2.41	$ 23.25	
001350	Bohl	Robert A	Reg	4	$ 124.08		$ 3.55		$ 8.09	$ -	$ 0.42	$ 0.62	$ 1.80	$ 14.48	$ 138.56	
001350	Bohl	Robert A	O.T.	23	$ 1,070.22		$ 30.61		$ 69.78	$ -	$ 2.43	$ 5.35	$ 15.52	$ 123.69		$ 1,193.91
001350	Collins Jr	Robert Hale	Reg	4	$ 141.62		$ 4.05		$ 9.23	$ -	$ 0.42	$ 0.71	$ 2.05	$ 16.47	$ 158.09	
001350	Collins Jr	Robert Hale	O.T.	20	$ 1,062.14		$ 30.38		$ 69.25	$ -	$ 2.11	$ 5.31	$ 15.40	$ 122.45		$ 1,184.59
001350	Stuth	Ross Allen	Reg	4	$ 124.08		$ 3.55		$ 8.09	$ -	$ 0.42	$ 0.62	$ 1.80	$ 14.48	$ 138.56	
001350	Stuth	Ross Allen	O.T.	19	$ 884.10		$ 25.29		$ 57.64	$ -	$ 2.01	$ 4.42	$ 12.82	$ 102.18		$ 986.28
001350	Thomas	Michael A	O.T.	34	$ 1,605.21		$ 45.91		$ 104.66	$ -	$ 3.59	$ 8.03	$ 23.28	$ 185.46		$ 1,790.67
001360	Arico III	Dominic	O.T.	6.5	$ 191.70		$ 5.48		$ 12.50	$ -	$ 0.69	$ 0.96	$ 2.78	$ 22.41		$ 214.11
001360	Baldwin	Barron T.	O.T.	25	$ 774.06		$ 22.14		$ 50.47	$ -	$ 2.64	$ 3.87	$ 11.22	$ 90.34		$ 864.40
001360	Bell	David Carl	O.T.	22	$ 1,168.35		$ 33.41		$ 76.18	$ -	$ 2.33	$ 5.84	$ 16.94	$ 134.70		$ 1,303.05
001360	Campbell	Craig C	O.T.	25	$ 1,180.31		$ 33.76		$ 76.96	$ -	$ 2.64	$ 5.90	$ 17.11	$ 136.37		$ 1,316.68
001360	Celis	Victor M	O.T.	7	$ 288.21		$ 8.24		$ 18.79	$ -	$ 0.74	$ 1.44	$ 4.18	$ 33.39		$ 321.60
001360	Chaney	Michael A	O.T.	24	$ 1,274.57	L1	$ 2.80		$ 83.10	$ -	$ -	$ 6.37	$ 18.48	$ 110.76		$ 1,385.33
001360	Gallagher	Randall T	O.T.	26	$ 1,070.51		$ 30.62		$ 69.80	$ -	$ 2.75	$ 5.35	$ 15.52	$ 124.04		$ 1,194.55
001360	Graddon	Michael R.	O.T.	23	$ 712.13		$ 20.37		$ 46.43	$ -	$ 2.43	$ 3.56	$ 10.33	$ 83.12		$ 795.25
001360	Guest	Paul F	O.T.	10.5	$ 476.66		$ 13.63		$ 31.08	$ -	$ 1.11	$ 2.38	$ 6.91	$ 55.12		$ 531.78
001360	Hamilton	David S.	O.T.	29	$ 889.46		$ 25.44		$ 57.99	$ -	$ 3.07	$ 4.45	$ 12.90	$ 103.84		$ 993.30
001360	Henry	Matthew A	O.T.	23	$ 1,044.12		$ 29.86		$ 68.08	$ -	$ 2.43	$ 5.22	$ 15.14	$ 120.73		$ 1,164.85
001360	Hollis	Robert K.	O.T.	27	$ 796.26		$ 22.77		$ 51.92	$ -	$ 2.85	$ 3.98	$ 11.55	$ 93.07		$ 889.33
001360	Jacobowitz	George B	O.T.	6	$ 272.39		$ 7.79		$ 17.76	$ -	$ 0.63	$ 1.36	$ 3.95	$ 31.50		$ 303.89
001360	Jenkins	Douglas Paul	O.T.	8	$ 433.35		$ 12.39		$ 28.25	$ -	$ 0.85	$ 2.17	$ 6.28	$ 49.94		$ 483.29
001360	Meissner	Michael V.	O.T.	10	$ 294.92		$ 8.43		$ 19.23	$ -	$ 1.06	$ 1.47	$ 4.28	$ 34.47		$ 329.39
001360	Montgomery	Kevin S.	O.T.	22	$ 837.51		$ 23.95		$ 54.61	$ -	$ 2.33	$ 4.19	$ 12.14	$ 97.22		$ 934.73
001360	Ochart	Edwin	O.T.	13	$ 475.86		$ 13.61		$ 31.03	$ -	$ 1.37	$ 2.38	$ 6.90	$ 55.29		$ 531.15
001360	Penney	Kevin A.	O.T.	22.5	$ 844.19		$ 24.14		$ 55.04	$ -	$ 2.38	$ 4.22	$ 12.24	$ 98.02		$ 942.21
001360	Seaberry	Tonya R	O.T.	35.5	$ 1,131.72		$ 32.37		$ 73.79	$ -	$ 3.75	$ 5.66	$ 16.41	$ 131.98		$ 1,263.70
001360	Seaberry	Tonya R	Reg.	20	$ 425.06		$ 12.16		$ 27.71	$ -	$ 2.11	$ 2.13	$ 6.16	$ 50.27	$ 475.33	
001360	Shepard	William A.	O.T.	9	$ 389.10		$ 11.13		$ 25.37	$ -	$ 0.95	$ 1.95	$ 5.64	$ 45.04		$ 434.14
001360	Shepard	William A.	Reg.	16	$ 461.15		$ 13.19		$ 30.07	$ -	$ 1.69	$ 2.31	$ 6.69	$ 53.94	$ 515.09	
001360	Tschida	Robert Kenneth	O.T.	29.5	$ 1,339.19		$ 38.30		$ 87.32	$ -	$ 3.12	$ 6.70	$ 19.42	$ 154.85		$ 1,494.04
001360	Wieland	Steven C	O.T.	58	$ 3,080.19		$ 88.09		$ 200.83	$ -	$ 6.13	$ 15.40	$ 44.66	$ 355.12		$ 3,435.31
001360	Wieland	Steven C	Reg	42	$ 1,486.98		$ 42.53		$ 96.95	$ -	$ 4.44	$ 7.43	$ 21.56	$ 172.91	$ 1,659.90	
001360	Williams	Victor J	O.T.	21	$ 953.33		$ 27.27		$ 62.16	$ -	$ 2.22	$ 4.77	$ 13.82	$ 110.23		$ 1,063.56
001360	Young	Paul E	O.T.	10	$ 472.13		$ 13.50		$ 30.78	$ -	$ 1.06	$ 2.36	$ 6.85	$ 54.55		$ 526.68
001370	Crane	Robert L	O.T.	34.75	$ 1,430.78		$ 40.92		$ 93.29	$ -	$ 3.67	$ 7.15	$ 20.75	$ 165.78		$ 1,596.56
001370	Crane	Robert L	Reg.	20	$ 548.98		$ 15.70		$ 35.79	$ -	$ 2.11	$ 2.74	$ 7.96	$ 64.31	$ 613.29	
001370	Haglund	Gregory B	O.T.	34	$ 1,543.47		$ 44.14		$ 100.63	$ -	$ 3.59	$ 7.72	$ 22.38	$ 178.47		$ 1,721.94
001370	Haglund	Gregory B	Reg.	20	$ 605.28		$ 17.31		$ 39.46	$ -	$ 2.11	$ 3.03	$ 8.78	$ 70.69	$ 675.98	
001500	Meyers	Robert L	Reg	1	$ 28.16		$ 0.37		$ 1.41	$ 0.43	$ 0.12	$ 0.14	$ 0.41	$ 2.88	$ 31.04	
001500	Pickard	Lawrence W	Reg	1	$ 32.95		$ 0.43		$ 1.65	$ 0.50	$ 0.12	$ 0.16	$ 0.48	$ 3.35	$ 36.30	
001540	Magnuson	Janice C	Reg	5	$ 102.20		$ 1.35		$ 5.11	$ 1.55	$ 0.62	$ 0.51	$ 1.48	$ 10.62	$ 112.82	
001635	Grager	Philip D.	Reg	9.5	$ 157.40		$ 2.08		$ 7.87	$ 2.39	$ 1.17	$ 0.79	$ 2.28	$ 16.58	$ 173.98	
001635	Klingele	Keith S	Reg	5.5	$ 86.78		$ 1.15		$ 4.34	$ 1.32	$ 0.68	$ 0.43	$ 1.26	$ 9.17	$ 95.95	
001635	Muirhead	Scott Robert	Reg	5	$ 97.84		$ 1.29		$ 4.89	$ 1.49	$ 0.62	$ 0.49	$ 1.42	$ 10.19	$ 108.04	

001636	Benson	Eric J.	Reg	16	$ 162.72	$ 2.15	$ 8.14	$ 2.47	$ 1.97	$ 0.81	$ 2.36	$ 17.90	$ 180.62					
001636	Frederick	Jon A	Reg	19.5	$ 198.32	$ 2.62	$ 9.92	$ 3.01	$ 2.40	$ 0.99	$ 2.88	$ 21.82	$ 220.13					
001636	Kelly	Kristoffer K.	Reg	17	$ 172.89	$ 2.28	$ 8.64	$ 2.63	$ 2.09	$ 0.86	$ 2.51	$ 19.02	$ 191.91					
001636	Parker	Sean S.	Reg	6.5	$ 66.11	$ 0.87	$ 3.31	$ 1.00	$ 0.80	$ 0.33	$ 0.96	$ 7.27	$ 73.38					
001636	Sechrist	William M.	Reg	8	$ 81.36	$ 1.07	$ 4.07	$ 1.24	$ 0.98	$ 0.41	$ 1.18	$ 8.95	$ 90.31					
001636	Severson	Michael G.	Reg	9	$ 91.53	$ 1.21	$ 4.58	$ 1.39	$ 1.11	$ 0.46	$ 1.33	$ 10.07	$ 101.60					
101920	Bates	John	Reg	14	$ 302.07	$ 3.99	$ 15.10	$ 4.59	$ 1.72	$ 1.51	$ 4.38	$ 31.30	$ 333.37					
101920	Bates	John	O.T.	12	$ 388.37	$ 5.13	$ 19.42	$ 5.90	$ 1.48	$ 1.94	$ 5.63	$ 39.50			$ 427.87			
101920	Carlos	Christopher S	Reg	21.5	$ 236.50	$ 3.12	$ 11.83	$ 3.59	$ 2.65	$ 1.18	$ 3.43	$ 25.80	$ 262.30					
101920	Cozart	John W	Reg	28	$ 604.13	$ 7.97	$ 30.21	$ 9.18	$ 3.45	$ 3.02	$ 8.76	$ 62.59	$ 666.72					
101920	Cozart	John W	O.T.	9	$ 291.27	$ 3.84	$ 14.56	$ 4.43	$ 1.11	$ 1.46	$ 4.22	$ 29.62			$ 320.89			
101920	Eyler	James H	Reg	7	$ 115.98	$ 1.53	$ 5.80	$ 1.76	$ 0.86	$ 0.58	$ 1.68	$ 12.22	$ 128.20					
101920	Kissler	Tim G	O.T.	9	$ 258.96	$ 3.42	$ 12.95	$ 3.94	$ 1.11	$ 1.29	$ 3.75	$ 26.46			$ 285.42			
101920	Nettles	Jerry E	O.T.	9	$ 258.96	$ 3.42	$ 12.95	$ 3.94	$ 1.11	$ 1.29	$ 3.75	$ 26.46			$ 285.42			
101920	Riggs	Daylen B.	Reg	15.5	$ 170.50	$ 2.25	$ 8.53	$ 2.59	$ 1.91	$ 0.85	$ 2.47	$ 18.60	$ 189.10					
101920	Riggs	Daylen B.	O.T.	6	$ 99.00	$ 1.31	$ 4.95	$ 1.50	$ 0.74	$ 0.50	$ 1.44	$ 10.43			$ 109.43			
101920	Russell	Norman R	Reg	16	$ 306.91	$ 4.05	$ 15.35	$ 4.67	$ 1.97	$ 1.53	$ 4.45	$ 32.02	$ 338.93					
101920	Russell	Norman R	O.T.	9	$ 258.96	$ 3.42	$ 12.95	$ 3.94	$ 1.11	$ 1.29	$ 3.75	$ 26.46			$ 285.42			
150020	Sellers	Barry W	O.T.	17.5	$ 826.22	$ 23.63	$ 53.87	$ -	$ 1.85	$ 4.13	$ 11.98	$ 95.46			$ 921.68			
401100	Dusenbury	Joe H	Reg	12	$ 444.65	$ 5.87	$ 22.23	$ 6.76	$ 1.48	$ 2.22	$ 6.45	$ 45.01	$ 489.66					
401100	Holmboe	Bonita J	Reg	3	$ 58.22	$ 0.77	$ 2.91	$ 0.88	$ 0.15	$ 0.29	$ 0.84	$ 5.85	$ 64.07					
401101	Blacksher	Jeanie F.	Reg	2	$ 31.92	$ 0.42	$ 1.60	$ 0.49	$ 0.10	$ 0.16	$ 0.46	$ 3.22	$ 35.14					
401200	Elfstrom	Jonathan	Reg	30	$ 455.18	$ 6.01	$ 22.76	$ 6.92	$ 3.69	$ 2.28	$ 6.60	$ 48.26	$ 503.44					
401200	Elfstrom	Jonathan	O.T.	12	$ 273.11	$ 3.61	$ 13.66	$ 4.15	$ 1.48	$ 1.37	$ 3.96	$ 28.21			$ 301.32			
401200	Jewell	Joseph B	Reg	32	$ 712.40	$ 9.40	$ 35.62	$ 10.83	$ 3.94	$ 3.56	$ 10.33	$ 73.68	$ 786.09					
401201	Brown	Scott J	Reg	35	$ 355.95	$ 4.70	$ 17.80	$ 5.41	$ 4.31	$ 1.78	$ 5.16	$ 39.16	$ 395.11					
401201	Byrne	Derek M.	Reg	23	$ 233.91	$ 3.09	$ 11.70	$ 3.56	$ 2.83	$ 1.17	$ 3.39	$ 25.73	$ 259.64					
401201	Gerlach	Jason W.	Reg	19	$ 193.23	$ 2.55	$ 9.66	$ 2.94	$ 2.34	$ 0.97	$ 2.80	$ 21.26	$ 214.49					
401300	Ellingsen	Jerry B	Reg	40	$ 1,083.42	$ 14.30	$ 54.17	$ 16.47	$ 4.92	$ 5.42	$ 15.71	$ 110.99	$ 1,194.41					
401300	Wilkins	Scott W	Reg	24	$ 534.30	$ 7.05	$ 26.72	$ 8.12	$ 2.95	$ 2.67	$ 7.75	$ 55.26	$ 589.56					
401300	Wilkins	Scott W	O.T.	13	$ 434.12	$ 5.73	$ 21.71	$ 6.60	$ 1.60	$ 2.17	$ 6.29	$ 44.10			$ 478.22			
450001	McGinnis	David J	Reg	13	$ 249.37	$ 3.29	$ 12.47	$ 3.79	$ 1.60	$ 1.25	$ 3.62	$ 26.01	$ 275.38					
450001	McGinnis	David J	O.T.	5.5	$ 158.25	$ 2.09	$ 7.91	$ 2.41	$ 0.68	$ 0.79	$ 2.29	$ 16.17			$ 174.42			
450001	Micciche	John J	O.T.	13	$ 374.05	$ 4.94	$ 18.70	$ 5.69	$ 1.60	$ 1.87	$ 5.42	$ 38.22			$ 412.27			
450001	Rogers	Bradley A	Reg	8	$ 153.46	$ 2.03	$ 7.67	$ 2.33	$ 0.98	$ 0.77	$ 2.23	$ 16.01	$ 169.47					
450001	Rogers	Bradley A	O.T.	12	$ 345.27	$ 4.56	$ 17.26	$ 5.25	$ 1.48	$ 1.73	$ 5.01	$ 35.28			$ 380.55			

Totals:	$ 14,052.52	$ 35,573.17
Grand Totals:		$ 49,625.70

CITY COUNCIL CANIDATES
Interviews May 1, 2003

ROBERT (ROB) BACK

DAVE KAPLAN

GARY KENNEDY

WILLIAM KENNEDY

JAMES KENNEY

EDWINA MARTIN-ARNOLD

SCOTT McCARTY

J. SCOTT McFARLANE

DAVE PETRIE

DAN SHERMAN

BRENDA SIEGRIST

THOMAS SITTERLEY

MICHAEL SPEAR

JAMES SUNDIN

CITY OF DES MOINES
APPLICATION FOR COUNCIL VACANCY
21630 11th Avenue South
Des Moines, WA 98198

Recvd. RECEIVED
03 APR 24 PM 1:30
CITY OF DES MOINES

NAME: Robert K. Back (Rob)
ADDRESS: 23840 16th Lane South
PHONE: Home 206 824-0304 Work 206 824-8400 E-Mail: professionalcleaning@msn.com
LENGTH OF RESIDENCE AT THE ABOVE ADDRESS 12 yrs.
REGISTERED VOTER? YES
EMPLOYMENT SUMMARY LAST FIVE YEARS: Owner & Proprietor of my own company. Professional Cleaning Services is a registered business in Washington. We provided building maintenance and cleaning services to residential and commercial customers throughout King & Pierce Counties for over 15 years.

Are you related to anyone presently employed by the City or a member of a City Board? NO
If yes, explain:

Do you currently have an owning interest in either real property (other than your primary residence or a business) in the Des Moines planning area? NO If so, please describe:

lease list any Des Moines elective/appointive offices you have run/applied for previously.
2001 Des Moines City Council Candidate. Lost in primary by under 200 votes.
2001 Des Moines Planning Agency Applicant. Denied by former mayor.
2003 Des Moines Planning Agency Applicant. Denied by current mayor.

IN ORDER TO FULLY EVALUATE YOUR QUALIFICATIONS FOR THIS POSITION, PLEASE ANSWER THE FOLLOWING QUESTIONS USING ADDITIONAL PAPER IF NECESSARY.

1. What qualifications and experience do you have that have prepared you to be a Councilmember for the City of Des Moines?
Attached

2. What do you hope to accomplish if appointed?
Attached

3. What is your vision for Des Moines?
Attached

Rob Back Addendum
Application for Council Vacancy

Response to Question 1:

I have been in regular attendance at over 90 percent of the council meetings and study sessions these past two years. I have carefully followed the discussions and have listened to all viewpoints on each agenda item. Basically, I feel I am "up to speed" with the ongoing discussions and would be able to step in at current pace with this current council. Considering the current "even split" on some of the major issues, I believe I am as neutral as could be hoped for. I have purposely NOT lobbied any sitting council member regarding this vacant seat. My desire is to stay as "middle of the road" as possible so as to appear fair and unbiased to the council body as a whole. If chosen, however, I would make this same request of the same council members who appoint me. In other words, please do NOT lobby me in regards to some of your biases on the various issues at hand. I will vote my conscience, and I will be fair.

Response to Question 2:

To quote the infamous Rodney King during the L.A. riots, "Can't we all just get along?" A house divided against itself will not stand. This is true in the family unit and it is also true in government. We may never agree on issues, but a hateful and divisive spirit will NEVER accomplish any good. If appointed, I hope to accomplish more of a teamwork atmosphere for the council through the end of this term. I believe each council member truly cares about our community. There are no "good guys/bad guys" here. It's just "us" and we happen to disagree on some things. The past is the past. LET IT GO! We can move forward from here as a team if we choose to. Each of us have some quirky aspects to our personalities and I'm not suggesting we're all going to be on friendly terms, but we CAN choose to be courteous and respectful to one another even in our disagreements.

Response to Question 3:

As a resident over 20 years, my vision for Des Moines is a safe, affordable, "small town" feel where the various neighborhoods maintain their own unique character. I believe good neighborhoods start with good neighbors, and a good neighbor starts with the person in the mirror.

Robert K. Back
23840 16th Lane South
Des Moines, WA 98198
206 824-0304

OBJECTIVE

To serve the community in which I've lived over 20 years in an elective or appointive office motivated simply by a desire to contribute my talents to this city.

PERSONAL QUALIFICATIONS

Excellent health and presentation; writing and public speaking skills; assertive; accurate; honest; creative; intuitive; organized, and a sharp mind.

EDUCATION

Griffin Business College, Seattle, WA
B.S. Business Major/Accounting Minor 1990
Graduate Awarded High Honors with 3.9 GPA

Belleville Area College, Belleville, IL
A.A. General Studies 1981
Nominated for Who's Who in American Junior Colleges

WORK HISTORY

1988 – Present
Owner/Proprietor: Professional Cleaning Services. A building maintenance and service company providing contract services to residential and commercial property owners. Customers established throughout King and Pierce counties.

1982 – 1988
Special Services Coordinator: Virginia Mason Hospital. Organized setups and services for all medical center meetings and events. Coordinated interdepartmental functions, provided A.V. equipment services, and organized special in-house moves.

1979 – 1981
Student Academic Advisor: Belleville Area College. Acted as school representative and student advisor. Gave tours of campus facilities and led recruits to area high schools.

REFERENCES

Ze'ev Young M.D., Traditional Family Health Care, Renton, WA
Gen. Bob Coverdale, USAF Ret., Fairview Heights, IL
Rev. Joe Parker, NHWC, Federal Way, WA

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

PDC FORM **F-1** (9/02)

PERSONAL FINANCIAL AFFAIRS STATEMENT

PDC OFFICE USE
POST MARK
RECEIVED

Refer to instruction manual for detailed assistance and examples.

Deadlines: **Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.**

DOLLAR CODE	AMOUNT
A	$1 to $2,999
B	$3,000 to $14,999
C	$15,000 to $29,999
D	$30,000 to $74,999
E	$75,000 or more

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name	First	Middle Initial
Back	Robert	K

Mailing Address (Use PO Box or Work Address)
P.O.Box 98587

City	County	Zip + 4
Des Moines	King	98198

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.
N/A

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 _____
- ☒ Newly appointed to an elective office
- ☐ Newly appointed to a state appointive office

Office Held or Sought

Office title: City Council Member
County, city, district or agency of the office, name and number: Des Moines City Council
Position number: 2
Term begins: Current ends: 12/31/2003

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	Professional Cleaning Services	Owner	D

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
Personal Residence 23840 16th Lane South Parcel #162204-9099	E	U.S.Bank	Line	Mortgage	E	E
All Other Property Entirely or Partially Owned						
[illegible]cre Parcel #162204-9039	D	Clear Title	N/A	N/A		
1/2 Acre Parcel #162204-9094	B	Clear Title	N/A	N/A		

Check here ☐ if continued on attached sheet

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
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. U.S.Bank 14641 1st Ave. So. Burien, WA 98168	Checking	C	D
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. N/A			
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. Professional Cleaning Services	Owner	C	D

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.

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

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. Were you, your spouse or dependents an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity at any time during the reporting period? **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? **Yes** 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.

Robert K. Barker — Signature

4/24/2003 — Date

Contact Telephone: (206) 824-0304
Email: professionalcleaning@msn.com (work)
Email: robbieback@hotmail.com (Home)

Information Continued

F-1

Name
Robert K. Back

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	Professional Cleaning Services P.O.Box 98587 Seattle, WA 98198	Sole Proprietorship Privately owned maintenance & service business. Working for residential and commercial property owners by contract. No Government contracts.	D

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	
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					

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS (continued)

	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
A. Name and address of each bank or financial institution			
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

CITY OF DES MOINES
APPLICATION FOR COUNCIL VACANCY
21630 11th Avenue South
Des Moines, WA 98198

Recvd. RECEIVED
03 APR -3 PM 12:51
CITY OF DES MOINES

NAME: Dave Kaplan
ADDRESS: 2614 S. 226th, B303 Des Moines, WA 98198
PHONE: Home 206.824.3620 Work 360.754.6446 E-Mail: NALPAKDLK@aol.com
LENGTH OF RESIDENCE AT THE ABOVE ADDRESS 13 years
REGISTERED VOTER? YES
EMPLOYMENT SUMMARY LAST FIVE YEARS: See attached

Are you related to anyone presently employed by the City or a member of a City Board? NO
If yes, explain:

Do you currently have an owning interest in either real property (other than your primary residence or a business) in the Des Moines planning area? NO If so, please describe:

Please list any Des Moines elective/appointive offices you have run/applied for previously. See attached

IN ORDER TO FULLY EVALUATE YOUR QUALIFICATIONS FOR THIS POSITION, PLEASE ANSWER THE FOLLOWING QUESTIONS USING ADDITIONAL PAPER IF NECESSARY.

1. What qualifications and experience do you have that have prepared you to be a Councilmember for the City of Des Moines? See attached

2. What do you hope to accomplish if appointed? See attached

3. What is your vision for Des Moines? see attached

Dave Kaplan
2614 S. 226th, B303
Des Moines, WA 98198
(206)824-3620
nalpakdlk@aol.com

RESIDENT OF DES MOINES	Since 1989
REGISTERED VOTER IN KING COUNTY	Since 1979

EMPLOYMENT SUMMARY

Executive Director, Washington Self-Insurers Association	2001-Present
Operations Manager, Washington Self-Insurers Association	1998-2001
Staff Analyst, Washington Self-Insurers Association	1994-1998
Research Analyst, Washington State Senate	1987-1993
Consultant, Nalpak Research Company	1990-Present

ELECTIVE OFFICE

City Councilmember, City of Des Moines, WA	1997-2001

COMMUNITY LEADERSHIP & ACTIVITIES

Bet Chaverim Synagogue, Board of Directors	1991-1997; 2001-Present
Citizens Against Sea-Tac Expansion (CASE), Member	1989-1994; 1997-Present
Des Moines Senior Center Bond Levy, Co-Chair	1999
Friends of Des Moines Creek, Member	2001-Present
King County Big Brothers, Big Brother	1989-1997
Log Cabin Republicans of Washington, Board of Directors	1999-Present
Massey Creek Flood Management Plan Advisory Committee	1989-1990
METRO Citizens Water Quality Advisory Committee	1989-1990
Misty Woods Homeowners Association, Board of Directors	1990-1999; 2001-Present
The Nature Conservancy, Member	1989-1992

EDUCATION

B.A. in Political Science	
University of Washington	1982
MBA in Business, Economics & Public Policy	
The George Washington University	1984

QUESTIONS

1. ***What qualifications and experience do you have that have prepared you to be a Councilmember for the City of Des Moines?***

First, as outlined above, I have been involved in community activities since I first arrived in Des Moines back in 1989 – I feel I have a very good sense of what various communities in Des Moines are concerned about, and what they want addressed.

Second, I served on the Des Moines City Councilmember for over four years – I know what it means to be responsive to what our residents want, while at the same time maintaining my focus on the long-term needs of the City, and maintaining my independence when it comes to each issue addressed by the City Council.

Third, as outlined above, I have an extensive background in business, government, and politics. I know what it takes to provide leadership on issues, and how and when to make compromises to achieve a common goal.

Last, in my 14 years in Des Moines community activities and politics I have demonstrated honesty and integrity in everything that I have done, or ever will do. At this point in time, I believe that it is honesty and integrity that the residents of Des Moines most want from their elected officials.

2. ***What do you hope to accomplish if appointed?***

It is my intent to continue to pursue those issues I have pursued since 1997: adequate recreational facilities for our youth; development of a senior/community center; continuing to fight the Third Runway and the additional impacts it would create; promoting an environment for sound and thoughtful economic development in Des Moines (as a way to diversify our tax base); and to maintain and increase fiscal responsibility and accountability of the City for the long-term health of our community.

3. ***What is your vision for Des Moines?***

To make sure that the City invests in the infrastructure it needs to keep our community a safe, healthy, and financially viable place to live. That includes streets, parks, utilities, police services, and a safety net for those most in need in our community.

To protect the buffers and green spaces in the City, as a way to ensure our quality of life. By protecting our residential neighborhoods, and keeping economic development in those areas zoned for it, we will ensure that Des Moines will always be a great place to live.

To ensure that those attributes that make our community special will be maintained and enhanced in the years to come.

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

PDC FORM **F-1** (11/00)

PERSONAL FINANCIAL AFFAIRS STATEMENT

POST MARK — PDC OFFICE USE — RECEIVED

Refer to instruction manual for detailed assistance and examples.

Deadlines: **Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.**

DOLLAR CODE	AMOUNT
A	$1 to $2,999
B	$3,000 to $14,999
C	$15,000 to $29,999
D	$30,000 to $74,999
E	$75,000 or more

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name	First	Middle Initial
Kaplan	David	L

Mailing Address (Use PO Box or Work Address)
2614 S. 226th, B303

City	County	Zip + 4
Des Moines	King	98198-7151

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.

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 November year 2003
- ☐ Newly appointed to an elective office
- ☐ Newly appointed to a state appointive office

Office Held or Sought

Office title: City Councilmember
County, city, district or agency of the office, name and number: Des Moines
Position number: 6
Term begins: 1/1/2004 ends: 12/31/2007

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)

Myself (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 Self-Insurers Association 1401 Fourth Avenue East, Suite 200 Olympia, WA 98506	Executive Director	E

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	Assessed Value (Use Code)	Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original	Current
2614 S. 226th Street, B303 Des Moines, WA 98198	E	Washington Mutual P.O. Box 3139 Milwaukee, WI	15 yrs 7.5% APR		D	A
Other Property Entirely or Partially Owned						

Check here ☐ If continued on attached sheet

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
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.			
Morgan Stanley Simple IRA	Individual Retirement Acct	C	
Morgan Stanley Rollover IRA	Individual Retirement Acct	D	
Morgan Stanley Roth IRA	Individual Retirement Acct	B	

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.

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE) Original	Present
Bank of America - Car Loan P.O. Box 740125 Atlanta, GA 30374-0125	3 years 6.25% APR	None	C	C

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. Were you, your spouse or dependents an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity at any time during the reporting period? 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? ___ 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? ___ 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 2/28/2003 Date

Contact Telephone: (360) 754-6416

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828
EMAIL: pdc@pdc.wa.gov

PDC FORM **F-1** SUPPLEMENT (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
Kaplan	David	L	2/28/03

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: **Log Cabin Republicans of Washington** — POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **same** — **President**

ADDRESS: **P.O. Box 1802**
Seattle, WA 98111-1802

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Non-profit political organization

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)
None	

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):

None

Check here ☐ if continued on attached sheet

F-1 Supplement

Name
David L. Kaplan

ENTITY NO. 2

Reporting For: Self ☒ Spouse ☐ Dependent ☐

LEGAL NAME: **Nalpak Research Company**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **same**

100%

ADDRESS: **2614 S. 226th, B303**
Des Moines, WA 98198

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Consulting and political research

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)
None	

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):

None

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)
None		

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)
	None		$	

Check here ☐ if continued on attached sheet

Information Continued

F-1 Supplement

Name
David L. Kaplan

ENTITY NO. 3

Reporting For: Self ☒ Spouse ☐ Dependent ☐

LEGAL NAME: **Bet Chaverim**

POSITION OR PERCENT OF OWNERSHIP

Board Member

TRADE OR OPERATING NAME: **same**

ADDRESS: **25701 14th Place S.**
Des Moines, WA 98198

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Synagogue - religious institution

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)
None	

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):

None

B LOBBYING: (Continued)

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code)
None		

C FOOD TRAVEL SEMINARS (continued)

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
	None		$	

CITY OF DES MOINES
APPLICATION FOR COUNCIL VACANCY
21630 11th Avenue South
Des Moines, WA 98198

Recvd. RECEIVED
03 APR 15 PM 1:30
CITY OF DES MOINES

NAME: GARY L. KENNEDY
ADDRESS: 23312-11TH PLACE SOUTH
PHONE: Home 206.878.7849 Work _____ E-Mail: GLKGOLFMAN@AOL.COM
LENGTH OF RESIDENCE AT THE ABOVE ADDRESS 38 YEARS
REGISTERED VOTER? YES
EMPLOYMENT SUMMARY LAST FIVE YEARS: RETIRED AFTER 37 YEARS SERVICE WITH THE BOEING COMPANY APRIL 01, 1991. SEE ATTACHED WORK HISTORY

Are you related to anyone presently employed by the City or a member of a City Board? NO
If yes, explain: _____

Do you currently have an owning interest in either real property (other than your primary residence or a business) in the Des Moines planning area? NO If so, please describe: _____

Please list any Des Moines elective/appointive offices you have run/applied for previously. HIGHLINE WATER DISTRICT CITIZEN'S ADVISORY BOARD - TERM END MARCH 2003

IN ORDER TO FULLY EVALUATE YOUR QUALIFICATIONS FOR THIS POSITION, PLEASE ANSWER THE FOLLOWING QUESTIONS USING ADDITIONAL PAPER IF NECESSARY.

1. What qualifications and experience do you have that have prepared you to be a Councilmember for the City of Des Moines? SEE ATTACHED CONTINUATION SHEET

2. What do you hope to accomplish if appointed? SEE ATTACHED CONTINUATION SHEET

3. What is your vision for Des Moines? SEE ATTACHED CONTINUATION SHEET

Gary L Kennedy
23312 11th Place South
Des Moines,WA 98198-7143
206.878.7849

SUMMARY OF QUALIFICATIONS:

More than 27 years of overall financial planning and management, with responsibility for training and supervising personnel, program facilitation/management and implementation of Corporate goals and objectives.

Wide background in the management and supervision of professionals and a demonstrated proficiency in human relations, communications and administration.

PROFESSIONAL EXPERIENCE:

01/89 to 04/91 — Director of Business Management, Computing Systems
Defense and Space Group, Kent WA

This assignment involved the selection and installation of a set of Common Computing Systems for application within each of the Defense and Space Group.
The goal was to use the same computing application/system for Manufacturing, Engineering, Quality Assurance, Procurement and Administrative functions rather than a myriad of unique of Different systems/applications within the various DSG Divisions.
This was a five year, forty million dollar investment under the Supervision of R.E. Spears, Vice President Common Systems and B.D. Pinick, President Defense and Space Group whom I directly reported to for this assignment.

01/88 to 01/89 — Senior Manager, Axxyz Product Support and Resource Management
Boeing Computer Services, Bellevue, WA

Responsible for Product/Customer Support and resource management for the Axxyz Integrated Software Products group. Produce the certification deliverables(training materials, instruction security tapes help desk, equipment,)for each new product release or platform.
Manage a staff of 15(managers, S/W engineers and general office) personnel and the $4.7 million dollars general services budget; provide timely financial operating and program milestone/events

	data; develop and implement policies and procedures. Assignment completed with the culmination of the Product's sale for $6.0 million dollars to General Motors
12/78 to 12/87	Senior Administrator, Business Planning and Reporting Boeing Computer Services, Tukwila, WA Was responsible for the business planning and strategy functions for the Professional Services Group. Prepared long-range business plans; developed and implemented organization planning; evaluated the pricing of potential products, services and other business opportunities; managed a staff of 18(managers, technical and general office) personnel and $3.0 million dollars general services budget: provided timely financial, operating and program management data and developed / implemented policies and procedures.
09/73 to 11/78	General Supervisor, Finance Boeing Computer Services, Tukwila, WA Was responsible for the management of a staff of 11(management, engineering and general office) personnel and all financial and general services operations for the Consulting Division of the Boeing Computer Services Company
08/72 to 08/73	Supervisor, Finance Estimating/Pricing Boeing Computer Services, Seattle, WA Managed a staff of 3 technical employees responsible for cost and price estimating for financial planning, business opportunities products and services for support to commercial and Boeing clients or Boeing Computer Services.
03/68 to 07/72	Senior Supervisor , Finance Budgeting and Reporting Boeing Commercial Airplane Company, Renton, WA Analyzed and reported plan/actuals for the overhead costs, manpower utilization and equipment for BCAC 747 Division.
07/64 to 02/68	Senior Supervisor, Quality Assurance Boeing Aerospace Division, Seattle/Kent, WA Managed a staff of 33(management, exempt and general office) employees responsible for the analysis and reporting of QA costs for work in support of the DOD Minuteman Missile program.

10/55 to 06/64	Program Planner Boeing Aerospace, Seattle/Kent, WA Was responsible for various individual contract administration and program planning within the communities of Industrial Engineering, Quality Assurance and Finance for the Boeing Aerospace Division.
EDUCATION:	BA, Business Administration, University of Washington, 1972 Majors: Finance and Accounting, GPA 3.25 on 4.0 system AA, Business Administration, Highline College, 1969
	RECENT CONTINUING EDUCATION Boeing Senior Management Program at University of California(3 month duration), Business Ethics, EEO Issues, Management for Excellence, Conway Quality Seminar, James Martin Seminar, PC's for the Executive, T.G. Neason series, Management Attention to Performance, Large Account Marketing
AFFILIATIONS:	AARP American Kennel Club Boeing Management Association-Gold Club Member Boy Scouts of America, Chief Seattle Council BSA Eagle Scout Dad's Club Greater Des Moines Waterland Festival Marcus Whitman Presbyterian Church Meadow Park Golf Club National Association for Financial Analysts; Contributing Author, "Inventory Management using JIT Principles" National Association of Accountants: Contributing Author, "Make/Buy Decisions" Old English Sheepdog Club of America, Secretary/Treasurer for 2003 National Specialty Old English Sheepdog Club of Greater Seattle, former Director and currently nominated for Treasurer 2003/2004 Oregon Shakespeare Festival, Patron Seattle Repertory Theater, Benefactor University of Washington Alumni/Tyee Club

Continuation Sheet-Position Qualifications Questions

I. Qualifications and Experience

I had been employed by The Boeing Company for thirty- seven years before my retirement in April, 1991 engaged primarily in the financial and program management aspects of the business. Taking fiscal management responsibility is tantamount for the successful operation of any private business or governmental entity at any level and is the success factor for fiscal management of funds and their application to the operation of that enterprise. Public perception of private and governmental financial trustworthiness is at the lowest level in our history. I bring to the Council a knowledge bank of fiscal expertise based on education and practical applications.
Moreover, I have been a resident of Des Moines for over 38 years and over 56 years in the greater Highline area so I've witnessed many of the successes and disappointments in the history of our community. I think this longevity gives me a unique perspective of the needs and priorities of the community.

2. What do you hope to accomplish if appointed?

a. In the near term, I would hope to change the mood of the Council from negative in fighting to a positive pragmatic approach to solving the citizen's problems or needs
b. I would like to start a "Main Street Clean Up Project" in conjunction with Chamber of Commerce, property owners and enforcement of existing ordinances dealing with derelict cars, boats and trailers to enhance the visual appearance of Des Moines.
c. I would like to explore a resource sharing program with adjacent communities to preserve capital used equipment replacement and possible human resource sharing.
d. I would like to explore the possibility of changing the No Right Turn except with signal change at the intersection of 227th Street and Marine View Drive so it would be a stop and go per State driving regulations except during the hours of 3:00P.M. to 6:00 P.M. Monday through Friday.
e. I would like to review/study the operations of successful cities in their endeavors to attract and retain businesses within the community. Depending on the results of this data search the formation of a "Rapid Response Team" approach might be employed to seek out business/industry possibilities for Des Moines.

3. Vision for Des Moines

My Vision for Des Moines does not include many vacant /burned out buildings, derelict cars and boats between businesses and brambles growing wildly on vacant property. My Vision of Des Moines is that of a thriving, clean and unique community building upon our existing strengths, which in Des Moines are two fold; i.e., one of a waterfront community and secondly as a retirement community. Attraction of boat building, rentals, tours or other water activities and attracting more medical offices dealing with geriatrics would be the first building blocks to realizing this Vision.

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

PDC FORM **F-1** (11/00)

PERSONAL FINANCIAL AFFAIRS STATEMENT

POST MARK — PDC OFFICE USE

RECEIVED

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 $2,999
B	$3,000 to $14,999
C	$15,000 to $29,999
D	$30,000 to $74,999
E	$75,000 or more

Last Name: KENNEDY | First: GARY | Middle Initial: L

Mailing Address (Use PO Box or Work Address): 23312 - 11TH PLACE SOUTH

City: DES MOINES | County: KING | Zip + 4: 98198 - 7143

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.

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 _____
- ☑ Newly appointed to an elective office
- ☐ Newly appointed to a state appointive office

Office Held or Sought

Office title: CITY COUNCIL MEMBER

County, city, district or agency of the office, name and number: DES MOINES CITY COUNCIL

Position number: TWO

Term begins: UNKNOWN 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)	SOCIAL SECURITY	RETIREMENT BENEFITS	C
	BOEING COMPANY RETIREMENT	" "	B
(SP)	SOCIAL SECURITY	" "	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 $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.)

	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received
Property Sold or Interest Divested			

		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: 23312 - 11TH PL SO, DES MOINES 98198 - 7143 (PERSONAL HOME) ASSESSOR'S CODE 1126	E	—	—	—	C	—

Check here ☐ if continued on attached sheet

CONTINUE ON NEXT PAGE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

		Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
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.	SEE CONTINUATION SHEET		
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.	NONE		
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.	SEE CONTINUATION SHEET		

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.

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE) 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. Were you, your spouse or dependents an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity at any tim during the reporting period? NO 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 reportin 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? NO 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 yo your spouse 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 governmenta 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? ___ If yes to either or both questions, complet 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: Lacy L Kennedy Date: 04-15-2003

Contact Telephone: (206) 878-7849

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATUR

Continuation Sheet, Assets/Investments-Interest/Dividends

A. Financial Institution	Type of Account	Asset Value	Income Amount
KeyBank Des Moines WA	MM Checking	B	A
	Treasury MM	D	A
	Commercial Deposits	D	A
Bank of America, Des Moines,WA	Checking	D	A
B. Insurance Co.	**None**		
C. Stocks, Bonds, IRAS			
KeyBank, Des Moines,WA	IRA's	D	A
Salomon Smith Barney, New York, New York	Mutual Funds	D	A
	Corporate Bonds	D	A
	Municipal Bonds	D	A
	KeyBank CD	B	A
	Money Market	B	A
Boeing Company, Chicago, IL	401K		
	Stable Value	E	B
	S&P 500	E	A
	Investco	E	A
Firsthand Funds, Palo Alto, CA	Leaders	C	A
Vanguard Funds, Virgina	S&P 500	D	A
Williams COS, Huston, OK	Stock 1645 Sh's	C	A
Kinder Morgan, Huston OK	Stock 4087 Sh's	E	A
United States Bonds	EE series	D	A
	I series	E	A

CITY OF DES MOINES
APPLICATION FOR COUNCIL VACANCY
21630 11th Avenue South
Des Moines, WA 98198

Recvd._____

RECEIVED
03 APR 25 PM 1:56
CITY OF DES MOINES

NAME: WILLIAM C. KENNEDY
ADDRESS: 27039 10TH AVENUE S.
PHONE: Home 253-839-2898 Work _____ E-Mail: TLP@WORLDNET.ATT.NET
LENGTH OF RESIDENCE AT THE ABOVE ADDRESS 5 YEARS
REGISTERED VOTER? YES
EMPLOYMENT SUMMARY LAST FIVE YEARS: SEE ATTACHED

Are you related to anyone presently employed by the City or a member of a City Board? No.
If yes, explain: _____

Do you currently have an owning interest in either real property (other than your primary residence or a business) in the Des Moines planning area? No. If so, please describe: _____

'ease list any Des Moines elective/appointive offices you have run/applied for previously. _____
SEE ATTACHED.

IN ORDER TO FULLY EVALUATE YOUR QUALIFICATIONS FOR THIS POSITION, PLEASE ANSWER THE FOLLOWING QUESTIONS USING ADDITIONAL PAPER IF NECESSARY.

1. What qualifications and experience do you have that have prepared you to be a Councilmember for the City of Des Moines? SEE ATTACHED

2. What do you hope to accomplish if appointed? SEE ATTACHED

3. What is your vision for Des Moines? SEE ATTACHED

RESUME' AND COMMUNITY EXPERIENCE
FOR WILLIAM C. KENNEDY

Bachelor of Science Degree in Urban Planning and Landscape Architecture from California State Polytechnic College, Pomona, California.

From 1965 to 1969, I was employed with the cities of Milpitas, California and Livermore California. From 1969 to 1970 I was employed with Kittitas County, Washington.

In 1970, I began employment with the city of Kennewick as Director of Planning and Community Development and retired in 1995. During that time, the Department was responsible for the development of a comprehensive plan and its periodic amendments. The Department was also responsible for the development of numerous ordinances and policies dealing with the growth and development of the City. All private property development projects and certain public projects were to the review and decision-making processes of the Department. We were responsible for assuring compliance with the requirements of the State Environmental Policy Act and Community Development Block Grant processes. My attendance was required at all City Council Regular Meetings and Study Sessions, Planning Commission meetings, Board of Adjustment meetings and Block Grant Committee meetings. I also acted as a "hearing examiner" for violations to certain building and zoning codes.

I was active with the Parks and Recreation Commission and helped the Downtown Kennewick and Columbia Drive Association in their "re-birth" to a more viable association.

Upon retirement, I established a planning consulting business providing consulting work for the cities of Mesa, Prosser, College Place and Connell. My responsibilities included the development of comprehensive plans, land development ordinances and assuring compliance with the State Environmental Policy Act. I also attended necessary meetings, as required.

In May, 1997, I came out of retirement and was employed as part of a team to help the new city of Covington, WA., in the development of various start-up plans, ordinances and commissions. In September, 1997, I was hired, as permanent staff, as the Director of Planning and Community Development. My duties included overseeing the development of a comprehensive plan and zoning ordinance; helping with the establishment of a Planning Commission, Park and Recreation Commission and Human Services Commission. I also acted as Staff liaison to these Commissions as well as the City Council. I also had the responsibility of assuring developer compliance with all adopted codes and ordinances. I retired once again in April, 2002.

Upon retiring from the city of Covington, I resurrected my consulting business and obtained a Business License from the City of Des Moines.

I volunteer for the Washington Trails Association and am a member of the Tacoma Dragon Boat Association.

I have submitted an application to be appointed to the Senior Advisory Committee and I am helping the Des Moines Business Boosters in their organizational pursuits.

SUPPLEMENT TO APPLICATION
FOR DES MOINES COUNCIL VACANCY

EMPLOYMENT SUMMARY FOR LAST FIVE YEARS:

Director of Planning and Community Development for the City of Covington, WA., from September, 1997 to April, 2002; established consulting business, as a home occupation from April 2002 to present. I am also retired from the City of Kennewick where I was Director of Planning and Community Development from 1970 to 1995.

PLEASE LIST ANY DES MOINES ELECTIVE/APPOINTIVE OFFICES YOU HAVE RUN/APPLIED FOR PREVIOUSLY.

I have applied for appointment to the Senior Services Committee.

IN ORDER TO FULLY EVALUATE YOUR QUALIFICATIONS FOR THIS POSITION, PLEASE ANSWER THE FOLLOWING QUESTIONS USING ADDITIONAL PAPER IF NECESSARY.

1. What qualifications and experience do you have that have prepared you to be a Councilmember for the City of Des Moines?

I have approximately thirty-five years of local government experience, thirty years of which was as a department head. This has required that I become familiar with various aspects of State Law; familiar with the operations of city councils and various city commissions such as Planning, Parks and Recreation, Boards of Adjustment, and Human Services; familiar with ordinances, comprehensive plans and community development block grants; and familiar with aspects of non-city organizations which have been formed to help with the growth and development of cities such as chambers of commerce and downtown associations.

I am familiar with Robert's Rules of Order; the need and use of rules of procedure and by-laws; and the coordination required between city-staff and city councils.

I do not know if any new prospective applicant for a city council position is qualified. However, it is important to note that when my wife and I decided to move to Western Washington, we had two criteria: We wanted to be close to Puget Sound and we wanted to live in a relatively small city with a nice downtown. We looked at numerous locations from Seattle to Tacoma. The more we looked at Des Moines, the more we became convinced that this was the City in which we wanted to live. We have not regretted that decision.

2. What do you hope to accomplish if appointed?

I am aware that the City Council has come "under fire", the last several years. I feel that my appointment, as I am a relative newcomer to the City (five years as a resident), might

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PDC FORM **F-1** (11/00)

PERSONAL FINANCIAL AFFAIRS STATEMENT

POST MARK — PDC OFFICE USE

RECEIVED

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 $2,999
B	$3,000 to $14,999
C	$15,000 to $29,999
D	$30,000 to $74,999
E	$75,000 or more

Last Name: Kennedy | First: William | Middle Initial: C

Mailing Address (Use PO Box or Work Address): 27039 10th Aves

City: Des Moines | County: King | Zip+4: 98198

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.

SP Nancy L.

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 _____
- ☒ Newly appointed to an elective office
- ☐ Newly appointed to a state appointive office

Office Held or Sought

Office title: City Council

County, city, district or agency of the office, name and number: Des Moines

Position number: _____

Term begins: June, 2003 Ends: Dec, 2003

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. City of Covington	CONSULTANT	B
Social Security		C
PERS		C
ICMA		C
SP City of Tukwila	ADM SEC.	D

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						
27039 10th Aves Des Moines WA	E	Wa. Mutual	Monthly	House	E	E

Check here ☐ if continued on attached sheet

CONTINUE ON NEXT PAGE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
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. Franklin Fund PO Box 997151 Sac. CA. 95899	Money Mkt	D	N/A
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. S Charles Schwab PO Box 52013 Phx. AZ 85072 S-ICMA Retirement Corp SP-ICMA Check here ☐ if continued on attached sheet. Capitol Mgt. Ret. Svc. DC 00144	stocks, etc Retirement Retirement	D G D	

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.

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE) Original	Present
AESA PO Box 509 Richland WA 99352	Monthly	Trailer	C	C

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. Were you, your spouse or dependents an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity at any time during the reporting period? Y 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? Y If yes, complete Supplement, Part A.

C. Did you, your spouse or dependents own a business at any time during the reporting period? Y 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? ___ or 2) Did any source other than your governmenta 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? ___ 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 Date 4-25-05

Contact Telephone: 253 839 2898

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATUR

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828
EMAIL: pdc@pdc.wa.gov

PDC FORM **F-1** SUPPLEMENT (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

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 [X] Spouse [X] Dependent [ ]

LEGAL NAME: The Kennedy Partnership

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: S RME

ADDRESS: 27039 10th Aves Des Moines, WA 98198

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: Consulting

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)
City of Covington	Work done.

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

CONTINUE PARTS B AND C ON NEXT PAGE

F-1 Supplement

Name

ENTITY NO. 2 —

Reporting For: Self ☐ Spouse ☐ Dependent ☐

LEGAL NAME: POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

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

Purpose of payments	Amount (actual dollars)
	$

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

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 $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

CITY OF DES MOINES
APPLICATION FOR COUNCIL VACANCY
21630 11th Avenue South
Des Moines, WA 98198

RECEIVED
03 APR -9 AM 10:25
CITY OF DES MOINES

NAME: JAMES F. KENNEY
ADDRESS: 26203 MARINE VIEW DR. S. DES MOINES WA 98198
PHONE: Home (253) 839 6388 Work — E-Mail: Jkenney@seanet.com
LENGTH OF RESIDENCE AT THE ABOVE ADDRESS ~39 YRS
REGISTERED VOTER? YES
EMPLOYMENT SUMMARY LAST FIVE YEARS: PART-TIME ADJUNCT PROFESSOR TEACHING BUSINESS COURSES IN EASTERN EUROPE AND CHINA

Are you related to anyone presently employed by the City or a member of a City Board? NO
If yes, explain:

Do you currently have an owning interest in either real property (other than your primary residence or a business) in the Des Moines planning area? YES If so, please describe: VACANT LOT ON MARINE VIEW DR. S. NEAR 258th
TAX # 506740-0110-08 LOT 7-8 MALTBY SUBDIV OF GOV LOT 1 UNREC POR E, OF MARINE VIEW DR

Please list any Des Moines elective/appointive offices you have run/applied for previously.
NONE

IN ORDER TO FULLY EVALUATE YOUR QUALIFICATIONS FOR THIS POSITION, PLEASE ANSWER THE FOLLOWING QUESTIONS USING ADDITIONAL PAPER IF NECESSARY.

1. What qualifications and experience do you have that have prepared you to be a Councilmember for the City of Des Moines? Qualifications: excellent communication skills, good business sense and experience
Experience: Many years in business management. Several years as a school board member during very turbulent times. Skilled in labor negotiations

2. What do you hope to accomplish if appointed? I hope 2 main goals: 1) establish voter confidence in a well-run council operating on rational consensus and 2) make the recently annexed South End feel like an integral part of the City.

3. What is your vision for Des Moines? I want to see a City where it is a pleasure to live based on such factors as a low crime rate and excellent budget control. People must feel that the city is controlled by them, not by insider cliques.

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
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TOLL FREE 1-877-601-2828

PDC FORM **F-1** (11/00)

PERSONAL FINANCIAL AFFAIRS STATEMENT

POST MARK — PDC OFFICE USE — RECEIVED

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DOLLAR CODE	AMOUNT
A	$1 to $2,999
B	$3,000 to $14,999
C	$15,000 to $29,999
D	$30,000 to $74,999
E	$75,000 or more

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name: KENNEY | First: JAMES | Middle Initial: F.

Mailing Address (Use PO Box or Work Address): 26203 MARINE VIEW DR. S.

City: DES MOINES | County: KING | Zip + 4:

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.
WIFE = BETTY KENNEY

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 ____
- ☒ Newly appointed to an elective office
- ☐ Newly appointed to a state appointive office

Office Held or Sought

Office title: CITY COUNCIL

County, city, district or agency of the office, name and number: DES MOINES #2

Position number: _____

Term begins: NA 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)
	SOCIAL SECURITY ADMINISTRATION	RETIREMENT	C
	BOEING CO.	RETIREMENT	D

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						
TAX# 506740-0110-08 LOT 7-8 MALTBY SUB DIV OF GOVT LOT 1 FOR E OF 26 MARINE VIEW DR	D	none				

Check here ☐ if continued on attached sheet

CONTINUE ON NEXT PAGE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
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. 1 BANK OF AMERICA – SEATTLE 2 AMERICAN EXPRESS FINANCIAL ADV, SEATTLE	① ACCOUNT 1637500375	C	A
	② MISC STOCKS, BONDS ETC – INCLUDING IRAS	F	
	CIRA REQUIRED REDEMPTION →		D
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. X			
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.			

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.

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

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. Were you, your spouse or dependents an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity at any time during the reporting period? N 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? N If yes, complete Supplement, Part A.

C. Did you, your spouse or dependents own a business at any time during the reporting period? N 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? N 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? ___ 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? ___ 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.

James F. Kenney 4/9/03

Signature Date

Contact Telephone: 253 839 6388

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATUR

PUBLIC DISCLOSURE COMMISSION

711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
Toll Free 1-877-601-2828

Candidate Registration

C1
(6/01)

Candidate's Name (Give candidate's full name.)
JAMES F. KENNEY

Telephone Numbers
(253) 839-6388
( )

Candidate's Committee Name (Do not abbreviate.)
NO COMMITTEE EXISTS

Mailing Address
26203 MARINE VIEW DR. S.

Fax Number
( )

City: DES MOINES | County: KING | Zip + 4: 98198

E-Mail Address
jkenney@seanet.com

1. What office are you running for? CITY COUNCIL MEMBER | Legislative District, County or City: DES MOINES | Position No. #2 | Do you now hold this office? Yes ☐ No ☒

2. Political party (if partisan office): N/A

3. Date of general or special election: N/A - APPOINTMENT

4. How much do you plan to spend during your entire election campaign, including the primary and general elections? Based on that estimate, choose one of the reporting options below. **If no box is checked you are obligated to use Option II, Full Reporting. See instruction manuals for information about reports required and changing reporting options.**

☒ **Option I MINI REPORTING:** In addition to my filing fee of $_____, I will raise and spend no more than $3,500, including any charges for inclusion in state and local voters pamphlets. I will not accept more than $300 in the aggregate from any contributor except myself.

☐ **Option II FULL REPORTING:** I will use the Full Reporting system. I will file the frequent, detailed campaign reports required by law.

5. Treasurer's Name and Address. Candidate may be treasurer. List deputy treasurers on attached sheet. ☐ Continued on attached sheet

NONE

Daytime Telephone Number
( )

6. Committee Officers. List name, title and address. Continue on attached sheet if necessary. See reverse for definition of "officer." ☐ Continued on attached sheet

NONE

7. Campaign Bank or Depository: NONE | Branch | City

8. Related or Affiliated Political Committees. List name, address and relationship.

NONE

☐ Continued on attached sheet

9. Campaign books must be open to the public, except on a weekend or legal holiday, during the eight days before the election: (a) on the eighth day for two consecutive hours between 8 a.m. and 8 p.m.; if the eighth day is a legal holiday – two consecutive hours on the seventh day between 8 a.m. and 8 p.m.; and (b) on the other weekdays, by appointment between 8 a.m. and 8 p.m. Specify location and hours below. It is not acceptable to provide a post office box or an out-of-area address.

Street Address, Room Number, City | **Hours** [Two consecutive hours; see 9(a)]

In order to make an appointment, contact the campaign at (telephone, fax, e-mail): ( )

10. **CERTIFICATION:**
I certify that this report is true, complete and correct to the best of my knowledge.

Candidate's Signature: James F Kenney | Date: Sept 03

Please advise us about which forms and instructions you need. Remember, candidates must file a Financial Affairs Statement (F-1) unless a current one is already on file with PDC. Check all boxes that apply.

☐ I already have financial affairs and campaign disclosure forms and instructions.
☒ I am using Mini Reporting and, therefore, do not need the other campaign disclosure forms. In addition, I have already filed my Financial Affairs Statement and need no additional F-1 forms.
☐ I will obtain all forms and instructions from my county elections office.
☐ I want PDC to mail me: ☐ the F-1 instruction booklet (which includes forms) ☐ the appropriate campaign disclosure forms and instructions.

Distribution of This Report:
ORIGINAL – Public Disclosure Commission
COPY – County Elections Office (Auditor)
COPY – Your own records
(Note: City candidates contact City Clerk to see if local filing is required.)

SEE INSTRUCTIONS ON REVERSE

CITY OF DES MOINES
APPLICATION FOR COUNCIL VACANCY
21630 11th Avenue South
Des Moines, WA 98198

Recvd. 4/24/03 2:50 pm BTW

NAME: Edwina Martin-Arnold
ADDRESS: 23221 Marine View Drive/Mailing POB 98947 Des Moines, Wa. 98198
PHONE: Home (206)870-7329 Work _____ E-Mail: edwina@arnoldnetwork.com
LENGTH OF RESIDENCE AT THE ABOVE ADDRESS 3
REGISTERED VOTER? yes
EMPLOYMENT SUMMARY LAST FIVE YEARS: Self-Employed

Are you related to anyone presently employed by the City or a member of a City Board? NO
If yes, explain: _____

Do you currently have an owning interest in either real property (other than your primary residence or a business) in the Des Moines planning area? NO If so, please describe: _____

Please list any Des Moines elective/appointive offices you have run/applied for previously. None

IN ORDER TO FULLY EVALUATE YOUR QUALIFICATIONS FOR THIS POSITION, PLEASE ANSWER THE FOLLOWING QUESTIONS USING ADDITIONAL PAPER IF NECESSARY.

1. What qualifications and experience do you have that have prepared you to be a Councilmember for the City of Des Moines? I am a business owner, an attorney, and a mother with children in this community. All of the above have prepared me to be a Councilmember.

2. What do you hope to accomplish if appointed? I hope to contribute to maintaining and enhancing the Des Moines community.

3. What is your vision for Des Moines? I love the city and my hope is that it would stay pretty much as it is. However, change is inevitable, so I want to be apart of evaluating the changes to make sure the community is enhanced as opposed to damaged.

23221 Marine View Drive
Mailing - PO Box 98947
Des Moines, Wa. 98198

(206) 870-7329
edwina@arnoldnetwork.com

Edwina Martin-Arnold

Experience

2001-Present **Published Romance Author**

Books: *Eve's Prescription,* Genesis Press

Jolie's Surrender, Genesis Press

2001-Present Urbankind- Wireless/ Internet Co.
Co-Founder

2001-Present Philadelphia Fevre Restaurant Seattle, WA.
Owner

1999-Present Major League Barber and Beauty Seattle, WA.
Owner

1994-1999 Seattle City Attorney's Office Seattle, WA.
Assistant City Attorney
*Criminal Trial Attorney

1992–1994 King County Prosecutor's Office Seattle, WA.
Deputy Prosecuting Attorney
*Criminal Trial Attorney

Education

1989-1992 University of Puget Sound School of Law Tacoma, WA.

- Juris Doctórate
- Admitted to the Bar November 5, 1992

1983–1987 University of Washington Seattle, WA.
- B.A., Communications

References: Available upon request.

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

PDC FORM **F-1** (11/00)

PERSONAL FINANCIAL AFFAIRS STATEMENT

POST MARK — PDC OFFICE USE

RECEIVED

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 $2,999
B	$3,000 to $14,999
C	$15,000 to $29,999
D	$30,000 to $74,999
E	$75,000 or more

Last Name: Martin-Arnold, First: Edwina, Middle Initial: M.

Mailing Address (Use PO Box or Work Address): PO Box 98947

City: Des Moines, County: King, Zip + 4: 98198

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.

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 ____
- ☐ Newly appointed to an elective office
- ☐ Newly appointed to a state appointive office

Office Held or Sought

Office title: _____

County, city, district or agency of the office, name and number: _____

Position number: _____

Term begins: _____ ends: _____

1 INCOME

List each employer, or other source of income (pension, social security, legal judgment) 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	Genesis Press	Author	A
SP	Intellivus	Executive VP	E

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
N/A			

Property Purchased or Interest Acquired	Assessed Value (Use Code)	Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original	Mortgage Amount - (Use Code) Current
23221 Marine View Drive Des Moines, Wa. 98198	E	Bank of America Line of Credit	15 yrs @ 6.25%	Home	E	E
All Other Property Entirely or Partially Owned: N/A						

Check here ☐ if continued on attached sheet

CONTINUE ON NEXT PAGE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

		Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
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. Bank of America	checking / Saving	D	A
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. Farmer's Insurance Seattle, Wa.	Life Insurance	E	A
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. E Trade Financial JP Morgan UBS Paine Webber Fleet Bank of America IRA	Stock stock stock stock IRA Acct	B A B E B	A A A D None

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.

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE) Original	Present
King Cty Property Taxes	1yr @ 12%	2001	D	E

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. Were you, your spouse or dependents an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity at any tim during the reporting period? NO 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 reportin 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 currentl 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 yo 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 governmenta 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, complet 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 [signature] Date 4/24/03

Contact Telephone: (206) 870-7329

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATUR

F-1 Supplement

Name

ENTITY NO. 2

Reporting For: Self ☒ Spouse ☐ Dependent ☐

LEGAL NAME: Major League Barber + Beauty

POSITION OR PERCENT OF OWNERSHIP: Owner 50%

TRADE OR OPERATING NAME:

ADDRESS: 601 South Grady Way Renton, WA. 98055

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: A barber and beauty shop my husband and I started.

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

Purpose of payments	Amount (actual dollars)
N/A	$

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

Customer name:	Purpose of payment (amount not required)
N/A	

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):

N/A

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)
N/A		

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)
	N/A		$	

Check here ☐ if continued on attached sheet

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828
EMAIL: pdc@pdc.wa.gov

PDC FORM **F-1** SUPPLEMENT (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

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: Philadelphia Fevre

POSITION OR PERCENT OF OWNERSHIP: 50% owner

TRADE OR OPERATING NAME: Same

ADDRESS: 2332 E. Madison St, Seattle, Wa. 98112

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: A restaurant that my husband and I own.

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

Purpose of payments: N/A — Amount (actual dollars): $

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

Customer name: N/A — 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):

N/A

Check here ☐ if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828
EMAIL: pdc@pdc.wa.gov

PDC FORM **F-1** SUPPLEMENT (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

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. 3

Reporting For: Self ☒ Spouse ☐ Dependent ☐

LEGAL NAME: Urban Kind

POSITION OR PERCENT OF OWNERSHIP: My husband and I hold 60%

TRADE OR OPERATING NAME:

ADDRESS: POB 98947 Des Moines, Wa.

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: A wireless and Internet company my husband and I started.

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

Purpose of payments	Amount (actual dollars)
N/A	$

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

Customer name:	Purpose of payment (amount not required)
N/A	

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):

N/A

Check here ☐ if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

F-1 Supplement

Name

ENTITY NO. 2

Reporting For: Self ☐ Spouse ☐ Dependent ☐

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

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

Purpose of payments	Amount (actual dollars)
	$

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

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 $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

CITY OF DES MOINES
APPLICATION FOR COUNCIL VACANCY
21630 11th Avenue South
Des Moines, WA 98198

Recvd. RECEIVED
03 APR 24 AM 11:33
CITY OF DES MOINES

NAME: Scott McCarty
ADDRESS: 27015 10TH Ave South Des Moines, WA 98198
PHONE: Home 253-839-3676 Work 253-841-5478 E-Mail: none
LENGTH OF RESIDENCE AT THE ABOVE ADDRESS 4 years
REGISTERED VOTER? yes
EMPLOYMENT SUMMARY LAST FIVE YEARS: see attached resume

Are you related to anyone presently employed by the City or a member of a City Board? no
If yes, explain: —

Do you currently have an owning interest in either real property (other than your primary residence or a business) in the Des Moines planning area? no If so, please describe: —

Please list any Des Moines elective/appointive offices you have run/applied for previously. none

IN ORDER TO FULLY EVALUATE YOUR QUALIFICATIONS FOR THIS POSITION, PLEASE ANSWER THE FOLLOWING QUESTIONS USING ADDITIONAL PAPER IF NECESSARY.

1. What qualifications and experience do you have that have prepared you to be a Councilmember for the City of Des Moines? see attached

2. What do you hope to accomplish if appointed? see attached

3 What is your vision for Des Moines? see attached

Supplemental Questions

1. What qualifications and experience do you have that has prepared you to be a Councilmember for the City of Des Moines?

I have been employed by three city governments consecutively for the last thirteen years. Over this time, I have developed an extensive knowledge regarding all aspects of how city governments operate including legal issues, politics, finances, and economic development. From 1998 to 2002, as Finance Director for the City of Des Moines, I was exposed, at various levels, to major initiatives within the community. As such, I am uniquely qualified and very confident in my ability to assess the needs of the community in a fair and equitable manner.

2. What do you hope to accomplish, if appointed?

If appointed, I will focus on the following three areas:

- I will work with members of the City Council to establish and maintain a tangible, visible political process with the purpose of achieving the City Council's *2003 Strategic Goals and Objectives*. For example, the fact the City is not a member of the Airport Communities Coalition (ACC) directly conflicts with these adopted goals and objectives. I feel very strongly that the City should be involved in, both politically and financially, the fight against the construction of the third runway.
- I will work with members of the City Council to maximize community assets. Located within the City are sites that can, and should become regional destination points. These areas included Highline Community College, the marina, Saltwater State Park, downtown, the Port of Seattle buy-out area, and Pacific Ridge. Some of these, such as Highline Community College, the marina, and downtown, should be enhanced now to initiate immediate economic development. Others, such as Pacific Ridge, should be nurtured to provide another phase of economic development.

- I will work to use "level of service" criteria to make resource allocation decisions. Selecting the level of service is the most influential factor determining the cost of any City service. Given the vulnerable financial condition of the City, the Council must use level of service criteria to allocate City resources.

3. What is your vision for Des Moines?

My vision for Des Moines is a waterfront community, with well respected public school systems, that is popular to live, work, shop, and play.

Scott Reid McCarty, CPA

27015 10th Avenue South
Des Moines, WA 98198
(253) 839-3676

PROFESSIONAL EXPERIENCE

Finance Director, City of Puyallup, Puyallup, Washington **2002-Current**

- Responsible for administration of a $70 million annual budget consisting of $40 million in operations, $25 million in capital, and special projects of $5 million.
- Annual audit and financial reports.
- Long-term financial planning, modeling, and rate setting.
- Cash management and investment.

Finance Director, City of Des Moines, Des Moines, Washington **1998-2002**

- Responsible for administration of a $44 million annual budget consisting of $17 million in operations, $24 million in capital, and special projects of $3 million.
- Annual audit and financial reports.
- Financial trend analysis and forecasting.

Accounting Manager, Town of Gilbert, Gilbert, Arizona **1993-1998**

- Financial management including accounts receivable, accounts payable, purchase orders, general ledger, budget, and payroll.
- Annual audit and completion of financial reports.
- Coordinated the implementation of a financial management software system.
- Reconstructed and reconciled an impact fee subsidiary totaling $17 million.

Accountant I, Town of Gilbert, Gilbert, Arizona **1992-1993**

Accounting Technician, Town of Gilbert, Gilbert, Arizona **1991-1992**

Account Clerk, Town of Gilbert, Gilbert, Arizona **1989-1991**

COMMUNITY EXPERIENCE

Little League Baseball Coach **2003**

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

PDC FORM **F-1** (9/02)

PERSONAL FINANCIAL AFFAIRS STATEMENT

POST MARK — PDC OFFICE USE

RECEIVED

, to instruction manual for detailed assistance and examples.

eadlines: **Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.**

DOLLAR CODE	AMOUNT
A	$1 to $2,999
B	$3,000 to $14,999
C	$15,000 to $29,999
D	$30,000 to $74,999
E	$75,000 or more

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name: McCARTY | First: SCOTT | Middle Initial: R

Mailing Address (Use PO Box or Work Address): 27015 10TH AVENUE SOUTH

City: DES MOINES, WA | County: KING | Zip + 4: 98198

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.

WIFE - DEANNA McCARTY
SON - MATTHEW McCARTY
DAUGHTER - AMANDA McCARTY

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 _____
- ☐ Newly appointed to an elective office
- ☐ Newly appointed to a state appointive office

Office Held or Sought

Office title: CITY COUNCIL MEMBER

County, city, district or agency of the office, name and number: DES MOINES CITY COUNCIL

Position number:

Term begins: WITH APPOINTMENT ends: 12/31/03

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)

elf (S) e (SP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
S	CITY OF PUYALLUP, WA 218 W. PIONEER PUYALLUP, WA 98371	FINANCE DIRECTOR	E

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		
NONE						
Property Purchased or Interest Acquired		**Creditor's Name/Address**	**Payment Terms**	**Security Given**	**Mortgage Amount - (Use Code) Original**	**Current**
NONE						
ther Property Entirely or Partially Owned a 1015 10TH AVENUE SOUTH DES MOINES, WA 98198	E	WELLS FARGO HOME MORTGAGE PO BOX 10335 DES MOINES, IA 50306-0335	5.375% FOR 15 YEARS	MORTGAGE	E	E

Check here ☐ if continued on attached sheet

CONTINUE ON NEXT PAGE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
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. S MBNA AMERICA BANK PO BOX 15103 WILMINGTON, DE 19850-5103	SAVINGS	D	A
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. S STANDARD LIFE INSURANCE 900 SW FIFTH AVENUE PORTLAND, OR 97204-1282	GROUP TERM LIFE INSURANCE	D	N/A
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. S ICMA RETIREMENT CORPORATION 777 NORTH CAPITAL STREET, NE WASHINGTON, DC 20002-4240	401 RETIREMENT PLAN	B	A
	401 RETIREMENT PLAN	B	A
	457 DEFERRED COMP PLAN	D	A

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.

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE) Original	Present
S VOLVO FINANCE NORTH AMERICA, INC. 1700 SAY ELL DRIVE RICHARDSON, TX 75081-1834	3 YEARS @ 0.00098	AUTO LEASE	C	C

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. Were you, your spouse or dependents an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity at any time during the reporting period? NO 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? NO 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? ___ 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? ___ 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 _____ Date _____

Contact Telephone: (253) 839-3676

Email: _____ (work)

Email: _____ (Home)

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

Information Continued

F-1

Name SCOTT McCARTY

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)
	—		

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	
—					
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					
—					

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS (continued)

	Name and address of each bank or financial institution	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
D	TEMPE SCHOOLS CREDIT UNION 2800 S. MILL AVE TEMPE, AZ 85282	CERTIFICATES OF DEPOSIT	B	A
	B. Name and address of each insurance company			
	—			
	C. Name and address of each company, association, government agency			
S	SBC COMMUNICATIONS INC	IRA ACCOUNT - STOCK	422 SHARES	A
D	PO BOX 2508	IRA ACCOUNT - STOCK	71 SHARES	A
SP	JERSEY CITY, NJ 07303-2508	IRA ACCOUNT - STOCK	110 SHARES	A

4 CREDITORS (continued)

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

Information Continued

F-1

Name SCOTT McCARTY

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)
	—		

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	
—					
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					
—					

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS (continued)

	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
A. Name and address of each bank or financial institution —			
B. Name and address of each insurance company S ARIZONA STATE RETIREMENT SYSTEM —	SURVIVOR BENEFIT	C	NONE
C. Name and address of each company, association, government agency S ARIZONA STATE RETIREMENT SYSTEM PO BOX 33910 PHOENIX, AZ 85067-3910	VESTED IN RETIREMENT FUND	D	NONE

4 CREDITORS (continued)

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

Information Continued

F-1

Name SCOTT McCARTY

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)
	—		

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	
—					
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					
—					

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS (continued)

	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
A. Name and address of each bank or financial institution —			
B. Name and address of each insurance company —			
C. Name and address of each company, association, government agency			
D PRUDENTIAL SECURITIES PO BOX 2016 NY, NY	EDUCATIONAL IRAS	B	A
SP WYNDHAM INTERNATIONAL 500 MAIN STREET DUBUQUE, IA 52001	RETIREMENT ACCOUNT	B	A

4 CREDITORS (continued)

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

Information Continued

F-1

Name SCOTT McCARTY

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)
	—		

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	
—					
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					
—					

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS (continued)

	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
A. Name and address of each bank or financial institution —			
B. Name and address of each insurance company —			
C. Name and address of each company, association, government agency			
RAY PROKOPCHAK, SR. TEMPE, AZ	LOAN TO RELATIVE	D	B
RAY PROKOPCHAK, JR. SCOTTSDALE, AZ	LOAN TO RELATIVE	B	A
SHOOT THE HOOP FEDERAL WAY, WA	2.5% OWNERSHIP INTEREST	A	N/A

4 CREDITORS (continued)

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

Information Continued

F-1

Name SCOTT McCARTY

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)

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	
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					

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS (continued)

	A. Name and address of each bank or financial institution / B. Name and address of each insurance company / C. Name and address of each company, association, government agency	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
S	BELL SOUTH, SOUTH HACKENSACK, NJ	STOCK	712 SHARES	[redacted] A
S	AT&T, CHELSEA, MA 02150-9223	STOCK	18 SHARES	A
S	SBC COMMUNICATIONS, INC., PROVIDENCE, RI	STOCK	1,631 SHARES	A

4 CREDITORS (continued)

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

Information Continued

F-1

Name SCOTT McCARTY

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)
	—		

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	
—					
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					
—					

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS (continued)

	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
A. Name and address of each bank or financial institution —			
B. Name and address of each insurance company —			
C. Name and address of each company, association, government agency			
S VERIZON WIRELESS, CHELSEA, MA	STOCK	413 SHARES	A
S SALT RIVER PROJECT, TEMPE, AZ	BONDS	D	NONE
S WASHINGTON STATE RETIREMENT SYSTEM OLYMPIA, WA	RETIREMENT FUND	B	NONE

4 CREDITORS (continued)

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

CITY OF DES MOINES
APPLICATION FOR COUNCIL VACANCY
21630 11th Avenue South
Des Moines, WA 98198

Recvd RECEIVED APR 16 2003 By

NAME: J. Scott McFarlane
ADDRESS: 26906 10TH Ave So. Des Moines WA 98198
PHONE: Home 253-941-1467 Work 253-709-2690 E-Mail:
LENGTH OF RESIDENCE AT THE ABOVE ADDRESS 13 yrs.
REGISTERED VOTER? yes
EMPLOYMENT SUMMARY LAST FIVE YEARS: CEO of Cutting Technology INC.

Are you related to anyone presently employed by the City or a member of a City Board? No
If yes, explain:

Do you currently have an owning interest in either real property (other than your primary residence or a business) in the Des Moines planning area? NO If so, please describe:

Please list any Des Moines elective/appointive offices you have run/applied for previously. None

IN ORDER TO FULLY EVALUATE YOUR QUALIFICATIONS FOR THIS POSITION, PLEASE ANSWER THE FOLLOWING QUESTIONS USING ADDITIONAL PAPER IF NECESSARY.

1. What qualifications and experience do you have that have prepared you to be a Councilmember for the City of Des Moines? I have a Masters Degree from CWU. I am a CEO of a small manufacturing corporation. I work with budgets, employees, rules and regulations on a daily basis. I am on the Board of Directors of the Des Moines yacht Club, and an active Puget Sound boater. I am a very successful businessman in the King County area.
2. What do you hope to accomplish if appointed? I hope to bring leadership, common sense, guidance, honesty and a business mind along with a boating interest to the Community.
3. What is your vision for Des Moines? For Des Moines to remain a safe, fun, and enjoyable place to live, work and conduct business.

Resume

J. Scott McFarlane
26906 10th Ave. So.
Des Moines, WA. 98198

DOB: 11-12-46 - Seattle
Length of Residence at Current Address: 13 years
Previous Residence – Redondo, Wa. 17 years

Education: Sealth High School – Seattle
Skagit Valley College – Mt. Vernon
Central Washington University - Ellensburg

Degrees: BA – CWU 1970
MA – Industrial Education – CWU 1973

Work Exp: 1970 – 1974 Teacher – EWU, WSU
1974 – 1980 Sales Rep – DESCO
1980 – 1983 Sales Rep – Mack Trucks
1983 – 1986 Sales Rep – Kriken Machine
1986 – Present Sales Mgr - Microform Corp
1995 – Present President – Cutting Technology Inc.

Volunteer Work: Trustee – Board of Directors – Des Moines Yacht Club

Qualifications and Experience for Councilmember Position:

I hope to bring a strong knowledge of boating and marine experience to the city council. I am hoping to be able to add knowledge and experience to the marina facilities and programs; having insight to the needs of boaters as well as the needs of the city and marina. Also, to bring new revenue producing ideas to the marina using my proven business skills.

I have a reputation for being a hard worker and for getting things accomplished. I am accustomed to working with people and employees and I am looking forward to the possibility of being appointed to the Des Moines City Council.

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

PDC FORM **F-1** (9/02)

PERSONAL FINANCIAL AFFAIRS STATEMENT

POST MARK — PDC OFFICE USE — RECEIVED

r to instruction manual for detailed assistance and examples.

Deadlines: **Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.**

DOLLAR CODE	AMOUNT
A	$1 to $2,999
B	$3,000 to $14,999
C	$15,000 to $29,999
D	$30,000 to $74,999
E	$75,000 or more

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name	First	Middle Initial
McFarlane	James	Scott

Mailing Address (Use PO Box or Work Address)
26906 10th Ave. So.

City	County	Zip + 4
Des Moines	King	98198

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.
Kimberly McFarlane

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 _____
- ☒ Newly appointed to an elective office
- ☐ Newly appointed to a state appointive office

Office Held or Sought
Office title: City Council
County, city, district or agency of the office,
name and number: _____
Position number: 2
Term begins: 1/1/2001 ends: 12/31/2003

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)
Cutting Technology Inc. 1501 20th NW - Auburn	President	E
Microform Corp. 4418 Auburn Way No. - Auburn	Sales Manager	D

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
N/A			

Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original	Current
N/A						

All Other Property Entirely or Partially Owned						
Attached (Real Estate)						

Check here ☒ if continued on attached sheet

CONTINUE ON NEXT PAGE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
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.			
US Bank - Federal Way	Savings	C	A
Columbia Bank - Auburn	Savings	E	A
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.			
Phoenix	Life	C	
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.			
Cutting Technology Inc.	CEO	E	E

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.

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE) 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. Were you, your spouse or dependents an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity at any time during the reporting period? 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? Yes__ 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? __ 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? __ 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 4-18-03 Date

Contact Telephone: (253) 709-2690

Email:_____(work)

Email:_____(Home)

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828
EMAIL: pdc@pdc.wa.gov

PDC FORM **F-1** SUPPLEMENT (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
McFarlane	James	Scott	4-18-2003

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: Cutting Technology Inc.

POSITION OR PERCENT OF OWNERSHIP: President

TRADE OR OPERATING NAME:

ADDRESS: 1501 20TH NW
Auburn. WA. 98001

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Manufacturer

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

Purpose of payments	Amount (actual dollars)
N/A	$

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

Customer name:	Purpose of payment (amount not required)
See Attached (Customer Name)	

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):

See Attached (Real Estate)

Check here ☐ If continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

F-1 Supplement

Name McFarlane

ITITY NO. 2

Reporting For: Self ☒ Spouse ☐ Dependent ☐

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

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

Purpose of payments	Amount (actual dollars)
	$

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

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 $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)
N/A		

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)
	N/A		$	

Check here ☐ if continued on attached sheet

Real Estate

Tax Parcel	Address	Creditor	Mortgage Orig	Mortgage Curr
109961 0800	33240 39th Ave. So.	Countrywide	E	E
934650 0200	4446 So. 314th St.	CITI	E	E
858120 0040	3327 SW 340th Pl.	Wa Mutual	E	C
953660 1465	26906 10th Ave. So.	None	E	None
945200 0040	1501 20th NW	US Bank	E	E
646000 0100	523 143rd St. So.	CITI	E	C
423940 0920	31824 118th Pl SE	None	C	None
222335200013	E2151 Mason Lake Dr. E.	None	D	None

F-1 Supplement

Name McFarlane

ITITY NO. 2

Reporting For: Self ☒ Spouse ☐ Dependent ☐

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

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

Purpose of payments	Amount (actual dollars)
	$

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

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 $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)
N/A		

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)
	N/A		$	

Check here ☐ if continued on attached sheet

Real Estate

Tax Parcel	Address	Creditor	Mortgage Orig	Mortgage Curr
109961 0800	33240 39th Ave. So.	Countrywide	E	E
934650 0200	4446 So. 314th St.	CITI	E	E
858120 0040	3327 SW 340th Pl.	Wa Mutual	E	C
953660 1465	26906 10th Ave. So.	None	E	None
945200 0040	1501 20th NW	US Bank	E	E
646000 0100	523 143rd St. So.	CITI	E	C
423940 0920	31824 118th Pl SE	None	C	None
222335200013	E2151 Mason Lake Dr. E.	None	D	None

Customer Name

Boeing
US Navy
JD Ott
Machinist Inc.
Honeywell
Capital Ins.
GMS Metal
Leonards Metal
Pacific Coast Marble
Pacific Coast Interiors
Daniels Tool & Die
QPM Aerospace
Sealect Products
Buyken Industries
Giddens Industries
Lafarge & Egge
Westwood Prec.
Quality Stamping
Bennett Industries
Tool gauge & Machine
Hill Stamping
Astro Tool
Hirshler Mfg.
Norfil Mfg.
FA Aviation
Bailey Tool & Die
Wilson Products
Modern Machine
Lucas Machine
Carlson Formatech

CITY OF DES MOINES
APPLICATION FOR COUNCIL VACANCY

21630 11th Avenue South
Des Moines, WA 98198

Recvd.

NAME: DAVE PETRIE
ADDRESS: 811 So. 273rd Ct.
PHONE: Home 253-946-6619 Work — E-Mail: davepetrie@comcast.net
LENGTH OF RESIDENCE AT THE ABOVE ADDRESS 19 yrs
REGISTERED VOTER? yes
EMPLOYMENT SUMMARY LAST FIVE YEARS: Part-time transportation consultant and land developer. Retired engineering manager from BOEING (1986)

Are you related to anyone presently employed by the City or a member of a City Board? NO
If yes, explain:

Do you currently have an owning interest in either real property (other than your primary residence or a business) in the Des Moines planning area? NO If so, please describe:

Please list any Des Moines elective/appointive offices you have run/applied for previously. NONE

IN ORDER TO FULLY EVALUATE YOUR QUALIFICATIONS FOR THIS POSITION, PLEASE ANSWER THE FOLLOWING QUESTIONS USING ADDITIONAL PAPER IF NECESSARY.

1. What qualifications and experience do you have that have prepared you to be a Councilmember for the City of Des Moines? Transportation engineer working since 1990 (date the High-Capacity Transit Act passed by the Legislature) on a plan involving fresh ideas (including advanced technology) to solve the nation's traffic congestion problem; focusing on a specific plan to de-congest the Puget Sound region using existing tax streams

2. What do you hope to accomplish if appointed?
   1) Improve roads and traffic flow through the City's arterial network. Get funding to re-pave aging roadways, including burying overhead wires and adding sidewalks to more roads.
   2) Lobby to get funds programmed for the Third Runway re-directed to a new domestic airport (McChord)

3. What is your vision for Des Moines?
   1) Updated roadways, development of parks, improve Redondo Marina
   2) Using my status as a Des Moines Councilmember, work with the State Legislature to divert wastefully deployed taxes to more effective congestion-relief measures.

RESUME

David Petrie

Education:

BS EE, UW 1950; Doctorate-level training in Automatic Control Systems, U of Wisconsin 1956.

Work Experience:

1991-present Principal, *Petrie Transit Consultants*. Member of an informal group of 80 engineers, working non-profit to promote a nation-wide cure for traffic congestion. Provided inputs to the *Congestion Mitigation and Air Quality Improvement Program* (CMAQ) of the *Transportation Equity Act for the 21st* Century (TEA-21).

1986-present Land developer (part-time), familiar with the DDES requirements and procedures.

1951-1986 *Boeing*: Star Wars missile defense; preliminary design chief Automated Transportation Systems (Morgantown People Mover at U of Virginia); Airborne Warning and Control System (AWACS), used in the Gulf War for air/ground battle coordination; Project Manager for automation, via central digital computing and monitor displays, of most piloting functions on the supersonic transport (SST, never built), the Flight Management System now standard equipment on every *Boeing* and *Airbus* commercial airplane sold today; Chief, automatic controls group, hydrofoil program; automatic controls group supervisor, Man to the Moon APOLLO program and pilot-less interceptor controls research group: BOMARC missile test engineer.

1950-1951 Atomic Energy Commission: Designed test equipment for fusion bomb trigger. Went to Eniwetok in South Pacific to install equipment, witness test, and then analyze data at Sandia Corporation in Albuquerque.

Papers Published:

- *Car Bus Demonstrator*, Canadian Transportation Research Forum, 2000, PEI, Canada
- *Urban Mobility in the 21st Century*, EVS 15, 1998, Brussels, Belgium
- *Role of the Small EV in Mass Transit,* EVS 13, 1996, Osaka, Japan
- *Moving EV's into a Mass Transit Scenario*, Electric & Hybrid Vehicle Technology, 1995
- *Personal Mass Transit- Electrifying Puget Sound Transportation*, IEEE Convention, 1994

Personal: Married with two sons, 21 and 19 yo. Resident of Greater Seattle since 1936.

Address: 811 So. 273rd Court, Des Moines, WA 98198 Phone: 253-946-6619

Compensation: $375/hr, plus costs for travel, media specialists, printing, consulting sub-contracts. Maximum 20 hrs/wk. Prefer fixed price contracting for listed and scoped tasks.

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

PDC FORM **F-1** (11/00)

PERSONAL FINANCIAL AFFAIRS STATEMENT

POST MARK — PDC OFFICE USE — RECEIVED

:fer to instruction manual for detailed assistance and examples.

Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.

DOLLAR CODE	AMOUNT
A	$1 to $2,999
B	$3,000 to $14,999
C	$15,000 to $29,999
D	$30,000 to $74,999
E	$75,000 or more

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name	First	Middle Initial
PETRIE	DAVID	M

Mailing Address (Use PO Box or Work Address)
811 So. 273rd Ct.

City	County	Zip + 4
DES MOINES	KING	98198

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.

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 2003
- ☒ Newly appointed to an elective office
- ☐ Newly appointed to a state appointive office

Office Held or Sought
Office title: DES MOINES COUNCILMEMBER
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	BOEING P.O. Box 4829, Chesapeake, VA	35 yrs	~~A~~ B/yr.
S	U.S. SOCIAL SECURITY		~~A~~ B/yr.

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
122305-9027-04	E	PETRIE TRUST	—
769545-0090-03	E	"	
145750-0145-01	E	"	
145750-0150-03	E	"	
072306-9069-09	E		

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

CONTINUE ON NEXT PAGE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
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.	VANGUARD LT CORP BOND MUTUAL FUND Valley Forge, PA 19482	D	B
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.	VANGUARD IT CORP BOND MUTUAL FUND	E	B
	PUGET SOUND ENERGY STOCK	C	A
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.	SCHWAB FUND Federal Way Center 2505 So. 320th St. Federal Way, WA 98003	D	B

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.

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE) Original	Present
NONE, TO MY KNOWLEDGE, HOWEVER, "SATISFACTIONS OF JUDGMENTS" MAY NOT HAVE BEEN FILED FROM MY DIVORCE, dated APRIL, 1997.				

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. Were you, your spouse or dependents an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity at any time during the reporting period? N 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? N If yes, complete Supplement, Part A.

C. Did you, your spouse or dependents own a business at any time during the reporting period? N 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? N 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? N 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? ___ 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 [signature] Date APRIL 15, 2003

Contact Telephone: (253) 946-2619

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

CITY OF DES MOINES
APPLICATION FOR COUNCIL VACANCY
21630 11th Avenue South
Des Moines, WA 98198

Recvd. RECEIVED
09 APR 16 AM 11:05
CITY OF DES MOINES

NAME: Dan Sherman
ADDRESS: 22530 8th Ave. S.
PHONE: Home (206) 824-8587 Work _____ E-Mail: _____
LENGTH OF RESIDENCE AT THE ABOVE ADDRESS 24 yrs (total 28 yrs in Des Moines)
REGISTERED VOTER? Yes
EMPLOYMENT SUMMARY LAST FIVE YEARS: See attached resume.

Are you related to anyone presently employed by the City or a member of a City Board? No.
If yes, explain: _____

Do you currently have an owning interest in either real property (other than your primary residence or a business) in the Des Moines planning area? No If so, please describe: _____

Please list any Des Moines elective/appointive offices you have run/applied for previously. See attached resume and answers to questions below (attached).

IN ORDER TO FULLY EVALUATE YOUR QUALIFICATIONS FOR THIS POSITION, PLEASE ANSWER THE FOLLOWING QUESTIONS USING ADDITIONAL PAPER IF NECESSARY.

1. What qualifications and experience do you have that have prepared you to be a Councilmember for the City of Des Moines? _____

2. What do you hope to accomplish if appointed? _____

3. What is your vision for Des Moines? _____

DAN SHERMAN
P.O. Box 98720
Des Moines, Washington 98198
(206) 824-8587

Apr. 11, 2003

ANSWERS TO QUESTIONS:

1. What qualifications and experience do you have that have prepared you to be a Councilmember for the City of Des Moines?

   I have served two previous terms in office. Prior to that, I served one term on the Planning Commission. While serving on the council, I represented the city's interests at regional transportation forums/committees as well as on the Seattle/King County Health Board. My eight years on the South County Area Transportation Board helped improve bus service in Des Moines and assisted staff in successful competitive grant applications for road projects including the project on Highway 99. I was able to work collaboratively with other councilmembers even when we differed in opinion. I also have extensive experience serving on and chairing medical committees at Providence Medical Center.

   I have successfully managed a solo practice medical office when most others have been unable to succeed on their own in one of the most regulated industries in America. I do all my own accounting and payment of taxes to city, county, state and federal governments.

2. What do you hope to accomplish if appointed?

   I would hope to work with other councilmembers to restore confidence in the integrity of local government. I will continue to work balancing the multiple interests of the community within a balanced budget. I will work with regional governmental groups to re-establish Des Moines as an effective and respected voice in matters that require cooperation outside our boundaries.

3. What is your vision for Des Moines?

   I would like Des Moines to be considered a desirable place to live, work, and play. My focus will remain on the quality of life for the families and individuals who reside here. Prior councils had the vision to develop the marina and this remains an important part of our city's identity. It is important that new development integrate into the community without detracting from the quality of life we enjoy.

DANIEL A. SHERMAN, M.D.
P.O. BOX 98720
DES MOINES, WA 98198
(206) 824-8587

March 31, 2003

RESUMÉ

Residence in Des Moines:	**Since 1975**	
Occupation:	**Physician practicing Psychiatry**	
Professional Positions:	**Private Practice, Seattle, WA**	**1977 to present**
	Providence Medical Center, Seattle, WA	
	Medical Director, Mental Health Unit	**1977 to 1981**
	University of Washington School of Medicine, Seattle, WA	
	Acting Instructor	**1976 to 1977**
	Harborview Medical Center, Seattle, WA	
	Attending Psychiatrist and Program Director	**1976 to 1977**
	American Lake V.A. Hospital, Tacoma, WA	
	Staff Psychiatrist	**1975 to 1976**
Hospital Affiliations:	**Swedish Medical Center, Providence Campus, Seattle, WA**	
	Active Staff	**2000 to present**
	Swedish Medical Center, First Hill Campus, Seattle, WA	
	Courtesy Staff	**1977 to present**
	Providence Medical Center, Seattle, WA	
	Active Staff	**1977 to 2000**
Medical Staff Positions:	**Providence Medical Center, Seattle, WA**	
	Member, Institutional Review Board	**1984 to 2000**
	Chairman, Institutional Review Board	**1985 to 1989**
	Chairman, Utilization Review	**1983 to 1985**
Organizations (current):	**American Psychiatric Association**	
	Washington State Psychiatric Association	
	Seattle Chapter Executive Committee	**1979 to 1983**
	King County Medical Association	
	Washington State Medical Association	
Continuing Education:	**AMA Physician's Recognition Award**	**Current**

Civic/Community:	**Des Moines Historical Society, Executive Board**	**2002 to current**
	Des Moines City Council (elected), Des Moines , WA	**1994 to 2001**
	Seattle/King County Health Board Voting Member	**1998 to 2001**
	South County Area Transportation Board	**1994 to 2001**
	Chair	**1998**
	SR-509 Executive Committee	**1994 to 2001**
	Planning Agency, City of Des Moines, WA	**1990 to 1993**
	Chair	**1992**
Psychiatric Training:	**Denver General Hospital, Denver, CO**	**1972 to 1975**
	Internship and Residency, Psychiatry	
Education:	**The Johns Hopkins University School of Medicine, Baltimore, MD**	
	M.D.	**1972**
	The Johns Hopkins University, Baltimore, MD	
	B.A., Human Biology	**1969**
	Rensselaer Polytechnic Institute, Troy, NY	**1965 to 1967**
Clinical Research:	**Maryland Psychiatric Research Center, Catonsville, MD**	
	Experimental psychopharmacologic and psychotherapeutic treatment of pain and depression in patients with terminal cancer.	
	Research Assistant (intermittently)	**1968 to 1971**
	St. Thomas' Hospital, London, England	
	Physiology of anxiety and panic states.	
	Research Assistant	**1969**
Publication:	**Kelly, D., Mitchell-Heggs, N., and Sherman, D.:**	
	Anxiety and the Effects of Sodium Lactate Assessed Clinically and Physiologically.	
	British Journal of Psychiatry 119:129-141, Aug., 1971	

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

PDC FORM **F-1** (11/00)

PERSONAL FINANCIAL AFFAIRS STATEMENT

POST MARK — PDC OFFICE USE

RECEIVED

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 $2,999
B	$3,000 to $14,999
C	$15,000 to $29,999
D	$30,000 to $74,999
E	$75,000 or more

Last Name: Sherman, First: Daniel, Middle Initial: A.

Mailing Address (Use PO Box or Work Address): P.O. Box 98720

City: Des Moines, County: King, Zip + 4: 98198-0720

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.

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 _____
- ☐ Newly appointed to an elective office
- ☐ Newly appointed to a state appointive office

Office Held or Sought

Office title: City Councilmember

County, city, district or agency of the office, name and number: Des Moines

Position number: 2

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)**

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	Daniel A. Sherman, M.D. 550 16th Ave., Suite 300 Seattle, WA 98122	Self-employed Psychiatrist	E
	Sherman Family Trust #1 Tompkins County Trust Co. Ithaca, N.Y.	Trust Income	C

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: 22530 8th Ave. S. Des Moines	E	Washington Mutual Bank, F.A. PO Box 47524 San Antonio, TX	7.75% for 15 yrs.	Mortgage	D	C

Check here ☐ if continued on attached sheet

CONTINUE ON NEXT PAGE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

		Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
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. Washington Mutual, 18400 Int'l. Blvd; Seatac, WA. 98188	Checking	B	A
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. IRA: Franklin Templeton World Fund Dreyfus Growth & Income Dreyfus Appreciation	Mutual fund	C B B	A A A

Check here X 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.

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE) 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. Were you, your spouse or dependents an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity at any time during the reporting period? NO 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 4/11/03 Date

Contact Telephone: (206) 824-8587

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

Attachment 4/11/2003

Daniel A. Sherman

Name/Address:	Type	Value	Income
Keogh-Retirement AG Edwards & Sons, 520 Pike Tower, Seattle, WA. 98101			
Centennial Money Market	Money Fund	B	A
Alliance Pharmaceutical	Equity/Stock	A	~~C~~
Altera Healthcare		A	~~C~~
Blackrock Income Opportunity Trust		C	A
Canadian General Investments		C	A
Columbia Banking		C	~~C~~
Omeros Corp.		B	~~C~~
Pyramid Breweries		B	A
TCW/DW Term Trust		D	A
Velocity HSI, Inc.		A	~~C~~
Alternative Living Services	Bonds	A	~~C~~
FHLMC		E	B
FNMA		B	A
GNMA		D	A
Daimler Chrysler NA		D	A
Bankers Trust Co./Nikkei 225 Stk Ave.		C	~~C~~
Worldcom		B	~~C~~
Globalstar		A	~~C~~
Callon Petroleum		B	A
Lucent		B	A
Ford Motor Credit		C	A
Comstock Partners/Capital Value	Mutual Fund	B	A
First Eagle Sogen/Global		C	A
Franklin Gold & Precious Metals		C	A
PIMCO/Global II		B	A
PIMCO/Foreign		B	A

Attachment Form F1, Sec. 3C
Daniel A. Sherman 4/11/2003

Name/Address:	Type	Value	Income
UBS PaineWebber, Bellevue, WA			
Cash fund	Money fund	D	A
Forsyth Mont PCR RFDG	Bonds	C	A
New York St. Rfd Loc Govt Asst.		B	A
NYS Dorm Auth.		C	A
Pierce Cnty Pub Trans Bene Dist		C	A
Chelan Cnty PUD #01		B	A
Kitsap Cnty MBIA		C	A
NYC Muni Wtr Fin Au Wtr. Swr.		B	A
Seattle Lt. & Pwr.		C	A
NYS Thruway Auth		B	A
Grays Harbor Co. Pub Rev AMBAC		C	A
NYS Dorm Auth		C	A
Seattle Lt. & Pwr.		C	A
NYC Mun. Wtr Au		B	A
King Co. Pub. Hsp Dst		C	A

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828
EMAIL: pdc@pdc.wa.gov

PDC FORM **F-1** SUPPLEMENT (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
Sherman	Daniel	A.	4/11/03

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: Daniel A. Sherman, MD

POSITION OR PERCENT OF OWNERSHIP 100%

TRADE OR OPERATING NAME:

ADDRESS: Providence Professional Bldg, 550 16th Ave, Suite 300, Seattle, WA 98122

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Private Psychiatric Practice

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)
U.S. Dept. of Labor, OWCP	Medical Services

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

CONTINUE PARTS B AND C ON NEXT PAGE

CITY OF DES MOINES
APPLICATION FOR COUNCIL VACANCY
21630 11th Avenue South
Des Moines, WA 98198

Recvd RECEIVED
03 APR 25 AM 10:50
CITY OF DES MOINES

NAME: Brenda Siegrist
ADDRESS: 20731 7th Place South
PHONE: Home 206-824-8413 Work _____ E-Mail: brsiegrist@hotmail.com
LENGTH OF RESIDENCE AT THE ABOVE ADDRESS 2 yrs 7 months
REGISTERED VOTER? Yes
EMPLOYMENT SUMMARY LAST FIVE YEARS: _____

Are you related to anyone presently employed by the City or a member of a City Board? Yes
If yes, explain: I am a member of the Ad Hoc Parks, Recreation and Senior Services Master Plan Update Committee
Do you currently have an owning interest in either real property (other than your primary residence or a business) in the Des Moines planning area? NO If so, please describe: _____

lease list any Des Moines elective/appointive offices you have run/applied for previously. NONE

IN ORDER TO FULLY EVALUATE YOUR QUALIFICATIONS FOR THIS POSITION, PLEASE ANSWER THE FOLLOWING QUESTIONS USING ADDITIONAL PAPER IF NECESSARY.

1. What qualifications and experience do you have that have prepared you to be a Councilmember for the City of Des Moines? see attached

2. What do you hope to accomplish if appointed? See attached

3. What is your vision for Des Moines? See attached

Brenda Siegrist
Application for Council Vacancy

1. The most important experience I have that would be beneficial to me as a Councilmember for the City of Des Moines is my residency and involvement in the community for the past 22 years. I went to Mt. Rainier High School and Highline Community College, and chose to remain in Des Moines to raise my family. I have stayed involved in making our community a better place to live. When Maywood Pre-School was in danger of closing because of Board neglect, I volunteered, was elected president, and served for 3 years. During that time, I found an attorney to file new Articles of Incorporation, as we determined the old ones had been left to expire, secured insurance for the school, assisted the Head Teacher in the process of Accreditation, and negotiated a new 5 year lease with the landlord. When traffic concerns on 208th Street on North Hill were so bad that I felt it was a real safety issue, I went to a city council meeting and spoke out. Then, when the 208th Traffic Circle project was proposed, the city approached me to participate in collecting the required signatures on petitions to approve the project. I was successful in working with a handful of my neighbors in carrying the petitions to local residents and getting the required signatures to approve the project.

   My experience working with a diverse group of people and listening to and understanding their concerns would also be greatly beneficial in my role as councilmember. In my experience as a desk supervisor at the University of Washington, I had the opportunity to work with a small community. During the academic year, the residence halls I served housed over 1800 students who came from all walks of life, from small, rural communities, to large, bustling metropolises. During the summer months, our conference program served delegates from all over the world. Later, in my position as a Campaign Coordinator for the Jewish Federation of Greater Seattle, I worked with thousands of donors, from those who gave a very small annual gift, to high level donors whose gifts were $1 million. Of key importance in all of these relationships is the ability to establish a rapport with the person, regardless of their status or background, and to listen to what they have to say.

   I have experience in reading and researching issues, which I believe would be very helpful to me as a Councilmember. At the University of Washington, I often referred to the Housing Contract, University policy, and Washington Administrative Code to solve problems and determine how to proceed in given situations. At the Jewish Federation of Greater Seattle, I often researched complex issues, including non-profit status, taxes, and endowment opportunities.

2. If appointed, my main goal would be to listen to the residents of Des Moines, what their wishes and hopes are for the community, as well as what their concerns are, and to try to address those issues fairly. I would hope to work with co-council members to better the community that we live in. Of key concern to me at this time are two things, the economic environment and the impact of the airport on our community.

3. My vision for Des Moines is a thriving community with a safe, healthful environment, in which to raise my family.

BRENDA R. SIEGRIST

20731 SEVENTH PLACE SOUTH ~ DES MOINES, WA 98198
(206) 824-8643 ~ E-MAIL: *BRSIEGRIST@HOTMAIL.COM*

WORK EXPERIENCE

Jewish Federation of Greater Seattle, Seattle, WA — June 2000-February 2003
Campaign Coordinator

- Assisted in implementation of three successful annual campaigns of over $10 million to fund social services
- Maintained relationships with high level donors, including key members of the Seattle business community
- Created database to track new program that allowed donors to direct gifts to specific agencies
- Developed system to streamline donation process for gifts made through United Way of King County
- Coordinated internal United Way campaign annually; successfully increased total employee giving by 20% each year

University of Washington, Seattle, WA — February 1996 - June 2000
Residence Hall Desk Supervisor

- Led team of 28 college student staff and 2 leads in operation of two residence hall front desks
- Ensured accountability for all building keys and maintained high standards of security for resident safety
- Oversaw hiring process for campus summer conference program in Program Manager's absence
- Acted as liaison to University personnel, including custodial, residential life, and student services departments
- Interpreted and enforced University policies and Washington Administrative Code

The Bon Marché,Tukwila, WA — February 1994- February 1996
Cosmetics Counter Manager

- Provided customer service, including skin care consultations and cosmetics demonstrations
- Coordinated efforts of counter sales staff to set and meet personal and counter goals
- Stocked and organized product cases and drawers

VOLUNTEER EXPERIENCE

City of Des Moines Parks, Recreation and Senior Services Master Plan Committee — June 2002 to Present
Ad Hoc Committee Member
Work with committee to develop Master Plan updates for the Parks, Recreation and Senior Services Departments

Girl Scouts Troop 1175, Des Moines, WA — October 1998 - Present
Treasurer
Perform routine bookkeeping for Girl Scout Troop, as well as prepare annual financial reports

Des Moines Jr. Football and Cheer, Des Moines, WA — January 1995- January 1996
Cheer Director
Directed the cheerleading program for a youth sports organization and was member of the Executive Board

Maywood Preschool Association, Des Moines, WA — June 1993 – June 1996
President
Oversaw the business and financial aspects of a non-profit, parent run pre-school organization.

EDUCATION

Highline Community College, Des Moines, WA
A.A.S. degree program in Fashion Marketing with emphasis on Business

Mt. Rainier High School, Des Moines, WA
Graduated 1984

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

PDC FORM **F-1** (11/00)

PERSONAL FINANCIAL AFFAIRS STATEMENT

POST MARK

PDC OFFICE USE

RECEIVED

Refer to instruction manual for detailed assistance and examples.

Deadlines: **Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.**

DOLLAR CODE	AMOUNT
A	$1 to $2,999
B	$3,000 to $14,999
C	$15,000 to $29,999
D	$30,000 to $74,999
E	$75,000 or more

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name	First	Middle Initial
Siegrist	Brenda	R

Mailing Address (Use PO Box or Work Address)
2031 Third Avenue

City	County	Zip + 4
Seattle	King	98198

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.
Aaron C. Siegrist

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 _____
- ☒ Newly appointed to an elective office
- ☐ Newly appointed to a state appointive office

Office Held or Sought
Office title: Council member,
County, city, district or agency of the office,
name and number: Des Moines
Position number: 2
Term begins: 5/1/2003 ends: 12/31/2003

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)

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	Jewish Federation of Greater Seattle 2031 Third Avenue, Seattle, WA 98121	Campaign Coordinator	C
S	Ed Voogt 25111 13th Avenue South, Des Moines, WA 98198	Child Support Payments	B
SP	King County Sheriff's Office 516 Third Avenue, Room W 116, Seattle, WA 98104	Communications Specialist	D
S	Allstate Insurance Company PO Box 700010 Kapolei, HI 96709	Legal Settlement	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 $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 Parcel # 7893201155, King County, Washington	E	First Horizon 4000 Horizon Way Irving, TX 75063	30 yr. fxd	Home	E	E

Check here ☐ if continued on attached sheet

CONTINUE ON NEXT PAGE

Information Continued

F-1

Name
Brenda Siegrist

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)

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	
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					

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS (continued)

	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
A. Name and address of each bank or financial institution			
B. Name and address of each insurance company			
C. Name and address of each company, association, government agency			
WA State Department of Retirement Systems 6835 Capitol Boulevard, Tumwater, WA 98501	PERS 2 Retirement Account (Brenda Siegrist)	B	
United States Treasury	EE Savings Bonds	B	

4 CREDITORS (continued)

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE) Original	Present
Toyota Financial Services PO Box 60114 City of Industry, CA 91716	60 month fixed rate	vehicle	C	C

Information Continued

F-1

Name
Brenda Siegrist

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)

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	
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					

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS (continued)

	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
A. Name and address of each bank or financial institution			
B. Name and address of each insurance company			
C. Name and address of each company, association, government agency WA State Department of Retirement Systems 6835 Capitol Boulevard, Tumwater, WA 98501	PERS 2 Retirement Account (Aaron Siegrist)	B	

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.

	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
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. Mutual of America 320 Park Ave New York, NY 10022	Money Market Fund	A	

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.

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE) Original	AMOUNT (USE CODE) Present
Washington State Employees Credit Union PO Box WSECU Olympia, WA 98507	60 month fixed rate	'95 Toyota Camr	B	A

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. Were you, your spouse or dependents an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity at any time during the reporting period? No__ 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? No__ 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? __ 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? __ 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 4/23/2003 Date

Contact Telephone: (206) 824-8643

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

CITY OF DES MOINES
APPLICATION FOR COUNCIL VACANCY
21630 11th Avenue South
Des Moines, WA 98198

Recvd. April 24, 2003
10:38 am BC

NAME: THOMAS E. SITTERLEY
ADDRESS: 601 So. 227th St, # 203 So. DES MOINES, WA 98198
PHONE: Home 206-878-8310 Work —— E-Mail: SITTERLEY@MSN.COM
LENGTH OF RESIDENCE AT THE ABOVE ADDRESS 12 YRS
REGISTERED VOTER? YES
EMPLOYMENT SUMMARY LAST FIVE YEARS: RETIRED - SEE RESUME

Are you related to anyone presently employed by the City or a member of a City Board? NO
If yes, explain: ——

Do you currently have an owning interest in either real property (other than your primary residence or a business) in the Des Moines planning area? NO If so, please describe: ——

Please list any Des Moines elective/appointive offices you have run/applied for previously. ——
DES MOINES CITY COUNCIL (1993)

IN ORDER TO FULLY EVALUATE YOUR QUALIFICATIONS FOR THIS POSITION, PLEASE ANSWER THE FOLLOWING QUESTIONS USING ADDITIONAL PAPER IF NECESSARY.

1. What qualifications and experience do you have that have prepared you to be a Councilmember for the City of Des Moines? A background in business, management, and analysis coupled with a strong understanding of the operation of the City government and Council through numerous meetings with City's staff, attendance and watching of City Council meetings, and review and analysis of detailed City budgets for the last 18 years. Also participated in the review of two major City department Master Plans.

2. What do you hope to accomplish if appointed? Help provide a neutral and unbiased position to bridge and heal the gulf in the current split in the Council on issues important to all the citizens of Des Moines and to assist in development of a balanced 2004 City Budget.

3. What is your vision for Des Moines? A vibrant community that provides a safe, friendly and desirable place to live, work, shop, and enjoy. One in which everyone can be proud to say they are a citizen of Des Moines.

THOMAS E. SITTERLEY
601 So. 227th St., Des Moines, WA

Summary: Retired after 32 years with The Boeing Company planning, marketing, proposing, and managing design, development, and delivery of military systems. Experience included program and technical subcontract management; developing system requirements and concepts; conducting research and performing systems engineering analyses.

7/95 to Retirement - Product Support Manager, Electronics Systems Division: Responsible for product support activities for all Division programs involving logistics engineering, technical publications, training, reliability, maintainability, testability, spares and repairs. Responsible for management of personnel and resources to match program and proposal requirements and criticality.

7/89 to 7/95 - Defense & Space Group Functional Manager, Logistics: Provided technical support to programs and proposals; conducted reviews of major system programs and ensured corrective actions were identified and executed. Coordinated and allocated personnel resources across divisions to match program and proposal requirements and criticality. Assessed program requirements, and planed, conducted and/or coordinated R&D activities to meet the technology requirements anticipated for Company programs. Developed and implemented plans for continuous quality improvement and development of Logistics processes on the Engineering Process Improvement Steering Committee.

1/84 to 7/89 - Manager, E-6 Training and Training Equipment: Technical and business management responsibility for Full Scale Engineering Development and Production training system program. Included developing the statement of work and specifications, analysis and development of flight, mission and maintenance training system requirements, concepts, and plans, and the concurrent development, production, test and delivery of training course materials, training equipment and simulators, and construction of a showcase 55,000 sq ft, fully equipped Navy training facility. Eleven aircraft and mission system courses, of almost 1900 course hours and over 17,000 pages of validated materials and 13 sophisticated maintenance trainers, including system simulators, actual equipment trainers, and an integrated avionics trainer (full cockpit, forward lower lobe, radar) along with over 50,000 pages of data and drawings were delivered on schedule. Careful management and coordination of supervisors, engineers, analysts, and instructors, major U.S. and foreign subcontractors, along with continuous customer interface was personally required to successfully complete this $75M firm fixed price contract on schedule and under cost.

8/75 to 1/84 - Manager, R&E Training System Programs: Multiple company and contracted program responsibility for the planning, marketing, development, and implementation of a broad base of training system research, design and development. Managed system analysts, scientists and engineers in tasks ranging from analyses of systems requirements, user operational needs and training requirements to the development of instructional system concepts, training equipment/simulator prototypes, and training system test and evaluation. Developed the concept and design requirements for the C-5A and C-141B aerial refueling simulator, then managed the simulator design, development, and delivery on schedule and under cost, followed by over six years of successful operation and maintenance services.

2/72 to 1/75 - Manager, Training System Technology: Managed and was principal investigator on numerous Company and contracted research and development programs for the application of behavioral, hardware and software technology to the development of advanced training concepts, approaches and systems.

1966 to 1972 - Senior Research Scientist: Planned and conducted research in new product areas and served as a technical consultant to proprietary Boeing development programs. On contract to NASA, investigated the effects of time and training techniques on flight skill retention. Planned and conducted studies of information utilization and crew systems definition for C3I systems and provided human engineering guidance and systems engineering for military and commercial programs.

Other: Authored over 25 scientific reports, papers, professional journal articles and monographs. Presented papers at national and international symposia. Affiliations have included Sigma Xi; AIAA Ground Testing and Simulation National Technical Committee; Technical Subcommittee Chairman (1984), Program Chairman (1986) and Conference Chairman (1988) for the Interservice/Industry Training Systems Conference; President, Board of Directors, Mariner Manor Condominium (66 units); President, Board of Directors, Des Moines Marina Association; Past Commodore of Three Tree Point Yacht Club.

Member of citizens committee for development of Des Moines Police Facility and Des Moines Park & Recreation Master Plan Committee

MA (1965), University of Arizona
PhD (1966), University of Arizona
Pilot, Commercial/Instrument

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

PDC FORM **F-1** (9/02)

PERSONAL FINANCIAL AFFAIRS STATEMENT

POSTMARK / PDC OFFICE USE

RECEIVED

* to instruction manual for detailed assistance and examples.

Deadlines: **Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.**

DOLLAR CODE	AMOUNT
A	$1 to $2,999
B	$3,000 to $14,999
C	$15,000 to $29,999
D	$30,000 to $74,999
E	$75,000 or more

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name	First	Middle Initial
Sitterley	Thomas	E.

Mailing Address (Use PO Box or Work Address)

601 So. 227th St. # 203 So.

City	County	Zip + 4
Des Moines	WA	98198

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.

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
- ☒ Newly appointed to an elective office
- ☐ Newly appointed to a state appointive office

Office Held or Sought

Office title: Council Member

County, city, district or agency of the office, name and number: Des Moines

Position number:

Term begins: TBD 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)
The Boeing Company, Seattle, WA	Pension	D

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					
So. 227th St, King Co.		none	none	none	

Check here ☐ if continued on attached sheet

CONTINUE ON NEXT PAGE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
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. Washington Mutual, Des Moines, WA	Checking	C	A
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. Merrill Lynch, 601 108th Ave NE Bellevue, WA	IRA Accounts CMA Account	E E	C B

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.

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE) Original	Present
Key Bank, USA, Cleveland, OH	$1435.56/mo	Boat	E	E

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. Were you, your spouse or dependents an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity at any time during the reporting period? No ___ 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? No ___ 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? ___ 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? ___ 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 (Thomas E Stritholt) Date 4/15/2003

Contact Telephone: (206) 878-8310

Email: _____ (work)

Email: _____ (Home)

CITY OF DES MOINES
APPLICATION FOR COUNCIL VACANCY
21630 11th Avenue South
Des Moines, WA 98198

Recvd. April 23, 2003
4:30 pm
BC

NAME: Michael Douglas Spear
ADDRESS: 24219 7th Ave. S. / PO Box 98085 Des Moines WA, 98198
PHONE: Home (206) 824-1087 Work _____ E-Mail: MSpear-3675@aol.com
LENGTH OF RESIDENCE AT THE ABOVE ADDRESS 9 years
REGISTERED VOTER? Yes
EMPLOYMENT SUMMARY LAST FIVE YEARS: All employment was part time while I attended and finished College. The Bon Marche at Seattle Mall from October 2002 to January 2003, Green Lake Elementary School from September 2001 to July 2002 as a tutor, Macy's at Southcenter from July 1999 to September 2000, University of Washington Architecture Department from September 1998 to June 2000.

Are you related to anyone presently employed by the City or a member of a City Board? no
If yes, explain: _____

Do you currently have an owning interest in either real property (other than your primary residence or a business) in the Des Moines planning area? no If so, please describe: _____

lease list any Des Moines elective/appointive offices you have run/applied for previously. _____

IN ORDER TO FULLY EVALUATE YOUR QUALIFICATIONS FOR THIS POSITION, PLEASE ANSWER THE FOLLOWING QUESTIONS USING ADDITIONAL PAPER IF NECESSARY.

1. What qualifications and experience do you have that have prepared you to be a Councilmember for the City of Des Moines? I am a recent graduate from the University of Washington in Political Science which has given me an extensive insight into politics and a desire to be involved. While still attending high school I was a member of the Mount Rainier South East Debate Team where I competed in speech and debate as well as Student Congress. These opportunities gave me the chance to work with others on experimental policy in a vacuum and prepared me to take similar actions on policy in the real world.

2. What do you hope to accomplish if appointed? I don't find myself looking at the position of city council with an agenda or motive to fulfill some desires. My main desire would be to deal with the necessary actions of city government by observing all the facts in some situation and choosing the best action for all the citizens of Des Moines. There are some concerns I have over the city on issues such as keeping crime low, making the city more interesting for children, possibly a LID for more continual city streets and sidewalks, and the best action for the airport expansion.

3. What is your vision for Des Moines? What I've always liked about Des Moines is that it's a suburb town to a great city, yet it retains a small town feeling. It's a place where people feel safe, and I want to make sure it remains that way. It's a place where children can grow up living a normal, healthy life, and senior citizens retire to live well and appreciate Des Moines's Beauty. I don't want to see the city lose its home town feeling marred by change but I would like to see Des Moines increase in popularity and retainability for businesses.

Michael D. Spear
P.O.Box 98085
Des Moines WA 98198
(206) 824-1087
MSpear3675@aol.com

OBJECTIVE

I am seeking employment while I continue to look at the field of law enforcement with a particular interest in investigation.

EXPERIENCE

Mervyn's of California (Southcenter)
July 1999-September 2000- Receiver

- Sales
- Shipment Receiving and Stocking
- Logistics Coordination
- Assisting Asset Protection Team as needed
- Cleaning and Other Store Maintenance Activities

University America Reads/Counts Tutor for Green Lake Elementary
September 2001-July 2002- Classroom Assistant

- Tutoring in Math and Reading
- After School Math and Reading Tutoring
- Helping with Other Classroom Learning Activities

The Bon Marché at Sea-Tac Mall
October 2002-January 2003-Sales Associate

- Customer Service and Sales
- Department Restocking

EDUCATION

1998-2002 University of Washington Seattle WA

- BA in Political Science
- Minor in Social Justice
- Graduated with Honors

1994-1998 Mount Rainier High School Des Moines WA

- International Baccalaureate and Honors
- Graduated with Honors 1998

OTHER INTERESTS

In my spare time I enjoy movies and classical literature or new best sellers and the company of my friends.

VOULUNTEER ACTIVITIES

November 2000-June 2002 Committee Organizing Rape Education

- Delivering Informational Presentations to Campus and Non-Campus Groups about Rape and Sexual Assault
- Organizing Special Activities for Sexual Assault and Relationship Violence Awareness

January 2002 and Continuing University Youth Shelters Volunteer

- Overnight Shelter for Homeless Youth in the University Area
- Food Program and Sleeping Arrangements Beginning at 8:00p.m.
- Overnight Duty Shifts and Morning Check-Out

3 ASSETS / INVESTMENTS—INTEREST / DIVIDENDS

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

	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount: (Use Code)
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.			

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.

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE) Original	Present
University of Washington POBox 970004 Boston, MA 02297-0004	Quarterly @ 5%	Student Loan	B	B

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. Were you, your spouse or dependents an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity at any time during the reporting period? No 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? No 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 [signature] Date 4/23/03

Daytime Telephone: (206) 824-1087

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 403
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111

PDC FORM **F-1** (11/97)

PERSONAL FINANCIAL AFFAIRS STATEMENT

POST MARK RECEIVED — PDC OFFICE USE

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 $2,999
B	$3,000 to $14,999
C	$15,000 to $29,999
D	$30,000 to $74,999
E	$75,000 or more

Last Name	First	Middle Initial
Spear	Michael	D.

Mailing Address: PO Box 98085 / 24219 17th Ave. South

City	County	Zip + 4
Des Moines	King	98198

Names of Spouse and Dependents:

Political Party (If partisan office or pertinent to appointment):

Filing Status (Check only one box.)

- ☐ An elected official or state appointed official filing annual report
- ☐ Final report as an elected official. Term expired _____
- ☐ 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: City Council Member

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)
	Pinkerton / Burns International Security Services 33427 Pacific Highway South, Suite E Federal Way, WA 98003	Security Officer	A/C

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**
Other Property Entirely or Partially Owned					

Check here ☐ if continued on attached sheet

CITY OF DES MOINES
APPLICATION FOR COUNCIL VACANCY
21630 11th Avenue South
Des Moines, WA 98198

Recvd.

RECEIVED
03 MAR 25 PM 1:17
CITY OF DES MOINES

NAME: James A. SUNDIN
ADDRESS: 2013 S. 223rd St. Des Moines
PHONE: Home 206-878-2898 Work _____ E-Mail: sundinhomeshop@msn.com
LENGTH OF RESIDENCE AT THE ABOVE ADDRESS 2 yrs
REGISTERED VOTER? ✓
EMPLOYMENT SUMMARY LAST FIVE YEARS: SELF-EMPLOYED
Designer & Fabricator of CUSTOM & ART LIGHTING

Are you related to anyone presently employed by the City or a member of a City Board? No
If yes, explain: _____

Do you currently have an owning interest in either real property (other than your primary residence or a business) in the Des Moines planning area? No If so, please describe: _____

Please list any Des Moines elective/appointive offices you have run/applied for previously. None

IN ORDER TO FULLY EVALUATE YOUR QUALIFICATIONS FOR THIS POSITION, PLEASE ANSWER THE FOLLOWING QUESTIONS USING ADDITIONAL PAPER IF NECESSARY.

1. What qualifications and experience do you have that have prepared you to be a Councilmember for the City of Des Moines? See additional sheet

2. What do you hope to accomplish if appointed? To keep Des Moines - its Needs & aspirations, the focal point of the Council's efforts

3. What is your vision for Des Moines? See additional sheet

(1) ✓ stand before you with a clean slate. ✓ know no one on the City Council and have no connections there, spoken or unspoken, nor in the wider business community.

As an artist ✓ bring a different set of perspectives and viewpoints to an arena where diversity — as opposed to parliamentary experience — is of considerable consequence.

A Mt. Rainier and UW grad and originally a journalist by trade, ✓ consider myself politically aware and have made the effort to traverse the literature — from Goldwater to Chomsky, among "recent" authors.

Though steadfast in my beliefs based upon observation and experience I am able to listen intently to cogent, well-reasoned arguments that remain selfless and promote the greater good, and stand ready to commend them.

(3) Des Moines is a small town that enjoys a large and uncommon set of attributes: In short, it's a gem in need of polishing. My personal goals or vision

No. 3 Cont.

would put my creative bent and capacity for relating to and dealing with people to work in moving our town - over time - toward a more focused, cohesive visual state that - upon first glance - is an alluring visual statement, source of pride, increase in regional visibility and an ever healthier business climate.

If not on the Council, I would enjoy working and contributing to a group that could use some enthusiastic input in these or other issues.

711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

F-1 (9/02)

PERSONAL FINANCIAL AFFAIRS STATEMENT

POST MARK

RECEIVED

Refer to instruction manual for detailed assistance and examples.

Deadlines: **Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.**

DOLLAR CODE	AMOUNT
A	$1 to $2,999
B	$3,000 to $14,999
C	$15,000 to $29,999
D	$30,000 to $74,999
E	$75,000 or more

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name: SUNDIN | First: James | Middle Initial: A.

Mailing Address (Use PO Box or Work Address): 2013 S. 223rd St

City: Des Moines | County: KING | Zip + 4: 98198

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.

James A. SUNDIN
AVA KHODABANDEH

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 _____
- ☒ Newly appointed to an elective office
- ☐ Newly appointed to a state appointive office

Office Held or Sought

Office title: _____

County, city, district or agency of the office, name and number: _____

Position number: _____

Term begins: _____ ends: _____

1 INCOME

List each employer, or other source of income (pension, social security, legal judgment) 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)
	AVA KHODABANDEH (wife)	clerical person SWEDISH HOSP. SEATTLE	[redacted] D
	James Sundin	SELF EMPLOYMENT (CUSTOM LIGHTING) Limited basis while remodeling home	[redacted] 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 $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
		WA. MUTUAL BANK SEATTLE				
All Other Property Entirely or Partially Owned		James & AVA SUNDIN/KHODABANDEH 2013 S. 223rd St Des Moines, WA	$800/mo.	DOWN PYMT	80 K	

Check here ☐ if continued on attached sheet

Residence parcel + adjoining parcel to South

CONTINUE ON NEXT PAGE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

		Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
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.	~~WASH MUTUAL~~ NONE ~~ASA'S RETIREMENT FUND~~		
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.	NONE		
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.	- MICROSOFT STOCK - STARBUCKS " - GOV BONDS - AVA's Ret. FUND - 1998 CHEV. CAR	11,600 5,000 9,000 35,000 7,000	37.00 (through Swedish HOSP)

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.

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE) Original	Present
~~WASHINGTON MUTUAL BANK~~ NONE		~~Bonds~~		

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. Were you, your spouse or dependents an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity at any time during the reporting period? NO 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? YES 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? ___ 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? ___ 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.

James G. Sundin 4-25-03
Signature Date

Contact Telephone: (206) 878-2898
Email: _____ (work)
Email: SundinHomeshop@MSN.com (Home)

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828
EMAIL: pdc@pdc.wa.gov

PDC FORM **F-1** SUPPLEMENT (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
SUNDIN	James	A.	4-25-03

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: James SUNDIN Workshops POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: same

ADDRESS: 2013 S. 223rd st. Des Moines 98198

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: Design & make custom lighting - generally of copper, mostly residential, vintage styles to cutting edge

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)
None	—

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):

My workshop is on my property...
2013 S. 223rd st. Des Moines

Check here ☐ if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

F-1 Supplement

Name

ENTITY NO. 2

Reporting For: Self ☐ Spouse ☐ Dependent ☐

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

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

Purpose of payments	Amount (actual dollars)
	$

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

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 $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