April 10, 2019

DATE FILED PDC
APR 14 2010

VIA FEDERAL EXPRESS

Washington Public Disclosure Commission 711 Capitol Way, Room 206 P.O. Box 40908 Olympia, WA 98504-0908

RE:

Bruce A. Harrell, Seattle City Councilmember

PDC Form F-1, Personal Financial Affairs Statements and Supplemental Pages

To Whom It May Concern:

Enclosed you will find my Public Disclosure Commission (PDC) Form, F-1 Personal Financial Affairs Statement and a PDC F-1 Supplemental Page. These documents are submitted in accordance with RCW 42.17A.700 and Seattle Municipal Code 4.16.080(A).

Please file or record each document in conformity with your standard procedures. If you have any questions, feel free to call me at (206) 684-8804.

Sincerely,

Bruce A. Harrell

Seattle City Council President

Chair: Governance, Equity & Technology Committee

Vice-Chair: Human Services, Equitable Development, and Renter Rights

206-684-8804

M PDC OFFICE USE 711 CAPITOL WAY RM 206 Ö PERSONAL FINANCIAL PO BOX 40908 S OLYMPIA WA 98504-0908 AFFAIRS STATEMENT (360) 753-1111 (11/18)TOLL FREE 1-877-601-2828 ATE FILED PDC DOLLAR Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** \$1 to \$4,499 Deadlines: Incumbent elected and appointed officials -- by April 15. APR 142019 Candidates and others -- within two weeks of becoming a В \$4,500 to \$23,999 C candidate or being newly appointed to a position. \$24,000 to \$47,999 \$48,000 to \$119,999 D SEND REPORT TO PUBLIC DISCLOSURE COMMISSION \$120,000 or more **Last Name** Middle Initial Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living HARRELL BRUCE Α. in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details. Mailing Address (Use PO Box or Work Address) * 5846 Seward Park Avenue South (SP) Joanne R. Harrell City County Zip + 4Seattle King 98118 Filing Status (Check only one box.) Office Held or Sought M An elected or state appointed official filing annual report Office title: City Councilmember Final report as an elected official. Term expired: ____ County, city, district or agency of the office, Candidate running in an election: month ___ year name and number: Seattle Newly appointed to an elective office Position number: □ Newly appointed to a state appointive office Term begins: 12/31/2019 01/01/2016 Professional staff of the Governor's Office and the Legislature List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family 1 INCOME member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3.) Show Self (S) Spouse (SP/DP) Dependent (D) Name and Address of Employer or Source of Compensation Occupation or How Compensation Amount: Was Earned (Use Code) City of Seattle, 600 4th Avenue, FIr 2, Seattle, WA 98124 (S) City Councilmember Е (SP) Microsoft Corporation, One Microsoft Way, Redmond, WA 98052 General Manager Check Here ☐ if continued on attached sheet List street address, assessor's parcel number, or legal description AND county for each parcel of Washington 2 real estate with value of over \$12,000 in which you or a family member, including registered domestic partner, **REAL ESTATE** 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 Name and Address of Purchaser Nature and Amount (Use Code) of Payment or Value Consideration Received (Use Code) 10617 NE 10th Ε Shobha Chopra Bhansali & Anil Bhansali E Bellevue, WA 98004 16509 N.E. 50th Way Redmond, WA 98052 Property Purchased or Interest Acquired Creditor's Name/Address Payment Terms Security Given Mortgage Amount - (Use Code) Original Current 3316 S. Cadet Ave. Wells Fargo Mortgage E Ε Boise, Id 83706-5508 P.O. Box 10445 4.35%, 30 yrs Des Moines, IA 50306-0335 All Other Property Entirely or Partially Owned 5846 Seward Park Ave. So. Ε Wells Fargo Mortgage Ε F Seattle, WA 98118 P.O. Box 10455 3.25% for 15 yrs Check here if continued on attached sheet

PDC FORM

PUBLIC

DISCLOSURE COMMISSION

| 3 | ASSETS / INVESTMENTS - INTEREST / DIVIDENDS intar | bank and savings accounts, ngible property (including but orting period. | | | | |
|--|---|---|---|---|----------------------------------|-------------------------|
| A. | Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$24,000 any time during the report period. | Type of Account or Description | n of Asset | Asset Value (Use Code) | i . | Amount Code) |
| Ban Cha Con Fid Jan Mor Prui | Is Fargo, 420 Montgomery Street, San Francisco, California 94163 k of America, 4th & Madison, Seattle, WA 98101 rifes Schwab, Inc., Phoenix Operations Center, PO Box 52114, Phoenix AZ 85072-2114 neast Corporation, PO Box 770033, Cincinnati, OH 45277 (managed by Comcast) elity Investments, PO Box 145421, Cincinnati, OH 45250 (managed by Fidelity) us Capital Group, PO Box 173375, Denver, CO 80217 (Managed by Janus) gan Stanley Smith Bamey, 601 Union Street, #5200, Seattle, WA 98101 dential Investment Management Services LLC (PIMS), 655 Broad Street, 19th FIr, Newark, NJ we Price, PO Box 17059, Baltimore, MD 21297-1059 | Checking & Savings Accounts Checking & Savings Accounts Retirement & Investment Account | | DCDEEEDE | A A A C E B E A D | |
| В. | Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$24,000 during the period. | | | | | |
| | Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. | , | | | | |
| 4 | List each creditor you or a family member, CREDITORS more any time during the period. Don mortgages or real estate reported in item 2. | i't include retail charge acc | partner, ow ounts, cred | red \$2,400 or lit cards, or | AMO (USE (| |
| | Creditor's Name and Address | Terms of Payment | Secur | ity Given | Original | Present |
| § | Alaska USA Federal Credit Union, P.O. Box 196613, Anchorage, AK 19519-6613 First Tech Federal Credit Union, PO Box 2100 Beaverton, OR 97075-2100 Ck here 🔲 if continued on attached sheet. | 5 years, 2.25% 5 years, 2.15% | Vehicle Vehicle | | CD | B A |
| 5 | Filers answer questions A thru D below. If the answer is YES part of this report. If all answers are NO and you are a candidat executive officer filing your initial report, no F-1 Supplement is annual financial affairs report also must answer question E. A questions A thru E are NO. | e for state or local office, an a required. Incumbent elected n F-1 Supplement is required | ppointee to officials and of these of | a vacant elect I state executi ficeholders ur | ive office, over officers all an | or a state filing an |
| Α. | At any time during the reporting period were you, your spouse, registered domes corporation, company, union, association, joint venture or other entity or (2) a par company or similar entity including but not limited to a professional limited liability | rtner or member of any limited partner | ship, limited lia | ability partnership | | у |
| В. | Did you, your spouse, registered domestic partner or dependents have an owner business at any time during the reporting period? No If yes, complete Suppler | ment, Part A. | | | | |
| C. | Did you, your spouse, registered domestic partner or dependents own a business | | | | | |
| D. | Did you, your spouse, registered domestic partner or dependents prepare, promo compensation (other than pay for a currently-held public office) at any time during | ite or oppose state legislation, rules, r the reporting period? <u>No</u> If yes, c | ates or standa implete Suppl | rds for compensate ement, Part B. | tion or deferre | d |
| E. | Only for Persons Filing Annual Report. Regarding the receipt of items not proyou, your spouse, registered domestic partner or dependents (or any combination any source other than your governmental agency provide or pay in whole or in part a seminar or other training? No If yes to either or both questions, complete | i thereof) accept a gift of food or beve rt for you, your spouse, registered dor | range coeting (| over \$50 per occa | eign? No o | r 2) Did |
| ALL | FILERS EXCEPT CANDIDATES. Check the appropriate box. | CERTIFICATION: I | certify un | der penalty of | of perjury | that the |
| <i>[</i> | I hold a state elected office, am an executive state officer or profession I have read and am familiar with RCW 42.52.180 regarding the use of resources in campaigns. | of public constitute the officemmission, and that | owledge that cial address t I must noti | t the email a | ddress her | ein shall with the |
| | I hold a local elected office. I have read and am familiar with RCW 42. regarding the use of public facilities in campaigns. | | Tanel | 1 | 04/10/2019 Date | |
| | ADIDATES: Do not use public agency addresses or telephone numbers act information. | • | (206) 650-0 |)495 (cell) | Date | |
| COIR | , | Email: | • | | (Work) | |
| | | Email: bruce210@ | msn.com | | (Home)* | |
| | | PEPOPT NOT ACC | COTABLE | MATHORITE | I EDIO OL | |

| 3 | 3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period. | | | | | | |
|-----|--|---|---------------------------|--------------------------------|--|--|--|
| | Continued | | | | | | |
| A. | Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period. | Type of Account or Description of Asset | Asset Value (Use Code) | Income Amount (Use Code) | | | |
| B. | Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$20,000 during the period. | | | | | | |
| C. | Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. | | | | | | |
| | Microsoft, One Microsoft Way, Redmond, WA 98052 Google Inc., 1600 Amphitheatre Parkway, Mountain View, CA 94043 U.S. Bank, N.A., 800 Nicollet Mall, Minn., MN 55402 The Boeing Company, 100 N. Riverside, Chicago, IL 60606-1596 | Stock Stock Stock Stock | E C D | C A A | | | |
| | Johnson & Johnson, One Johnson & Johnson Plaza, New Brunswick, NJ 08933 Costco, 999 Lake Drive, Issaquah, WA 98027 Starbucks, 2401 Utah Ave South, Seattle, Washington 98134 Bank of America, 100 N. Tryon Street, Charlotte, NC 28255 | Stock Stock Stock Stock | D C B | B A B A | | | |
| | Wells Fargo, 420 Montgomery Street, San Francisco, California 94163 Amazon.com Inc., 410 Terry Avenue North, Seattle, WA 98109 American Express, 200 Vesey Street, Manhattan, NY 10080 Apple, One Apple Park Way, Cupertino, CA 95014 Home Depot, 2450 Cumberland Parkway, Atlanta, GA 30339 | Stock Stock Stock Stock Stock | C D D D | A A A A | | | |
| Che | eck here ☐ if continued on attached sheet. | · | | | | | |
| | | | | | | | |
| | | | | | | | |



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 (1/15)

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

CONTINUE PARTS B AND C ON NEXT PAGE

PROVIDE INFORMATION FOR YOURSELF. SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD **Last Name First** Middle Initial DATE 04/10/2019 HARRELL BRUCE Α. OFFICE HELD. Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or **BUSINESS** dependents INTERESTS: (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company. Legal Name: Report name used on legal documents establishing the entity. Trade or Operating Name: Report name used for business purposes if different from the legal name. Position or Percent of Ownership: The office, title and/or percent of ownership held. Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered. Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received. Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$12,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation. Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met. Reporting For: Self Spouse M **ENTITY NO. 1** Registered Domestic Partner Dependent UNIVERSITY OF WASHINGTON POSITION OR PERCENT OF OWNERSHIP LEGAL NAME: TRADE OR OPERATING NAME: UNIVERSITY OF WASHINGTON Regent, No Ownership 139 Gerberding Hall ADDRESS: **BOX 351264** Seattle, WA 98195-1264 BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE: Purpose of payments Amount (actual dollars) 0 PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: Agency name: Purpose of payment (amount not required) PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: Purpose of payment (amount not required) WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): Check here I if continued on attached sheet

| Name | | | | - | | | | | |
|---------------------------------|--|--|--------------------------|-------------------|--|--|--|--|--|
| ENTITY NO. 2 | | Reporting For: | Self Spouse | | | | | | |
| | | Registere | d Domestic Partner 🔲 De | ependent | | | | | |
| LEGAL NAME: | | POSITIO | N OR PERCENT OF OWNE | RSHIP | | | | | |
| TRADE OR OPERATING N | AME: | | | | | | | | |
| ADDRESS: | | | | | | | | | |
| BRIEF DESCRIPTION OF T | BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: | | | | | | | | |
| | SIVED FROM GOVERNMENTAL UNIT e of payments | FIN WHICH YOU SEEK/HOLD OFFICE: | Amount (actual dollars) | | | | | | |
| | | | \$ | | | | | | |
| PAYMENTS ENTITY RECE | IVED FROM OTHER GOVERNMENT | AGENCIES OF \$12.000 OR MORE: | | | | | | | |
| Agency | | | Purpose of payment (amou | int not required) | | | | | |
| | • | | | | | | | | |
| | IVED FROM BUSINESS CUSTOMER ner name: | RS OF \$12,000 OR MORE | Purpose of payment (amou | unt not required) | | | | | |
| | | RECT FINANCIAL INTEREST (Complete on ss, assessor parcel number, or legal descript | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Check here [if continued on a | ttached sheet | | | | | | | | |
| B LOBBYING: | prepared state legislation or state | any immediate family member, including rules, rates, or standards for compensat ch you are an elected official or profession | ion or deferred compensa | | | | | | |
| Person to Who | om Services Rendered | Description of Legislation, Rules, Etc. | Compensation | (Use Code) | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Check here ☐ if continued on a | ttached sheet | | | | | | | | |
| C FOOD TRAVEL SEMINARS | TRAVEL portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination | | | | | | | | |
| Date Donor's Received | Name, City and State | Brief Description | Actual Dollar | Value | | | | | |
| Received | | | Amount | (Use Code) | | | | | |
| | | | \$ | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Check here ☐ if continued on at | tached sheet | | | | | | | | |
| | | | L | l | | | | | |

Information Continued

| Name | | | | |
|---|--|--|------------------------|--|
| ENTITY NO. | Reporting For | Self Spouse | | |
| | Registere | ed Domestic Partner 🔲 De | ependent 🔲 | |
| LEGAL NAME: | POSITIO | N OR PERCENT OF OWNE | RSHIP | |
| TRADE OR OPERATING NAME: | | | | |
| ADDRESS: | | | | |
| BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: | | | | |
| PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT | T IN WHICH YOU SEEK/HOLD OFFICE: | Amount (actual dollars) | | |
| | | \$ | | |
| PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT Agency name: | FAGENCIES OF\$12,000 OR MORE: | Purpose of payment (amou | int not required) | |
| PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMER Customer name: | RS OF \$12,000 OR MORE | Purpose of payment (amount not required) | | |
| WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIF and assessed value of property is over \$24,000. List street addre | RECT FINANCIAL INTEREST (Complete on ess, assessor parcel number, or legal descrip | ly if ownership in the ENTIT tion and county for each par | Y is 10% or more cel): | |
| | | | | |
| B LOBBYING: (Continued) | // // // // // // // // // // // // // | | | |
| Person to Whom Services Rendered | Description of Legislation, Rules, Etc. | Compensation | (Use Code) | |
| | | | | |
| | | | | |
| | | | | |
| * | | | | |
| C FOOD TRAVEL SEMINARS (continued) | - | | | |
| Date Donor's Name, City and State Received | Brief Description | Actual Dollar | Value | |
| Received | | Amount | (Use Code) | |
| | | \$ | | |
| • | | | | |
| | | • | | |
| ı | | ļ | | |



DATE FILED PDC

APR 152018

RECEIVED

APR 17 2018

April 12, 2018

Public Disclosure Commission

VIA FEDERAL EXPRESS

Washington Public Disclosure Commission 711 Capitol Way, Room 206 P.O. Box 40908 Olympia, WA 98504-0908

RE:

Bruce A. Harrell, Seattle City Councilmember

PDC Form F-1, Personal Financial Affairs Statements and Supplemental Pages

To Whom It May Concern:

Enclosed you will find my Public Disclosure Commission (PDC) Form, F-1 Personal Financial Affairs Statement and a PDC F-1 Supplemental Page. These documents are submitted in accordance with RCW 42.17A.700 and Seattle Municipal Code 4.16.080(A).

Please file or record each document in conformity with your standard procedures. If you have any questions, feel free to call me at (206) 684-8804.

Sincerely,

Seattle City Council President

Chair: Governance, Equity & Technology Committee

Vice-Chair: Human Services, Equitable Development, and Renter Rights

206-684-8804

PUBLIC **DISCLOSURE COMMISSION** PDC FORM M PDC OFFICE USE 711 CAPITOL WAY RM 206 0 PERSONAL FINANCIAL Š PO BOX 40908 DATE FILED PPC OLYMPIA WA 98504-0908 AFFAIRS STATEMENT (360) 753-1111 TOLL FREE 1-877-601-2828 **DOLLAR** RECE Refer to instruction manual for detailed assistance and examples. CODE 1 5 2018 **AMOUNT** \$1 to \$3,999 Incumbent elected and appointed officials -- by April 15. Deadlines: В \$4,000 to \$19,999 V Candidates and others -- within two weeks of becoming a C \$20,000 to \$39,999 candidate or being newly appointed to a position. Ε D \$40,000 to \$99,999 \$100,000 or more SEND REPORT TO PUBLIC DISCLOSURE COMMISSION First Middle Initial Names of immediate family members, including registered Last Name domestic partner. If there is no reportable information to **BRUCE** HARRELL Α. disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details. Mailing Address (Use PO Box or Work Address) * 5846 Seward Park Avenue South Zip + 4 (SP) Bruce A. Harrell City County Seattle King 98118 Office Held or Sought Filing Status (Check only one box.) Office title: <u>City Councilmember</u> An elected or state appointed official filing annual report Final report as an elected official. Term expired: County, city, district or agency of the office, Candidate running in an election: month vear name and number: Seattle Newly appointed to an elective office Position number: 2 Newly appointed to a state appointive office Term begins: 01/01/2016 ends: 12/31/2019 Professional staff of the Governor's Office and the Legislature List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a 1 INCOME family member, including registered domestic partner, received \$2,000 or more during the period. Include stock options received during the reporting period that had a value of \$2,000 or more. (Report interest and dividends in Item 3.) Show Self (S) Spouse (SP/DP) Dependent (D) Occupation or How Compensation Amount: Name and Address of Employer or Source of Compensation (Use Code) Was Earned (S) City Councilmember F City of Seattle, 600 4th Avenue, Floor 2, Seattle, WA 98124 Ε General Manager (SP) Microsoft Corporation, One Microsoft Way, Redmond, WA 98052 Check Here ☐ if continued on attached sheet List street address, assessor's parcel number, or legal description AND county for each parcel of Washington 2 real estate with value of over \$10,000 in which you or a family member, including registered domestic partner, **REAL ESTATE** held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.) Nature and Amount (Use Code) of Payment or Assessed Name and Address of Purchaser Property Sold or Interest Divested Consideration Received Value (Use Code) Security Mortgage Amount - (Use Code) **Payment Terms** Property Purchased or Interest Acquired Creditor's Name/Address Given Origina! Current Security Mortgage Amount - (Use Code) Creditor's Name/Address **Payment Terms** All Other Property Entirely or Partially Owned Given Current Original Wells Fargo, PO Box 10445 25% down, Mortgage Ε 5846 Seward Park Ave. So., Sea, WA 98118 E Ε Des Moines, IA 50306-0335 3.25% for 15 yrs. Wells Fargo, PO Box 10445 Ε 10617 NE 10th Bellevue, WA 98004 20% down, 4.3% Ε Е Mortgage Des Moines, IA 50306-0335 for 20 yrs. Check here I if continued on attached sheet

| 3 | ASSETS / INVESTMENTS - INTEREST / DIVIDENDS | intar | bank and savings accounts, ngible property (including but orting period. | | to stock optic | ns) held d | luring the |
|------|--|---|---|-------------------|---------------------------|---------------------------------|-----------------|
| A. | Name and address of each bank or financial institution in which a family member, including registered domestic partner, ha account over \$20,000 any time during the report period. | | Type of Account or Description | n of Asset | Asset Value (Use Code) | | Amount Code) |
| | Wells Fargo, 420 Montgomery Street, San Francisco, California 94163 | | Checking and Savings Accour | | D | | A . |
| | Bank of America, 4th & Madison, Seattle, WA 98101 | | Checking and Savings Accour | nts | С | , | ٩ , |
| | Charles Schwab, Inc., Phoenix Operations Center, PO Box 5211 Phoenix AZ 85072-2114 | 4, | Retirement / Investment Acco | | Ε | E | 3 |
| | Comcast Corporation, PO Box 770003, Cincinnati, OH 45277 (managed by Comcast) | : | Treatment investment reserve | uni | E | (| S ' |
| | Fidelity Investments, PO Box 145421, Cincinnati, OH 45250 (managed by Fidelity) | • | Retirement / Investment Acco | | E | ι |) |
| | Janus Capital Group, P.O. Box 173375, Denver, CO 80217 (Managed by Janus) | • | Retirement / Investment Acco | | E E | | 3 E |
| | Morgan Stanley Smith Barney, 601 Union Street, #5200, Seattle 98101 | , WA | Retirement / Investment Acco | | D | | = A , |
| | Prudential Investment Management Services LLC (PIMS), 655 B Street, 19th Floor, Newark, NJ | Broad | | | | | |
| В. | Name and address of each insurance company where you, a famember, including registered domestic partner, had a policy we cash or loan value over \$20,000 during the period. | | | | | | 5 E E |
| C. | Name and address of each company, association, govern agency, etc. in which you, a family member, including regis domestic partner, owned or had a financial interest worth \$2,000. Include stocks, bonds, ownership, retirement plan, notes, stock options, and other intangible property. If you, spouse, registered domestic partner and/or dependents had decreating authority regarding individual assets/investments list | tered over IRA, your cision each | | | | | • |
| | asset or investment, the value and any income amount. EXAM If you self-directed an investment account identify each storother asset in that account. | | | | | | ţ |
| Che | ck here 🛛 if continued on attached sheet. | <u>.</u> | | | 1.00.000 | | ' |
| 4 | List each creditor you or a family mer CREDITORS more any time during the period. mortgages or real estate reported in I | Dor | n't include retail charge acc | ounts, crea | dit cards, or | | OUNT CODE) |
| | Creditor's Name and Address | | Terms of Payment | Secur | ity Given | Original | Present |
| | ska USA Federal Credit Union, P.O. Box 196613 horage, AK 99519-6613 | * | 5 years, 2.25% | v | ehicle | С | С |
| Firs | t Tech Federal Credit Union | , | 5 years, 2.15% | · v | ehicle | D | В |
| Che | ck here if continued on attached sheet. | | | | | | |
| | All filers answer questions A thru D below. If the answer is Y | /ES to | any of these questions, the F | -1 Suppleme | ent must also l | oe complet | ed as |
| par | of this report. If all answers are NO and you are a candidate cutive officer filing your initial report, no F-1 Supplement is re | for s | tate or local office, an appoint | | | | |
| inci | umbent elected officials and state executive officers filing an equired of these officeholders unless all answers to question | annu s A th | al financial affairs report also ru E are NO. | must answ | er question E. | An F-1 Su | pplement |
| A. | At any time during the reporting period were you, your spouse, registered corporation, company, union, association, joint venture or other entity or (company or similar entity including but not limited to a professional limited | (2) a pa | rtner or member of any limited partne | rship, limited li | ability partnership, | istee of any limited liabili | ity |
| В. | Did you, your spouse, registered domestic partner or dependents have as business at any time during the reporting period? No If yes, complete | | | , corporation, p | artnership, joint ve | enture or othe | er |
| C. | Did you, your spouse, registered domestic partner or dependents own a b | ousines | s at any time during the reporting peri | iod? No | If yes, complete S | upplement, P | Part A. |
| D. | Did you, your spouse, registered domestic partner or dependents prepare compensation (other than pay for a currently-held public office) at any time | | | | | | ed |
| E. | Only for Persons Filing Annual Report. Regarding the receipt of items you, your spouse, registered domestic partner or dependents (or any com Did any source other than your governmental agency provide or pay in whattend a seminar or other training? No If yes to either or both questions. | bination | n thereof) accept a gift of food or beve in part for you, your spouse, registere | erages costing | over \$50 per occa | ision? No | or 2) |
| | | 1 | | | | | |

| AL | L FILERS EXCEPT CANDIDATES. Check the appropriate box. | | | | | of perjury that the |
|---|--|--|---------------------------|------------------|--------------------------------|--|
| | I hold a state elected office, am an executive state officer or professi I have read and am familiar with RCW 42.52.180 regarding the use resources in campaigns. | | | | contained in the best of my kn | nis report is true and owledge. |
| | I hold a local elected office. I have read and am familiar with RCW 42 regarding the use of public facilities in campaigns. | 2.17A.555 | Signature G | Han | <u>elf</u> | April 12, 2018 Date |
| | ANDIDATES: Do not use public agency addresses or telephone number nact information. | s for | Contact Telephone: Email: | (206) 650- | 0495 (celi) | (work) * |
| | • | | Email: bruce210@ | msn.com Optional | | (Home) |
| | | | | | E WITHOUT F | ILER'S SIGNATUR |
| 3 | ASSETS / INVESTMENTS - INTEREST / DIVIDENDS inta | | perty (including but | | | k, bonds and other ons) held during the |
| | Continued | orting port | | | | |
| A. | Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period. | Type of | Account or Descriptio | n of Asset | Asset Value (Use Code) | Income Amount (Use Code) |
| | : | | | | : | · |
| | | | | | : | |
| В. | Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$20,000 during the period. | | | | - | : |
| C. | Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. | t t | | | | |
| Good Hew U.S The John Con AT8 | rosoft, One Microsoft Way, Redmond, WA 98052 gle Inc., 1600 Amphitheatre Parkway, Mountain View, CA 94043 vlett Packard, 3000 Hanover St., MS 1050, Palo Alto, CA 94304 . Bank, N.A., 800 Nicollet Mall, Minn., MN 55402 . Boeing Company, 100 N. Riverside, Chicago, IL 60606-1596 nson & Johnson, One Johnson & Johnson Plaza, New Brunswick, NJ 08933 ncast Corporation, One Comcast Center, Philadelphia, PA 19103-2838 kT Corporation, 208 S. Akard St., Dallas, TX 75202 | Stock Stock Stock Stock Stock Stock Stock Stock | | | E E A C D D C D | C A A A B B A |
| Fac Star Ban Wel Visa | ebook, 6101 Willow Road, Menlo Park, CA 94025 rbucks, 2401 Utah Ave South, Seattle, Washington 98134 kt of America, 100 N. Tryon Street, Charlotte, NC 28255 lis Fargo, 420 Montgomery Street, San Francisco, California 94163 a, International, 900 Metro Center Boulevard, Foster City, California 94404 azon.com Inc., 410 Terry Avenue North, Seattle, WA 98109 | Stock Stock Stock Stock Stock Stock Stock | | • | CCCBCBD | A B A A A |
| | | | | | `, | |
| Che | eck here if continued on attached sheet. | | | | , | - |



Check here if continued on attached sheet

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

SUPPLEMEN (1/15)

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

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

| YOUR HOUSEHOLD | 1 | | |
|---------------------------------|--|--|---|
| Last Name | First | Middle Initial | DATE |
| HARRELL | BRUCE | A. | 04/12/2018 |
| A OFFICE HEI BUSINESS INTERESTS | dependents (1) were an officer, director, ge organization, union, partners (2) were a partner or member similar entity, including but n | | e owner of a corporation, non-profit nership, limited liability company or npany. |
| • | Trade or Operating Name: Report name used | • • | al name. |
| • | Position or Percent of Ownership: The office, t | • | |
| • | Brief Description of the Business/Organization: | 1 1 /1 \// | ` ' |
| • | Payments from Governmental Unit: If the governity concerning which you're reporting, show | the purpose of each payment and the actual a | amount received. |
| • | Payments from Business Customers and Oth- proprietorship, union, association, business or seek/hold office) which paid compensation of services or other consideration was given or per Washington Real Estate: Identify real estate or | r other commercial entity and each governm \$12,000 or more during the period to the entite erformed for the compensation. | ent agency (other than the one you y. Briefly say what property, goods, |
| | | | |
| ENTITY NO. 1 | | Reporting For: Self | Spouse 🖾 |
| | | Registered Domest | ic Partner Dependent D |
| LEGAL NAME: UNIV | ERSITY OF WASHINGTON | POSITION OR PER | RCENT OF OWNERSHIP |
| Box 351 | berding Hall | TON Regent, No | o Ownership |
| · | THE BUSINESS/ORGANIZATION: | | ; |
| BRIEF DESCRIPTION OF | THE BUSINESS/ORGANIZATION. | | |
| | EIVED FROM GOVERNMENTAL UNIT IN WHIC se of payments | - | actual dollars) |
| | | \$ | 0 |
| _ | EIVED FROM OTHER GOVERNMENT AGENC y name: | | of payment (amount not required) |
| | EIVED FROM BUSINESS CUSTOMERS OF \$1: omer name: | · · | of payment (amount not required) |
| | TATE IN WHICH ENTITY HELD A DIRECT FIN perty is over \$24,000. List street address, asses | | |
| | | | |

| Name HARRELL, BRUCE A. | | | | | | | | | |
|--|---|--|--|------------------------|--|--|--|--|--|
| ENTITY NO. 2 | | Reporting For: S | elf Spouse | * | | | | | |
| | | | | ependent 🔲 | | | | | |
| LEGAL NAME: N/A | | POSITION (| OR PERCENT OF OWNE | ERSHIP | | | | | |
| TRADE OR OPERATING NAME: | • | | | | | | | | |
| ADDRESS: | | | | | | | | | |
| BRIEF DESCRIPTION OF THE BUSINES | S/ORGANIZATION: | | | | | | | | |
| PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE: Purpose of payments Amount (actual dollars) | | | | | | | | | |
| | • | \$ | | | | | | | |
| PAYMENTS ENTITY RECEIVED FROM C Agency name: | OTHER GOVERNMENT AGENCIES OF \$12,00 | | rpose of payment (amou | int not required) | | | | | |
| PAYMENTS ENTITY RECEIVED FROM E Customer name: | BUSINESS CUSTOMERS OF \$12,000 OR MOI | | urpose of payment (amou | unt not required) | | | | | |
| and assessed value of property is over \$24 | H ENTITY HELD A DIRECT FINANCIAL INTE 4,000. List street address, assessor parcel nun | REST (Complete only if ber, or legal description | ownership in the ENTIT and county for each pare | Y is 10% or more cel): | | | | | |
| Check here ☐ if continued on attached sheet | | | | | | | | | |
| LOBBYING: prepared sta | s for whom you, or any immediate family ate legislation or state rules, rates, or stand vernment body in which you are an elected o | ards for compensation | or deferred compensa | ntion. Do not list | | | | | |
| Person to Whom Services Re | | islation, Rules, Etc. | Compensation | (Use Code) | | | | | |
| , | | | · | | | | | | |
| | | | | · · | | | | | |
| | | | | | | | | | |
| Check here ☐ if continued on attached sheet | | | | | | | | | |
| TRAVEL portion of the SEMINARS thereof: 1) I | is section if a source other than your own he following items to you, your spouse, re Food and beverages costing over \$50 per o Travel occasions; or 3) Seminars, education | gistered domestic par ccasion, excluding cer | rtner or dependents, o tain receptions as defi | r a combination | | | | | |
| Date Donor's Name, City an | | scription | Actual Dollar | Value | | | | | |
| Received | | | Amount | (Use Code) | | | | | |
| | | | \$ | | | | | | |
| | | | | | | | | | |
| · | | • | | | | | | | |
| Check here if continued on attached sheet | | | | | | | | | |

Information Continued

| Name · HARRELL, BRUCE A. | | - | | | | | | | |
|---|--|---|------------------------|--|--|--|--|--|--|
| ENTITY NO. | Reporting For: | Self Spouse | | | | | | | |
| | | | ependent | | | | | | |
| LEGAL NAME: N/A | | N OR PERCENT OF OWN | , | | | | | | |
| TRADE OR OPERATING NAME: | | • | | | | | | | |
| ADDRESS: | | | | | | | | | |
| BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: | | | | | | | | | |
| PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE: | | | | | | | | | |
| Purpose of payments | | Amount (actual dollars) | | | | | | | |
| | | \$ | | | | | | | |
| PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMEN Agency name: | | Purpose of payment (amou | unt not required) | | | | | | |
| PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOME Customer name: | ERS OF \$12,000 OR MORE | Purpose of payment (amou | unt not required) | | | | | | |
| WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A D and assessed value of property is over \$24,000. List street addr | PIRECT FINANCIAL INTEREST (Complete only ress, assessor parcel number, or legal descripti | if ownership in the ENTIT on and county for each par | Y is 10% or more cel): | | | | | | |
| | | | | | | | | | |
| B LOBBYING: (Continued) | , | | | | | | | | |
| Person to Whom Services Rendered | Description of Legislation, Rules, Etc. | Compensation | (Use Code) | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| C FOOD TRAVEL SEMINARS (continued) | | | | | | | | | |
| Date Donor's Name, City and State Received | Brief Description | Actual Dollar | Value (Use Code) | | | | | | |
| | | Amount | (Use Code) | | | | | | |
| | | \$ | | | | | | | |
| | · | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |



RECEIVED

APR 14 2017

Public Disclosure Commission

April 12, 2017

VIA FEDERAL EXPRESS

Washington Public Disclosure Commission 711 Capitol Way, Room 206 P.O. Box 40908 Olympia, WA 98504-0908

RE:

Bruce A. Harrell, Seattle City Councilmember

PDC Form F-1, Personal Financial Affairs Statements and Supplemental Pages

To Whom It May Concern:

Enclosed you will find my Public Disclosure Commission (PDC) Form, F-1 Personal Financial Affairs Statement and a PDC F-1 Supplemental Page. These documents are submitted in accordance with RCW 42.17A.700 and Seattle Municipal Code 4.16.080(A).

Please file or record each document in conformity with your standard procedures. If you have any questions, feel free to call me at (206) 684-8804.

Seattle City Council President

Chair: Education, Equity & Governance Committee

Vice-Chair: Human Services & Public Health

206-684-8804

| PUBLIC | DISCLOSURE COMMISSION 711 CAPITOL WAY PO BOX 40908 OLYMPIA WA 9850 (360) 753-1111 TOLL FREE 1-877-0 | ' RM 206)4-0908 | PDC FORM F-1 (1/12) | AFFAI | RS STAT | NANCIAL EMENT | O A S R T K | VED |
|--|--|----------------------------------|--|--------------------|---|--|--|---|
| Refer to instr | uction manual for detailed assista | nce and examp | oles. | DOLLAF | | UNT | R E | 4 0047 |
| Deadlines: | Incumbent elected and appoint Candidates and others with candidate or being newly appoint TO PUBLIC DISCLOSU | nin two weeks pointed to a po | of becoming a sition. | A B C D | \$1 to \$4,00 \$20,0 \$40,0 | \$3,999 0 to \$19,999 | CAPR 1 | |
| Last Name | First | IKE COMMINIS | | e Initial | | | l members, includi | ng registered |
| HARRELL | BRUC | | A. | , | domestic par disclose for d in your house | tner. If there is dependent childr ehold, do not ide | no reportable inf ren, or other depo entify them. Do i tic partner. See I | drmation to endents living dentify your |
| | Park Avenue South | , | | | | | | |
| City Seattle | Coun King | ty | Zip + 98118 | | (SP) Bruce A | A. Harrell | | |
| Filing Status | (Check only one box.) | | | | Office Held o | or Sought | | |
| An elect | ed or state appointed official filing | annual report | | | Office title: | ity Councilmem | <u>ıber</u> | - |
| Final re | oort as an elected official. Term e | expired: | | | County, city, | district or agend | cy of the office, | |
| ☐ Candida | ate running in an election: month | | year | | name and | number: Seat | tle | |
| ☐ Newly a | ppointed to an elective office | | r. | | Position num | nber: 2 | | |
| Newly a | ppointed to a state appointive offi | ce | | | Term begins | : 01/01/2016 | ends: <u>12</u> | /31/2019 |
| Profess | ional staff of the Governor's Office | e and the Legis | lature | | | | | |
| 1 | INCOME family member, i | ncludina reais | ource of income (page of the comments of the c | artner, rece | ived \$2,000 o | r more during | the period. I | nclude stock |
| Show Self (S) Spouse (SP/DP) Dependent (D) (S) | Name and Address of Employer City of Seattle, 600 4th Avenue, F | | | W | upation or How las Earned Councilmember | Compensation | Amou (Use Co E | |
| (SP) | Microsoft Corporation, One Micro | | | Gen | eral Manager | | E | |
| (01) | Wildiosult Corporation, One wildo | Jon 114, 1156 | ona, 1111 0000 <u>-</u> | | . | | | |
| | Check Here 🔲 if continued on a | attached sheet | | | | | | |
| | | ī | | | | | | |
| 2 | DEAL ESTATE real estat | e with value o | essor's parcel nun f over \$10,000 in w al interest during th | hich vou or | a family mem | ber, including w partnership, | registered dom company, etc. | estic partner, real estate on |
| Property Solo | d or Interest Divested | Assessed Value | Name and Address | of Purchaser | | Nature and Am Consideration | nount (Use Code) Received | of Payment or |
| | | (Use Code) | · . | | , | | | |
| Property Pur | chased or Interest Acquired | | Creditor's Name/Ad | dress Pa | ayment Terms | Security Given | Mortgage Amous Original | nt - (Use Code) Current |
| All Other Pro | operty Entirely or Partially Owned | | Creditor's Name/Ad | dress Pa | syment Terms | Security | Mortgage Amou | |
| | l Park Ave. So., Sea, WA 98118 | E | Wells Fargo, PO Box Des Moines, IA 5030 | | s% down, 25% for 15 s. | Given Mortgage | Original E | Current E |
| | o th Bellevue, WA 98004 ☐ if continued on attached sheet | E | Wells Fargo, PO Box Des Moines, IA 5030 | 10445 6-0335 20 |)% down, 4.3% r 20 yrs. | Mortgage - | E | E |

.

| | 3 | | | | | |
|-------------|--|---|-------------|---------------------------|--------------------|---------------|
| 3 | ASSETS / INVESTMENTS - INTEREST / DIVIDENDS intai | bank and savings accounts, in ngible property (including but r orting period. | | | | |
| Α. | Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period. | Type of Account or Description | of Asset | Asset Value (Use Code) | Income ((Use (| |
| | Wells Fargo, 420 Montgomery Street, San Francisco, California 94163 | Checking and Savings Account | s | D | Α | |
| | Bank of America, 4th & Madison, Seattle, WA 98101 | Checking and Savings Account | s | С | Α | |
| | Charles Schwab, Inc., Phoenix Operations Center, PO Box 52114, Phoenix AZ 85072-2114 | Retirement / Investment Account | nt | E | В | |
| | Comcast Corporation, PO Box 770003, Cincinnati, OH 45277 (managed by Comcast) | Retirement / Investment Account | nt | E | C | |
| | Fidelity Investments, PO Box 145421, Cincinnati, OH 45250 (managed by Fidelity) | Retirement / Investment Account | nt | E | C |) [|
| | Janus Capital Group, P.O. Box 173375, Denver, CO 80217 (Managed by Janus) | Retirement / Investment Account | nt | E | E | . |
| | Morgan Stanley Smith Barney, 601 Union Street, #5200, Seattle, WA 98101 | Retirement / Investment Account | nts | E | E | |
| | Prudential Investment Management Services LLC (PIMS), 655 Broad Street, 19th Floor, Newark, NJ | Retirement / Investment Account | nt | D | · Д | • |
| B. | Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$20,000 during the period. | | | | | |
| C. | Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. | | , | , | | |
| 4 | List each creditor you or a family member, CREDITORS more any time during the period. Do | Including registered domestic | partner, ov | ved \$2,000 or | AMO (USE 0 | |
| 7 | mortgages or real estate reported in Item 2 | | | | (002 | |
| | Creditor's Name and Address | Terms of Payment | Secur | ity Given | Original | Present |
| Ala: And | ska USA Federal Credit Union, P.O. Box 196613 chorage, AK 99519-6613 | 5 years, 2.25% | Ve | ehicle | С | С |
| Firs | t Tech Federal Credit Union | 5 years, 2.15% | Ve | hicles | D | D |
| Che | eck here 🔲 if continued on attached sheet. | | | | | |
| par | All filers answer questions A thru D below. If the answer is YES to t of this report. If all answers are NO and you are a candidate for s ecutive officer filing your initial report, no F-1 Supplement is require | tate or local office, an appointe | | | | |

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.

- At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? Yes If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? No ____ If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? No. If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? No If yes, complete Supplement, Part B.
- E. Only for Persons Filing Annual Report. Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year. 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? No or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? No If yes to either or both questions, complete Supplement, Part C.

| AI | LL FILERS EXCEPT CANDIDATES. Check the appropriate box. | | CERTIFICATION: I certify un | | |
|---|---|--|--|---|---|
| | I hold a state elected office, am an executive state officer or professio I have read and am familiar with RCW 42.52.180 regarding the use resources in campaigns. | | | contained in the best of my known | is report is true and owledge. |
| × | I hold a local elected office. I have read and am familiar with RCW 42 regarding the use of public facilities in campaigns. | .17A.555 | Signature Contact Telephone: (206) 650-0 | M95 (cell) | April 12, 2017 Date |
| | ANDIDATES: Do not use public agency addresses or telephone numbers | for | Email: |)493 (Cell) | (work) * |
| CO | ntact information. | | Email: bruce210@msn.com | | (Home) |
| | | <u>, ,</u> | REPORT NOT ACCEPTABLE | WITHOUT F | II FR'S SIGNATUR |
| | | | REPORT NOT ACCEPTABLE | - ************************************* | ILLIN O OIOIVATOR |
| 3 | ASSETS / INVESTMENTS - INTEREST / DIVIDENDS Intar repo | bank and ngible pro rting peri | d savings accounts, insurance perty (including but not limited od. | policies, stoci to stock optio | k, bonds and other ns) held during the |
| L | Continued | | | | |
| A. | Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period. | Type of | Account or Description of Asset | Asset Value (Use Code) | Income Amount (Use Code) |
| В. | Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$20,000 during the period. | | | - | |
| C. | Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. | | • | | |
| Go He U. Th Jo Co A1 Co Fa St Ba W | crosoft, One Microsoft Way, Redmond, WA 98052 bogle Inc., 1600 Amphitheatre Parkway, Mountain View, CA 94043 bewlett Packard, 3000 Hanover St., MS 1050, Palo Alto, CA 94304 S. Bank, N.A., 800 Nicollet Mall, Minn., MN 55402 le Boeing Company, 100 N. Riverside, Chicago, IL 60606-1596 hnson & Johnson, One Johnson & Johnson Plaza, New Brunswick, NJ 08933 borncast Corporation, One Comcast Center, Philadelphia, PA 19103-2838 Let Corporation, 208 S. Akard St., Dallas, TX 75202 botco, 999 Lake Drive, Issaquah, WA 98027 loebook, 6101 Willow Road, Menlo Park, CA 94025 arrbucks, 2401 Utah Ave South, Seattle, Washington 98134 ank of America, 100 N. Tryon Street, Charlotte, NC 28255 lells Fargo, 420 Montgomery Street, San Francisco, California 94163 anofi, USA, 55 Bridgewater Drive, Bridgewater, NJ 08807 sa, International, 900 Metro Center Boulevard, Foster City, California 94404 mpqua Holdings, 1 SW Columbia St Ste 1200, Portland, OR 97258 | Stock Stock Stock Stock Stock Stock Stock Stock Stock Stock Stock Stock Stock Stock Stock Stock Stock Stock | | E E A C D D C D C C C B C B B B | C A A A A B B A A A A A A A A |
| С | heck here if continued on attached sheet. | | | | |



Check here ☐ if continued on attached sheet

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 (1/15)

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

| PROVIDE INFORMATION YOUR HOUSEHOLD | FOR YOURSELF, SPOUSE, REGISTERED DO | MESTIC PARTNER, DEPENDENT | CHILDR | EN AND OTHER DEPENDENTS IN | | | | |
|--|--|---|------------------------|--|--|--|--|--|
| Last Name | First | Middle Initial | | DATE | | | | |
| HARRELL | BRUCE | A | ` | 04/12/2017 | | | | |
| BUSINESS | OFFICE HELD, BUSINESS INTERESTS: Provide the following information if, during the reporting period, you, your spouse, registered domestic partner of dependents (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profice organization, union, partnership, joint venture or other entity; and/or (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company. | | | | | | | |
| • | Legal Name: Report name used on legal docum | · | - | | | | | |
| • | Trade or Operating Name: Report name used f | or business purposes if different from | m the leg | al name. | | | | |
| • | Position or Percent of Ownership: The office, tit | | | | | | | |
| • | Brief Description of the Business/Organization: | | | | | | | |
| • | Payments from Governmental Unit: If the gove | the purpose of each payment and the | e actual a | amount received. | | | | |
| • | Payments from Business Customers and Other proprietorship, union, association, business or seek/hold office) which paid compensation of \$ services or other consideration was given or per | other commercial entity and each 112,000 or more during the period to rformed for the compensation. | governm the entit | ty. Briefly say what property, goods, | | | | |
| • | Washington Real Estate: Identify real estate ov | vned by the business entity if the qui | amication | is referenced below are met. | | | | |
| ENTITY NO. 1 | | Reporting For: | Self | Spouse 🛛 | | | | |
| ŧ | | Registered | d Domest | tic Partner Dependent D | | | | |
| LEGAL NAME: UNIV | ERSITY OF WASHINGTON | POSITION | OR PE | RCENT OF OWNERSHIP | | | | |
| TRADE OR OPERATING | NAME: UNIVERSITY OF WASHINGT | ON Reg | jent, No | o Ownership | | | | |
| Box 351 | berding Hall 264 WA 98195-1264 | | | | | | | |
| BRIEF DESCRIPTION OF | THE BUSINESS/ORGANIZATION: | | | | | | | |
| | EIVED FROM GOVERNMENTAL UNIT IN WHIC se of payments | CH YOU SEEK/HOLD OFFICE: | Amount | (actual dollars) | | | | |
| | | | \$ | 0 | | | | |
| | EIVED FROM OTHER GOVERNMENT AGENC by name: | IES OF \$12,000 OR MORE: | Purpose | of payment (amount not required) | | | | |
| | EIVED FROM BUSINESS CUSTOMERS OF \$15 | 2,000 OR MORE | Purpose | e of payment (amount not required) | | | | |
| WASHINGTON REAL ES and assessed value of pro | TATE IN WHICH ENTITY HELD A DIRECT FIN perty is over \$24,000. List street address, asses | IANCIAL INTEREST (Complete only sor parcel number, or legal descript | y if owne ion and c | ership in the ENTITY is 10% or more county for each parcel): | | | | |
| | • | | | · | | | | |

| ENTITY NO. 2 Reporting For: Self Spouse Registered Domestic Partner Dependent Registered Amount (actual dollars) Security Received Prom Government Agency name: PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Purpose of payment (amount not required) Purpose of | Name HARRELL, BRUCE A. | | | |
|--|--|---|--|--|
| LEGAL NAME: N/A POSITION OR PERCENT OF OWNERSHIP TRADE OR OPERATING NAME: ADDRESS: BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE: Purpose of payments Amount (actual dollars) \$ PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: Agency name: Purpose of payment (amount not required) PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE: Customer name: Purpose of payment (amount not required) WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): Check here if continued on attached sheet Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a previous of the following terms to you your spouse, neglected domestic partner, tobbied or prepared state desired on the following terms to you your are an elected official or professional staff member. Check here if continued on attached sheet Compensation of deferred compensation or deferred compensation. Do not list previous of the following terms to you your are an elected official or professional staff member. Compensation (Use Code) | HARRELL, BROCE A. | | | |
| LEGAL NAME: N/A TRADE OR OPERATING NAME: ADDRESS: BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEKHOLD OFFICE: Purpose of payments Amount (actual dollars) \$ PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: Agency name: PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: Agency name: Purpose of payment (amount not required) WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): Check here of continued on attached sheet B LOBBYING: List persons for whom you, or any immediate family member, including registered domestic partner, lobbiled or prepared state legislation or state rules, rates, or standards for compensation or deferred componsation. Do not list property in the 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 tens to you, your spouse, registered domestic partner or dependents, or a combination of the following tens to you, your spouse, registered meetic partner or dependents, or a combination of the following tens to you, your spouse, registered domestic partner or dependents, or a combination of the following tens to you, your spouse, registered domestic partner or dependents, or a combination of the following tens to you, your spouse, registered domestic partner or dependents, or a combination of the following tens to you, your spouse, registered domestic partner or dependents, or a combination of the following tens to you, your spouse, registered domestic partner or dependents, or a combination of the following tens to you, your spouse, registered domestic partner or dependents, or a combination of the following tens to y | ENTITY NO. 2 | Reporting For: Set | f Spouse | |
| TRADE OR OPERATING NAME: ADDRESS: BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE: Purpose of payments Amount (actual dollars) \$ PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: Agency name: Purpose of payment (amount not required) PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE: Customer name: Purpose of payment (amount not required) WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): Check here if continued on attached sheet Check here if continued on attached sheet | | Registered Do | mestic Partner 🔲 Depe | ndent 🔲 |
| ADDRESS: BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE: Purpose of payments \$ PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: Agency name: Purpose of payment (amount not required) PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: Purpose of payment (amount not required) WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): Check here If continued on attached sheet Ist persons for whom you, or any immediate family member, including registered domestic partner, lobbiled or 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 | LEGAL NAME: N/A | POSITION OF | R PERCENT OF OWNERS | SHIP |
| BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE: Purpose of payments Amount (actual dollars) \$ PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: Agency name: Purpose of payment (amount not required) PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: Purpose of payment (amount not required) WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): Check here If continued on attached sheet List persons for whom you, or any immediate family member, including registered domestic partner, lobbled or prepared state legislation or state rules, rates, or standards for compensation 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 Check here I | TRADE OR OPERATING NAME: | | • | |
| PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE: Purpose of payments \$ PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: Agency name: Purpose of payment (amount not required) PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: Purpose of payment (amount not required) WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): Check here if continued on attached sheet Check here if continued on attached sheet Description of Legislation, Rules, Etc. Compensation (Use Code) Check here if continued on attached sheet | ADDRESS: | | | |
| PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE: Purpose of payments \$ PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: Agency name: Purpose of payment (amount not required) PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: Purpose of payment (amount not required) WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): Check here if continued on attached sheet Check here if continued on attached sheet Description of Legislation, Rules, Etc. Compensation (Use Code) Check here if continued on attached sheet | | , | • | |
| PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: Agency name: Purpose of payment (amount not required) PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: Purpose of payment (amount not required) WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): LIST persons for whom you, or any Immediate family member, including registered domestic partner, lobbled or prepared state legislation or state rules, rates, or standards for compensation 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 Description of Legislation, Rules, Etc. Compensation (Use Code) Actual Dollar Macual Macual Value (Use Code) Pay In a department of the following items to you, your spouse, registered domestic partner or dependents, or a combination free from the following items to you, your spouse, registered domestic partner or dependents, or a combination free from the following items to you, your spouse, registered domestic partner or dependents, or a combination free from the following items to you, your spouse, registered domestic partner or dependents, or a combination free from the following items to you, your spouse, registered domestic partner or dependents, or a combination free from the following items to you, your spouse, registered domestic partner or dependents, or a combination free from the following items to you, your spouse, registered domestic partner or dependents, or a combination free from the followi | BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: | | V | |
| PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: Agency name: Purpose of payment (amount not required) PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: Purpose of payment (amount not required) WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): Check here If continued on attached sheet | | , | | |
| PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: Agency name: Purpose of payment (amount not required) PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: Purpose of payment (amount not required) WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): LIST persons for whom you, or any Immediate family member, including registered domestic partner, lobbled or prepared state legislation or state rules, rates, or standards for compensation 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 Description of Legislation, Rules, Etc. Compensation (Use Code) Actual Dollar Macual Macual Value (Use Code) Pay In a department of the following items to you, your spouse, registered domestic partner or dependents, or a combination free from the following items to you, your spouse, registered domestic partner or dependents, or a combination free from the following items to you, your spouse, registered domestic partner or dependents, or a combination free from the following items to you, your spouse, registered domestic partner or dependents, or a combination free from the following items to you, your spouse, registered domestic partner or dependents, or a combination free from the following items to you, your spouse, registered domestic partner or dependents, or a combination free from the following items to you, your spouse, registered domestic partner or dependents, or a combination free from the followi | PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN \ | WHICH YOU SEEK/HOLD OFFICE: | | |
| PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE: Agency name: Purpose of payment (amount not required) PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: Purpose of payment (amount not required) WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): Check here if continued on attached sheet Check here if continued on attached sheet | | | ount (actual dollars) | |
| PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: Purpose of payment (amount not required) WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): Check here if continued on attached sheet List persons for whom you, or any immediate family member, including registered domestic partner, lobbled or prepared state legislation or state rules, rates, or standards for compensation 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 Description of Legislation, Rules, Etc. Compensation (Use Code) | • | \$ | | |
| PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: Purpose of payment (amount not required) WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): Check here if continued on attached sheet List persons for whom you, or any immediate family member, including registered domestic partner, lobbled or prepared state legislation or state rules, rates, or standards for compensation 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 Description of Legislation, Rules, Etc. Compensation (Use Code) | DAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AG | ENCIES OF \$12 000 OR MORE: | | |
| WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): Check here if continued on attached sheet List persons for whom you, or any immediate family member, including registered domestic partner, lobbied or prepared state legislation or state rules, rates, or standards for compensation 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 Check here if continued on attach | | Pur | pose of payment (amount | not required) |
| WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): Check here if continued on attached sheet List persons for whom you, or any immediate family member, including registered domestic partner, lobbied or prepared state legislation or state rules, rates, or standards for compensation 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 Check here if continued on attach | | | | |
| WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): Check here if continued on attached sheet List persons for whom you, or any immediate family member, including registered domestic partner, lobbied or prepared state legislation or state rules, rates, or standards for compensation 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 Check here if continued on attach | DAVMENTS ENTITY DECEIVED EDOM BUSINESS CUSTOMERS O | DE \$12 000 OR MORE | | |
| Check here if continued on attached sheet Check here if continued on attached sheet | | Pu | rpose of payment (amount | not required) |
| Check here if continued on attached sheet Check here if continued on attached sheet | | | | |
| Check here if continued on attached sheet Check here if continued on attached sheet | WASHINGTON DEAL FOTATE IN MULICUENTITY HELD A DIDECT | T FINANCIAL INTEREST (Complete only if | ownership in the FNTITY | is 10% or more |
| B LOBBYING: List persons for whom you, or any immediate family member, including registered domestic partner, lobbied or prepared state legislation or state rules, rates, or standards for compensation 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) Compensation of Use Code) Compensation of Use Code or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC 390-2020A; 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) | and assessed value of property is over \$24,000. List street address, a | assessor parcel number, or legal description | and county for each parcel |): |
| B LOBBYING: List persons for whom you, or any immediate family member, including registered domestic partner, lobbied or prepared state legislation or state rules, rates, or standards for compensation 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) Compensation of Use Code) Compensation of Use Code or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC 390-2020A; 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) | | | | |
| B LOBBYING: List persons for whom you, or any immediate family member, including registered domestic partner, lobbied or prepared state legislation or state rules, rates, or standards for compensation 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) Compensation of Use Code) Compensation of Use Code or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC 390-2020A; 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) | | | | |
| B LOBBYING: List persons for whom you, or any immediate family member, including registered domestic partner, lobbied or prepared state legislation or state rules, rates, or standards for compensation 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) Compensation of Use Code) Compensation of Use Code or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC 390-20-20A; 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) | | | | |
| Person to Whom Services Rendered Check here ☐ if continued on attached sheet Check here ☐ if continued on attached sheet Compelete 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, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC 390- Date Received Donor's Name, City and State Donor's Name, City and State Description of states, or standards for compensation or deferred compensation. Do not list paying the provided in the following items to you are an elected official or professional staff member. Compensation (Use Code) Compensation or deferred compensation. Do not list paying the provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC 390- Date Received Donor's Name, City and State Brief Description Actual Dollar Amount (Use Code) | | | | |
| Person to Whom Services Rendered Description of Legislation, Rules, Etc. Compensation (Use Code) Check here if continued on attached sheet Compensation (Use Code) Check here if continued on attached sheet Compensation (Use Code) 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, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC 390-20-20-20-20-20-20-20-20-20-20-20-20-20 | P LOPPYING: prepared state legislation or state rule | les, rates, or standards for compensation | or deferred compensation | er, lobbled or i on. Do not list |
| Check here if continued on attached sheet C FOOD TRAVEL SEMINARS SEMINARS SEMINARS Date Received Donor's Name, City and State Donor's Name, City and State Section S | pay from government body in which y | you are an elected official or professional | staff member. | |
| 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, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC 390-20-020A; 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) | Person to Whom Services Rendered | Description of Legislation, Rules, Etc. | Compensation (U | se Code) |
| 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, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC 390-20-020A; 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) | · | | | |
| 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, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC 390-20-020A; 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) | | • | | |
| 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, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC 390-20-020A; 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) | | | | |
| 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, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC 390-20-020A; 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) | | | | |
| TRAVEL SEMINARS portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC 390-20-2004; 2) Travel occasions; or 3) Seminars, educational programs or other training. Date Received Donor's Name, City and State Brief Description Actual Dollar Amount (Use Code) | Check here ☐ if continued on attached sheet | , | | |
| TRAVEL SEMINARS portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC 390-20-2004; 2) Travel occasions; or 3) Seminars, educational programs or other training. Date Received Donor's Name, City and State Brief Description Actual Dollar Amount (Use Code) | FOOD Complete this section if a source of | her than your own governmental agency | paid for or otherwise pr | ovided all or a |
| 20-020A; 2) Travel occasions; or 3) Seminars, educational programs or other training. Date Received Donor's Name, City and State Brief Description Actual Dollar Amount (Use Code) | TRAVEL portion of the following items to yo | u, vour spouse, registered domestic par | tner or dependents, or | a combination |
| Received Amount (Use Code) | 20-020A; 2) Travel occasions; or 3) Se | eminars, educational programs or other tra | aining. | |
| | | Brief Description | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Objects have Till to continued an effectived about | | | |
| | TRAVEL portion of the following items to you thereof: 1) Food and beverages cost 20-020A; 2) Travel occasions; or 3) Set Date Donor's Name, City and State | ou, your spouse, registered domestic par ting over \$50 per occasion, excluding cer eminars, educational programs or other tr | tner or dependents, or tain receptions as define alning. Actual Dollar Amount | a combination ed in WAC 390- Value |
| | Check here ☐ if continued on attached sheet | | | |

Information Continued

| Name HARRELL, BRUCE A. | | | | | | | |
|--|---|-------------------------------|------------------|--|--|--|--|
| HARRELL, BROOE A. | | | | | | | |
| ENTITY NO. | | | | | | | |
| | - | d Domestic Partner Der | | | | | |
| LEGAL NAME: N/A | POSITIO | N OR PERCENT OF OWNE | RSHIP | | | | |
| TRADE OR OPERATING NAME: | | | | | | | |
| ADDRESS: | | | Ī | | | | |
| BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: | | | | | | | |
| BRIEF DESCRIPTION OF THE BUSINESS/ONGANIZATION. | | | | | | | |
| , | | | | | | | |
| PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT Purpose of payments | IN WHICH YOU SEEK/HOLD OFFICE: | Amount (actual dollars) | | | | | |
| t diposo el paymonto | | \$ | | | | | |
| | | Ψ | | | | | |
| PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT Agency name: | AGENCIES OF\$12,000 OR MORE: | Purpose of payment (amour | nt not required) | | | | |
| , igono, name. | | | | | | | |
| | 00 OF \$40 000 OF MORE | | | | | | |
| PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMER Customer name: | RS OF \$12,000 OR MORE | Purpose of payment (amou | nt not required) | | | | |
| | | | | | | | |
| WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIF | DECT EINANCIAL INTEREST (Complete or | ly if ownership in the ENTIT' | / is 10% or more | | | | |
| and assessed value of property is over \$24,000. List street addre | ess, assessor parcel number, or legal descrip | tion and county for each parc | el): | | | | |
| | | | | | | | |
| | | • | | | | | |
| | • | | | | | | |
| | | | · | | | | |
| B LOBBYING: (Continued) | | | | | | | |
| Person to Whom Services Rendered | Description of Legislation, Rules, Etc. | Compensation (| Use Code) | | | | |
| , | | | r | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| FOOD | | | | | | | |
| TRAVEL | | | | | | | |
| SEMINARS (continued) | Brief Description | Actual Dollar | Value | | | | |
| Date Donor's Name, City and State Received | Bitel Description | Amount | (Use Code) | | | | |
| | | \$ | | | | | |
| ' | | | | | | | |
| | | | | | | | |
| <u> </u> | , | | | | | | |
| | | | | | | | |



April 13, 2016

VIA FEDERAL EXPRESS

Washington Public Disclosure Commission 711 Capitol Way, Room 206 P.O. Box 40908 Olympia, WA 98504-0908

RE:

Bruce A. Harrell, Seattle City Councilmember

PDC Form F-1, Personal Financial Affairs Statements and Supplemental Pages

To Whom It May Concern:

Enclosed you will find my Public Disclosure Commission (PDC) Form, F-1 Personal Financial Affairs Statement and a PDC F-1 Supplemental Page. These documents are submitted in accordance with RCW 42.17A.700 and Seattle Municipal Code 4.16.080(A).

Please file or record each document in conformity with your standard procedures. If you have any questions, feel free to call me at (206) 684-8804.

Sincerely,

Bruce A. Harreli

Seattle City Council President

Chair: Education, Equity & Governance Committee

Vice-Chair: Human Services & Public Health

206-684-8804

| Refer to instru Deadlines: | 711 CAPITOL WAY PO BOX 40908 OLYMPIA WA 9850 (360) 753-1111 TOLL FREE 1-877-6 uction manual for detailed assista Incumbent elected and appoi Candidates and others with candidate or being newly app | RM 206 4-0908 501-2828 nce and example nted officials nin two weeks of | by April 15. f becoming a | 1 | AMOU \$1 to \$ \$4,000 \$20,00 \$40,00 | UNT 13,999 10 \$19,999 0 to \$39,999 0 to \$99,999 | O A S R T K DATE | FILED PDC |
|---------------------------------|--|--|--|----------------------------|--|--|--|--|
| SEND REP | ORT TO PUBLIC DISCLOSU | RE COMMISS | | E | | 00 or more | | |
| Last Name HARRELL | First BRUC | | Middle A. | e Initial | domestic partn disclose for de in your househ | ner. If there is rependent childre pendent childre old, do not ide | nembers, includino reportable info en, or other depe ntify them. Do ic c partner. See f | rmation to indents living lentify your |
| Mailing Addre | ess (Use PO Box or Work Addres | s) * | | | | | | |
| 5846 Seward City Seattle | Park Avenue South Count King | у | Zip + - | | (SP) Joanne R | R. Harrell | | |
| | | | | | Office Held or | Cought | | |
| | (Check only one box.) ed or state appointed official filing | annual report | | | Office title: | City Councilme | mber | |
| Final rep | oort as an elected official. Term e | xpired: | | | County city d | istrict or agenc | v of the office. | |
| ☐ Candida | te running in an election: month | | year . | | name and | _ | , | |
| │ | ppointed to an elective office | | | | Position numb | | | 1 |
| Newly a | ppointed to a state appointive office | ce · | | | Term begins: | | ends: <u>12</u> | .31.19 |
| - | ional staff of the Governor's Office | | ture | | Tomic Segmen | <u></u> | | |
| Show Self (S) Spouse (SP/DP) | INCOME List each employer family member, in options received of 3.) Name and Address of Employer | ncluding registed during the report | ered domestic parting period that h | artner, rece ad a value | ived \$2,000 or of \$2,000 or mo cupation or How (| re. (Report in | tne perioa. II | lends in Item |
| Dependent (D) | City of Seattle, 600 4th Avenue, F | loor 2, Seattle, W | A 98124 | | Vas Earned Councilmember | | (Ose Co | ue) |
| | | | | Gen | eral Manager | | E | |
| (61) | (SP) Microsoft Corporation, One Microsoft Way, Redmond, WA 98052 General Manager Check Here if continued on attached sheet | | | | | | | |
| 2 | DEAL ECTATE roal actat | e with value of rsonal financial | ssor's parcel num over \$10,000 in w interest during th | hich vou or | r a family memb | per, including in partnership, | company, etc. | real estate on |
| Property Solo | d or Interest Divested | Assessed Value (Use Code) | Name and Address | of Purchaser | | Nature and Ar or Considerati | mount (Use Code ion Received |) of Payment |
| Property Pur | chased or Interest Acquired | ` | Creditor's Name/Add | dress Pa | ayment Terms | Security Given | Mortgage Amou Original | nt - (Use Code) Current |
| 1 | operty Entirely or Partially Owned I Park Ave. So., Sea, WA 98118 | | Creditor's Name/Ad Wells Fargo, PO Box Des Moines, IA 5030 | 10445 25 | ayment Terms 5% down, 25% for 15 yrs. | Security Given Mortgage | Mortgage Amou Original E | nt - (Use Code) Current E |
| | o th Bellevue, WA 98004 ☐ if continued on attached sheet | E | Wells Fargo, PO Box Des Moines, IA 5030 | 10445 | 0% down, 4.3% or 20 yrs. | Mortgage | E | E |

| 3 | ASSETS / INVESTMENTS - INTEREST / DIVIDENDS intar | bank and ngible prop rting perio | savings accounts, perty (including but bd. | Insurance not limited | policies, stoc to stock optic | k, bonds a ons) held d | and other luring the | |
|------|--|--|--|----------------------------------|------------------------------------|---------------------------|-------------------------|--|
| A. | Name and address of each bank or financial institution in which you member, including registered domestic partner, had an account ove any time during the report period. | ı, a family er \$20,000 | Type of Account or Description of Asse | | Asset Value (Use Code) | | Amount Code) | |
| | Bank of America, 4 th & Madison, Seattle, WA 98101 | | Checking and Savings | s Accounts | D | , | 4 | |
| | Citigroup Smith Barney, 601 Union Street, #5200, Seattle, WA 98101 | | Retirement / Investme | nt Accounts | E | ı | Ē | |
| | Wells Fargo, 420 Montgomery Street, San Francisco, California 94163 | | Checking account | | A | , | Ą | |
| | Fidelity Investments, PO Box 145421, Cincinnati, OH 45250 (managed by Fidelity) |) | Retirement / Investme | nt Account | E | , | С | |
| | Comcast Corporation, PO Box 770003, Cincinnati, OH 45277 (managed by Comc | cast) | Retirement / Investme | nt Account | E | 1 | В | |
| | Charles Schwab, Inc., Phoenix Operations Center, PO Box 52114, Phoenix AZ 85 | 072-2114 | Retirement / Investme | nt Account | E | ١ | В | |
| В. | Name and address of each insurance company where you, a family including registered domestic partner, had a policy with a cash or lover \$20,000 during the period. | | | | | | | |
| C. | Name and address of each company, association, government agen which you, a family member, including registered domestic partner, had a financial interest worth over \$2,000. Include stocks, bonds, or retirement plan, IRA, notes, stock options, and other intangible proper your spouse, registered domestic partner and/or dependents had making authority regarding individual assets/investments list each investment, the value and any income amount. EXAMPLE: If you se an investment account identify each stock or other asset in that account | owned or ownership, rty. If you, d decision asset or elf-directed | | | | | | |
| Che | eck here 🖾 if continued on attached sheet. | | | | | | | |
| 4 | CREDITORS List each creditor you or a family member, more any time during the period. Dor mortgages or real estate reported in Item 2. | n't include | | | | | OUNT CODE) | |
| | Creditor's Name and Address | · | ns of Payment | Secui | ity Given | Original | Present | |
| | ska USA Federal Credit Union, P.O. Box 196613 horage, AK 99519-6613 | 5 | years, 2.25% | V | ehicle | С | С | |
| Firs | t Tech Federal Credit Union | 5 | years, 2.15% | V | ehicle | D | D | |
| Che | ck here if continued on attached sheet. | | • | | | | - | |
| Inc | All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required. Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO. A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any | | | | | | | |
| В. | corporation, company, union, association, joint venture or other entity or (2) a parcompany or similar entity including but not limited to a professional limited liability. | y company? | Yes If yes, complet | e Supplement | , Part A. | | | |
| | Did you, your spouse, registered domestic partner or dependents have an owner business at any time during the reporting period? No. If yes, complete Support of the complete Support | plement, Part | tA. | | | | | |
| C. | Did you, your spouse, registered domestic partner or dependents own a business | | | | | | | |
| D. | Did you, your spouse, registered domestic partner or dependents prepare, promo compensation (other than pay for a currently-held public office) at any time during | ote or oppose the reporting | state legislation, rules, rg period? No If yes | ates or standa s, complete Su | rds for compensa pplement, Part B. | tion or deferre | ed | |
| E. | Onty for Persons Filing Annual Report. Regarding the receipt of items not pro you, your spouse, registered domestic partner or dependents (or any combination Did any source other than your governmental agency provide or pay in whole or is attend a seminar or other training? No If yes to either or both questions, | n thereof) acc n part for you | cept a gift of food or beve , your spouse, registered | rages costing | over \$50 per occa | sion? No | or 2) | |
| ALI | L FILERS EXCEPT CANDIDATES. Check the appropriate box. | | CERTIFICATION: | certify ur | nder penalty | of perjury | that the | |
| | I hold a state elected office, am an executive state officer or professio I have read and am familiar with RCW 42.52.180 regarding the use resources in campaigns. | nal staff. of public | | | contained in the best of my know | | true and | |
| Ø | I hold a local elected office. I have read and am familiar with RCW 42 regarding the use of public facilities in campaigns. | .17A.555 | Signature Contact Telephone: | (206) 650-04 | <u> </u> | Date | | |
| *CA | NDIDATES: Do not use public agency addresses or telephone numbers act information. | for | Email: bruce.harrelle Email: bruce210@n | | <u>/</u> | | rk) * | |
| | The state of the s | | ucez lowii | 1911.00111 | | (nome) | Optional | |

)

List bank and savings accounts, insurance policies, stock, bonds and other ASSETS / INVESTMENTS - INTEREST / DIVIDENDS intangible property (including but not limited to stock options) held during the reporting period. Continued Income Amount Name and address of each bank or financial institution in which you, Type of Account or Description of Asset **Asset Value** (Use Code) (Use Code) a family member, including registered domestic partner, had an account over \$20,000 any time during the report period. Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$20,000 during the period. C. Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. Janus Capital Group, P.O. Box 173375, Denver, CO 80217 (Managed by Janus) Retirement / Investment Account Citigroup Smith Barney, 601 Union St, #5200, SEA, WA 98101 (Managed by Agent) Retirement/Investment Account EEE ECAAAAA Microsoft, One Microsoft Way, Redmond, WA 98052 Google Inc., 1600 Amphitheatre Parkway, Mountain View, CA 94043 Retirement/Investment /Stock Account Stock Hewlett Packard, 3000 Hanover St., MS 1050, Palo Alto, CA 94304 ABCDCD Stock U.S. Bank, N.A., 800 Nicollet Mall, Minn., MN 55402 Stock The Boeing Company, 100 N. Riverside, Chicago, IL 60606-1596 Stock Johnson & Johnson, One Johnson & Johnson Plaza, New Brunswick, NJ 08933 Stock Α Comcast Corporation, One Comcast Center, Philadelphia, PA 19103-2838 Stock Α AT&T Corporation, 208 S. Akard St., Dallas, TX 75202 Stock Costco, 999 Lake Drive, Issaquah, WA 98027 B C C B AAAAA Stock Facebook, 6101 Willow Road, Menlo Park, CA 94025 Starbucks, 2401 Utah Ave South, Seattle, Washington 98134 Stock Stock Bank of America, 100 N. Tryon Street, Charlotte, NC 28255 Stock Wells Fargo, 420 Montgomery Street, San Francisco, California 94163 С Stock Sanofi, USA, 55 Bridgewater Drive, Bridgewater, NJ 08807 В Stock Visa, International, 900 Metro Center Boulevard, Foster City, California 94404 Stock

Check here \square if continued on attached sheet.



Check here ☐ if continued on attached sheet

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

PDC FORM

SUPPLEMENT
(1/15)

SUPPLEMENT PAGE

CONTINUE PARTS B AND C ON NEXT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

EMAIL: pdc@pdc.wa.gov PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD Middle Initial DATE First Last Name 4/12/16 HARRELL **BRUCE** Α OFFICE HELD, Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or **BUSINESS** dependents (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit INTERESTS: organization, union, partnership, joint venture or other entity; and/or were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company. Legal Name: Report name used on legal documents establishing the entity. Trade or Operating Name: Report name used for business purposes if different from the legal name. Position or Percent of Ownership: The office, title and/or percent of ownership held. Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered. 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 \$12,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation. Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met. Reporting For: Self Spouse **ENTITY NO. 1** Registered Domestic Partner Dependent University of Washington LEGAL NAME: POSITION OR PERCENT OF OWNERSHIP: Regent, No ownership University of Washington TRADE OR OPERATING NAME: ADDRESS: 139 Gerberding Hall, Box 351264, Seattle, WA 98195-1264 BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: State Higher Education Institution PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE: Amount (actual dollars) Purpose of payments \$0 PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: Purpose of payment (amount not required) Agency name: PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Purpose of payment (amount not required) 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 \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): None

| Name | | | | | | | |
|--|--|--|--|--|--|--|--|
| ENTITY NO. 2 | ENTITY NO. 2 Reporting For: Self Spouse S | | | | | | |
| | Registere | d Domestic Partner Dependent D | | | | | |
| LEGAL NAME: The Association of Governing Boards | of Universities and Colleges (AGB) | | | | | | |
| POSITION OR PERCENT OF OWNERSHIP: Board Member, | | expires on 6.30.16 | | | | | |
| TOUTION ON PROCESSION PORTER NAME OF THE PROCESSION OF THE PROCESS | / / / / / / / / / / / / / / / / / / / | | | | | | |
| TRADE OR OPERATING NAME: The Association of Gov | erning Boards of Universities and Co | lleges (AGB) | | | | | |
| ADDRESS:1133 20th Street NW, Suite 300, Washington, D | OC 20036 | | | | | | |
| BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: | | | | | | | |
| The Association of Governing Boards of Universities a higher education. AGB provides leadership and couns and other key industry leaders to help them navigate the | sel to member boards, chief executive | ganization centered on governance in es, organizational staff, policy makers | | | | | |
| PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT | IN WHICH YOU SEEK/HOLD OFFICE: | Amount (actual dollars) | | | | | |
| | | \$ 0 | | | | | |
| PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT Agency name: | GAGENCIES OF \$12,000 OR MORE: | Purpose of payment (amount not required) | | | | | |
| PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMER Customer name: | RS OF \$12,000 OR MORE | Purpose of payment (amount not required) | | | | | |
| WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIF and assessed value of property is over \$24,000. List street addre | RECT FINANCIAL INTEREST (Complete on iss, assessor parcel number, or legal descrip | ly if ownership in the ENTITY is 10% or mor tion and county for each parcel): | | | | | |
| Check here if continued on attached sheet | | | | | | | |
| LOBBYING: prepared state legislation or state | any immediate family member, including rules, rates, or standards for compensa ch you are an elected official or professio | tion or deferred compensation. Do not lis | | | | | |
| Person to Whom Services Rendered | Description of Legislation, Rules, Etc. | Compensation (Use Code) | | | | | |
| | | | | | | | |
| | | | | | | | |
| • | | | | | | | |
| | | | | | | | |
| Check here 🔲 if continued on attached sheet | | | | | | | |
| FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC 390 20-020A; 2) Travel occasions; or 3) Seminars, educational programs or other training. | | | | | | | |
| Date Donor's Name, City and State Received | Brief Description | Actual Dollar Value | | | | | |
| | | Amount (Use Code) | | | | | |
| | | \$ | | | | | |
| | · | | | | | | |
| | | | | | | | |
| 1 | | | | | | | |
| Check here ☐ if continued on attached sheet | | | | | | | |

Information Continued

| Name | | | |
|--|--|-------------------------------|---------------------|
| ENTITY NO. | | Self Spouse Dep | endent 🗍 |
| LEGAL NAME: | | OR PERCENT OF OWNER | |
| | 7 00/110/ | ON ENOUN OF OWNER | .07.111 |
| TRADE OR OPERATING NAME: ADDRESS: | | | |
| ABBINESS. | | • | |
| BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: | | | |
| | | ' | |
| PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT I | IN WHICH YOU SEEK/HOLD OFFICE: | | |
| Purpose of payments | | Amount (actual dollars) | |
| | | \$ | |
| PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT | AGENCIES OF\$12,000 OR MORE: | Purpose of payment (amoun | t not required) |
| Agency name: | | · urposo or payment (amean | , |
| | | • | |
| PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS Customer name: | S OF \$12,000 OR MORE | Purpose of payment (amour | nt not required) |
| | | | |
| WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRE | ECT FINANCIAL INTEREST (Complete on | v if ownership in the ENTITY | ' is 10% or more |
| and assessed value of property is over \$24,000. List street address | s, assessor parcel number, or legal descript | ion and county for each parce | el): |
| | | | |
| | | | |
| 7 | | | |
| | | | |
| B LOBBYING: (Continued) | | | |
| Person to Whom Services Rendered | Description of Legislation, Rules, Etc. | Compensation (| Use Code) |
| · | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| C FOOD TRAVEL | | | |
| TRAVEL SEMINARS (continued) | | | |
| Date Donor's Name, City and State | Brief Description | Actual Dollar Amount | Value (Use Code) |
| Received | | \$ | |
| | | Ψ | |
| | | | |
| | | | |
| , | | | |

RECEIVED

April 13, 2015

APR 1 4 2015

Public Disclosure Commission

Washington Public Disclosure Commission 711 Capitol Way, Room 206 P.O. Box 40908 Olympia, WA 98504-0908

DATE FILED PDC

Seattle City Clerk 600 Fourth Avenue, Third Floor P.O. Box 94728 Seattle, WA 98124-4728

APR 13 2015

RE:

Bruce A. Harrell, Seattle City Councilmember

PDC Form F-1, Personal Financial Affairs Statements and Supplemental Pages

To Whom It May Concern:

Enclosed you will find my executed Public Disclosure Commission Forms, F-1 Personal Financial Affairs Statement and F-1 Supplemental Page. These documents are submitted in accordance with RCW 42.17.240 and Seattle Municipal Code 4.16.080(A).

Please file or record each document in conformity with your standard procedures. If you have any questions, feel free to call me at (206) 684-8804.

Sincerely,

Bruce A. Harrell

City Councilmember

| PUBLIC | PO BOX 40908 OLYMPIA WA 9856 (360) 753-1111 TOLL FREE 1-877- | 7 RM 206 04-0908 | PDC FORM F-1 (1/15) | AFF. | SONAL FII AIRS STAT | | P M PDC C O A S R T K | OFFICE USE |
|---|--|--|--|---------------------------------|---|--|--------------------------------|-----------------------|
| Deadlines: | uction manual for detailed assistance Incumbent elected and appo Candidates and others wit candidate or being newly ap | inted officia hin two wee pointed to a | ls – by April 15. ks of becoming a position. | DOLL COD A B C D | E AM(\$1 to \$4,50 \$24,0 \$48,0 | OUNT \$4,499 00 to \$23,999 000 to \$47,999 | R E C E APR 1: | 3 2015 |
| Last Name Harrell | First Bruce | e | | E Initial | E \$120,000 or more | | | |
| P.O. Box 212 City Seattle | | ty | Zip + 4 9811 | | (SP) Joan | ne Harrell | | |
| Filing Status (Check only one box.) An elected or state appointed official filing annual report Final report as an elected official. Term expired: 2015 Candidate running in an election: month year | | | | | | | | or a family |
| (SP) Microsoft Corporation, One Microsoft Way, Redmond, WA 98052 General Manager E Check Here ☐ if continued on attached sheet List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on | | | | | | | | |
| | F-1 supplement.) Property Sold or Interest Divested Assessed Value Use Code 5719 – 42 ND Avenue S., Seattle, WA 98118 E Heather S. Nelson 5719 – 42 nd Avenue S., Seattle, WA 98118 | | | | | ayment or | | |
| Property Purc | chased or Interest Acquired | - | Creditor's Name/Address | | ayment Terms | Security Given | Mortgage Amount - Original | (Use Code) Current |
| All Other Property Entirely or Partially Owned 5846 Seward Park Ave S, Sea, WA 98118 E Wells Fargo, PO Box 10445 Des Moines, IA 50306-0335 Des Moines, IA 50306-0335 Mortgage E | | | | | E | | | |
| 10617 NE 10 | th , Bellevue, WA 98004 | Sellevue, WA 98004 E Wells Fargo, PO Box 10445 4.3% for 20 yrs. Mortgage E | | | | E | | |

Check here $\ \square$ if continued on attached sheet

| 3 | ASSETS / INVESTMENTS - INTEREST / DIVIDENDS intar | | l savings accounts, perty (including but od. | | | | |
|----------|--|--|---|-----------------------------|--|----------------------------------|-------------------|
| A. | Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$24,000 any time during the report period. | Type of | Account or Description | n of Asset | Asset Value (Use Code) | | Amount Code) |
| | Bank of America, 4 th & Madison, Seattle, WA 98101 Citigroup Smith Barney, 601 Union Street, #5200, Seattle, WA 98101 | | g and Savings Accour | | D E | Å | |
| | Chigroup Smith Barney, 601 Onion Street, #3200, Seattle, WA 96101 | | | | | | |
| B. | Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$24,000 during the period. | | | | | | |
| C. | Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. | , | | - | | | |
| | Fidelity Investments, PO Box 145421, Cincinnati, OH 45250 (managed by Fidelity) | Retiremo | ent Investment Accou | nt | E | 1 | 3 |
| | Comcast Corporation, PO Box 770003, Cincinnati, OH 45277 (managed by Comcast) | Retiremo | ent Investment Accou | nt | E | E | 3 |
| | Charles Schwab, Inc., Phoenix Operations Center, PO Box 52114, Phoenix, AZ 85072-2114 (Managed by Schwab) | Retiremo | ent Investment Accou | nt | E | E | 3 |
| Che | eck here 🛛 if continued on attached sheet. | | | | | | |
| 4 | List each creditor you or a family member, CREDITORS more any time during the period. Don mortgages or real estate reported in Item 2. | 't includ | registered domestic e retail charge acc | partner, ow counts, cred | ed \$2,400 or lit cards, or | AMO (USE (| |
| - | Creditor's Name and Address | , | ms of Payment | Securi | ity Given | Original | Present |
| | Bank of America, 4 th & Madison, Seattle, WA 98101 Wells Fargo, PO Box 10335, Des Moines, IA 50306-0335 | | st only/open ended st only/open ended | | lote lote | E E | E A |
| Che | eck here if continued on attached sheet. | | | | | | |
| Incu | | o a vacant I affairs re | elective office, or a state port also must answer | e executive of | ficer filing your in An F-1 Supplementary or to | nitial report, ent is require | no F-1 |
| В. | corporation, company, union, association, joint venture or other entity or (2) a par company or similar entity including but not limited to a professional limited liability | y company? | Yes If yes, comple | ete Supplemen | t, Part A. | | |
| | Did you, your spouse, registered domestic partner or dependents have an owner business at any time during the reporting period? No If yes, complete Supplements and the second second second second second second second sec | olement, Pa | rt A. | | | | |
| C. D. | Did you, your spouse, registered domestic partner or dependents own a business Did you, your spouse, registered domestic partner or dependents prepare, promo | ite or onnos | e state legislation rules : | rates or standa | rde for compensat | ion or deferre | |
| E. | compensation (other than pay for a currently-held public office) at any time during Only for Persons Filing Annual Report. Regarding the receipt of items not pro | the reporti | g period? <u>No</u> If ye: | s, complete Su | pplement, Part B. | | |
| | you, your spouse, registered domestic partner or dependents (or any combination Did any source other than your governmental agency provide or pay in whole or is attend a seminar or other training? No If yes to either or both questions, | n thereof) ac n part for vo | cept a gift of food or beve u. vour spouse, registered | erages costing a | over \$50 per occa | sion? No | or 2) |
| AL | L FILERS EXCEPT CANDIDATES. Check the appropriate box. | | CERTIFICATION: | I certify un | der penalty | of perjury | that the |
| | I hold a state elected office, am an executive state officer or professio I have read and am familiar with RCW 42.52.180 regarding the use resources in campaigns. | nal staff. of public | (Druce) | correct to the | contained in the | owledge. April 1 | , 2015 |
| ☒ | I hold a local elected office. I have read and am familiar with RCW 42 regarding the use of public facilities in campaigns. | .17A.555 | Signature Contact Telephone: | • | | Date | |
| *CA | NDIDATES: Do not use public agency addresses or telephone numbers tact information. | for | | 10@msn.cor | m | (wo (Home) | rk) * Optional |
| | | | | | | | |

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.

Continued

| A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$24,000 any time during the report period. | Type of Account or Description of Asset | Asset Value (Use Code) | Income Amount (Use Code) |
|---|---|---------------------------|--------------------------------------|
| B. Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$24,000 during the period. | | DATE FII | LED PDC |
| C. Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. | |) | S 2010 . |
| Janus Capital Group, P.O. Box 173375, Denver, CO 80217 (Managed by Janus) Citigroup Smith Barney, 601 Union St, #5200, SEA, WA 98101 (Managed by Agent) Microsoft, One Microsoft Way, Redmond, WA 98052 Google Inc., 1600 Amphitheatre Parkway, Mountain View, CA 94043 Hewlett Packard, 3000 Hanover St., MS 1050, Palo Alto, CA 94304 U.S. Bank, N.A., 800 Nicollett Mall, Minn., MN 55402 The Boeing Company, 100 N. Riverside, Chicago, IL 60606-1596 Johnson & Johnson, One Johnson & Johnson Plaza, New Brunswick, NJ 08933 Comcast Corporation, 208 S. Akard St., Dallas, TX 75202 | Retirement Account Retirement/Investment Account Retirement/Investment /Stock Account Stock | E E E D A B C C A A | B C B A A A A A |
| Costco, 999 Lake Drive, Issaquah, WA 98027 Facebook, 6101 Willow Road, Mealo Park, CA 94025 Marchex, Suite 2000, 520 Pike Street, Seattle, WA 98101 Twitter, Suite 900, 1355 Market Street, San Francisco, CA 94103 Symetra Finance Corp., P.O. Box 34690, Seattle, WA 98124 | Stock Stock Stock Stock Stock | B B B | A A A |
| | | | |
| | | - | |
| Check here ☐ if continued on attached sheet. | | | i , |

CONTINUE PARTS B AND C ON NEXT PAGE



Check here ☐ if continued on attached sheet

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

PDC FORM

PERSONAL FINANCIAL AFFAIRS STATEMENT

| | | | REE 1-8 <i>77-</i> 601-2828 pdc@pdc.wa.gov | | (1/15) | | |
|--|--|-------------------|--|----------------------------------|--|---|---|
| PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD | | | | | | | |
| Last Name | | | First | | Middle Initial | | DATE |
| Harrell | | | Bruce | | Α. | | 04/01/2015 |
| OFFICE HELD, BUSINESS INTERESTS: Provide the following information if, during the reporting period, you, your spouse, registered domestic part dependents (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, nor organization, union, partnership, joint venture or other entity; and/or (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company. | | | | | | e owner of a corporation, non-profit nership, limited liability company or | |
| | • | Legal I | Name: Report name used on | legal docume | nts establishing the | entity. | |
| | • | Trade | or Operating Name: Report na | ame used for | business purposes i | f different from the leg | al name. |
| | • | Positio | on or Percent of Ownership: Ti | he office, title | and/or percent of ow | nership held. | |
| | • | Brief D | escription of the Business/Org | ganization: R | eport the purpose, pr | roduct(s), and/or the s | ervice(s) rendered. |
| | • | | ents from Governmental Unit: concerning which you're report | | | | ice made payments to the business amount received. |
| | • | proprie seek/h | etorship, union, association, b | usiness or ot esation of \$12 | her commercial enti ,000 or more during | ty and each governm the period to the entit | tion, partnership, joint venture, sole ent agency (other than the one you by. Briefly say what property, goods, |
| | • | Washi | ngton Real Estate: Identify rea | al estate own | ed by the business e | ntity if the qualification | s referenced below are met. |
| ENTITY NO |). 1 | | | | Re | eporting For: Self | . – – |
| LEGAL NAI | ME: Univ e | ersity | of Washington | | • | <u> </u> | RCENT OF OWNERSHIP |
| TRADE OR | OPERATING | NAME: | | | | | |
| | 139 Ger | berdir | ng Hall, PO Box 351264 | , Seattle, V | NA 98195-1264 | | |
| BRIEF DES | CRIPTION OF | THE BI | USINESS/ORGANIZATION: | | | | • |
| PAYMENTS | | EIVED I | FROM GOVERNMENTAL UNI yments | IT IN WHICH | YOU SEEK/HOLD C | | (actual dollars) |
| PAYMENTS | | EIVED i | FROM OTHER GOVERNMEN | IT AGENCIES | S OF \$12,000 OR MO | | of payment (amount not required) |
| PAYMENTS | PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: Purpose of payment (amount not required) | | | | | | |
| WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): | | | | | | | |
| | | | | | | | |

| Name Bruce A. Harrell | | |
|--|--|---|
| ENTITY NO. 2 | Reporting Fo | or: Self Spouse |
| | | red Domestic Partner Dependent |
| LEGAL NAME: | • | ON OR PERCENT OF OWNERSHIP |
| TRADE OR OPERATING NAME: | | |
| ADDRESS: | • | |
| BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZ | ATION: | |
| | v - | |
| PAYMENTS ENTITY RECEIVED FROM GOVERNME Purpose of payments | NTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE: | Amount (actual dollars) |
| | | \$ |
| PAYMENTS ENTITY RECEIVED FROM OTHER GOV | ERNMENT AGENCIES OF \$12,000 OR MORE: | |
| Agency name: | | Purpose of payment (amount not required) |
| | ··· | |
| PAYMENTS ENTITY RECEIVED FROM BUSINESS C Customer name: | CUSTOMERS OF \$12,000 OR MORE | Purpose of payment (amount not required) |
| | t · | |
| WASHINGTON REAL ESTATE IN WHICH ENTITY H and assessed value of property is over \$24,000. List s | IELD A DIRECT FINANCIAL INTEREST (Complete of treet address, assessor parcel number, or legal descri | only if ownership in the ENTITY is 10% or more ption and county for each parcel): |
| | | |
| | - | |
| Check here ☐ if continued on attached sheet | | |
| LOBBYING: prepared state legislation | n you, or any immediate family member, includi on or state rules, rates, or standards for compens ody in which you are an elected official or professi | ation or deferred compensation. Do not list |
| Person to Whom Services Rendered | Description of Legislation, Rules, Etc. | |
| | | |
| · | | |
| | | |
| | | • |
| Check here ☐ if continued on attached sheet FOOD Complete this section i | if a source other than your own governmental ag | |
| TRAVEL portion of the following thereof: 1) Food and b | g items to you, your spouse, registered domesti everages costing over \$50 per occasion, excludin sions; or 3) Seminars, educational programs or oti | c partner or dependents, or a combination g certain receptions as defined in WAC 390- |
| Date Donor's Name, City and State Received | Brief Description | Actual Dollar Value |
| received | · | Amount (Use Code) |
| | | \$ |
| | · · | |
| , [| | |
| Check here ☐ if continued on attached sheet | | |

Information Continued

| Name Bruce A. Harrell | | Airi | 1 O LOTO | | | | | |
|---|---|--|--------------------------|--|--|--|--|--|
| Diuce A. Flattell | | | | | | | | |
| ENTITY NO. | Reporting For: Set | If Spouse | | | | | | |
| | Registered Do | omestic Partner De | pendent | | | | | |
| LEGAL NAME: | POSITION OF | R PERCENT OF OWNE | RSHIP | | | | | |
| TRADE OR OPERATING NAME: | | | | | | | | |
| ADDRESS: | | | | | | | | |
| BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: | | - | | | | | | |
| PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNITED Purpose of payments | | ount (actual dollars) | | | | | | |
| i dipose of paymonts | | | | | | | | |
| · | . \$ | | | | | | | |
| PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT Agency name: | | Purpose of payment (amount not required) | | | | | | |
| PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMER Customer name: | RS OF \$12,000 OR MORE | rpose of payment (amou | nt not required) | | | | | |
| WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DII and assessed value of property is over \$24,000. List street address. | RECT FINANCIAL INTEREST (Complete only if ess, assessor parcel number, or legal description a | ownership in the ENTIT and county for each parc | Y is 10% or more el): | | | | | |
| B LOBBYING: (Continued) | | | | | | | | |
| Person to Whom Services Rendered | Description of Legislation, Rules, Etc. | Compensation (Use Code) | | | | | | |
| | | | | | | | | |
| | | , | | | | | | |
| - | | | | | | | | |
| FOOD TRAVEL SEMINARS (continued) | | | - 10 m | | | | | |
| Date Donor's Name, City and State Received | Brief Description | Actual Dollar Amount | Value (Use Code) | | | | | |
| | | \$ | | | | | | |
| · | | | , | | | | | |
| | | } | | | | | | |

| PUBLIC | | | PDC FORM | | | | P M PDC OFFICE USE |
|--|---|---|---|-----------------------------------|---|--|---|
| | 711 CAPITOL WA' PO BOX 40908 OLYMPIA WA 985 (360) 753-1111 TOLL FREE 1-877 | 04-0908 | F-1 | | ONAL FII | NANCIAL FEMENT | DATE FILED F |
| Refer to inst | ruction manual for detailed assist | ance and examp | les. | DOLLA | • | OUNT | R APR 1 2 2014 |
| Deadlines: | Incumbent elected and apportant candidates and others — with candidate or being newly apport TO BURLIC DISCLOSE | thin two weeks of pointed to a pos | of becoming a sition. | A B C D | \$1 to \$4,0 \$20, \$40, | 5 \$3,999 00 to \$19,999 000 to \$39,999 000 to \$99,999 0,000 or more | C AI (12 2014 |
| Last Name | PORT TO PUBLIC DISCLOSI First | | | I | | | members, including registered |
| Harrell | Brud | ce | A. | - muai | domestic pa disclose for in your hous | rtner. If there is dependent child ehold, do not id | s no reportable information to Iren, or other dependents living entify them. Do identify your stic partner. See F-1 manual |
| P. O. Box | ress (Use PO Box or Work Addre : 21208 | ss) * | | | | | |
| City Seattle | Cour King | • | Zip + 4 9811 | | (SP) Joanne Harrell | | |
| Filing Status | (Check only one box.) | | | | Office Held | or Sought | |
| | ted or state appointed official filin | | · | | Office title: | Seattle City C | Council |
| | | · | | . ` | County, city, | district or agen | cy of the office, |
| | ate running in an election: month | | year ₋ | | | d number: | attle |
| │ | appointed to an elective office | | | | Position nun | nber: #3 | <u></u> |
| ☐ Newly a | appointed to a state appointive off | ice | | | Term begins | · | ends: 12/21/15 |
| Profess | sional staff of the Governor's Offic | e and the Legisla | ature | | | 01/01/12 | 12/31/15 |
| Show Self (S) Spouse (SP/DP) Dependent (D) (S) | INCOME family member, | including regist during the repo or or Source of Co | tered domestic pa rting period that h | ortner, rece ad a value Occ | ived \$2,000 of \$2,000 or mountain or How Vas Earned | r more during | (Use Code) |
| (SP) | Microsoft Corporation, One Microsoft Way, Redmond, WA 98052 General Manager E | | | | | | |
| | Check Here ☐ if continued on | | | | | | - - |
| 2 | REAL ESTATE real estat | te with value of rsonal financial | over \$10,000 in wi | hich you or | a family mem | ber, including | or each parcel of Washington registered domestic partner, company, etc. real estate on |
| Property Sol | d or Interest Divested | Assessed Value | Name and Address o | f Purchaser | | Nature and An Consideration | nount (Use Code) of Payment or |
| 4102 – 51 st Avenue S., Seattle, WA 98118 | | (Use Code) | Bruce and Barbara Rowe | | E | | |
| Property Pur | chased or Interest Acquired | | Creditor's Name/Add | ress Pa | yment Terms | Security Given | Mortgage Amount - (Use Code) Original Current |
| All Other Pro | operty Entirely or Partially Owned | | Creditor's Name/Add | ress Pa | yment Terms | Security | Mortgage Amount - (Use Code) |
| 5846 Seward Park Ave. So., Sea, WA 98118 | | | Wells Fargo, PO Box 1 Des Moines, IA 50306 | 2005 | % down, 25% for 15 | Given Mortgage | Original Current E E |
| 5719 42 nd Ay | e. S., Seattle, WA 98118 | | Bank of America, 4 th & Madison, Seattle, WA 9 | yr: 98101 | S . | Mortgage | E E |
| 10617 NE 10 th Bellevue, WA 98004 | | Е , | Wells Fargo, PO Box 1 | 0445 4.8 | 35% for 20 yrs. | | E E |
| Check here if continued on attached sheet | | | Des Moines, IA 50306- | | 3% for 20 yrs. | Mortgage | . . |

| 3 | ASSETS / INVESTMENTS - INTEREST / DIVIDENDS | | I savings accounts, perty (including but od. | | | | |
|------------|---|--|---|-------------------|-------------------------------|-----------------------------------|-------------------|
| Α. | Name and address of each bank or financial institution in which a family member, including registered domestic partner, had account over \$20,000 any time during the report period. | you, Type of | Account or Description | of Asset | Asset Value (Use Code) | Income (Use (| |
| | Bank of America, 4 th & Madison, Seattle, WA 98101 | 1 | g and Savings Accoun | | D E | A C | |
| | Citigroup Smith Barney, 601 Union Street, #5200, Seattle, WA 9810 | 1 Ind. Reli | remembilivestment Ac | Count | _ | | • |
| В. | Name and address of each insurance company where you, a famember, including registered domestic partner, had a policy we cash or loan value over \$20,000 during the period. | - | | | | | |
| C . | Name and address of each company, association, governing agency, etc. in which you, a family member, including regist domestic partner, owned or had a financial interest worth \$2,000. Include stocks, bonds, ownership, retirement plan, notes, stock options, and other intangible property. If you, spouse, registered domestic partner and/or dependents had decomaking authority regarding individual assets/investments list asset or investment, the value and any income amount. EXAM If you self-directed an investment account identify each stocother asset in that account. | tered over IRA, your ision each PLE: | | - | | () | |
| | Fidelity Investments, PO Box 145421, Cincinnati, OH 45250 (manage Fidelity) | ed by Retiremer | nt Investment Account | | E | E | ł |
| | Comcast Corporation, PO Box 770003, Cincinnati, OH 45277 (manage Comcast) | ed by Retiremer | nt Investment Account | | E | E | i |
| | Charles Schwab, Inc., Phoenix Operations Center, PO Box 52114, Phoen 85072-2114 (managed by Schwab) | nix AZ Retiremer | nt Investment Account | | E | В | |
| Che | ck here 🛛 if continued on attached sheet. | | | | | | |
| 4 | List each creditor you or a family mer CREDITORS more any time during the period. mortgages or real estate reported in li | Don't include | | | | AMO (USE 0 | |
| | Creditor's Name and Address | | ms of Payment | Secur | ity Given | Original | Present |
| Wel | k of America, 4 th & Madison, Seattle, WA 98101 Is Fargo, PO Box 10335, Des Moines, IA 50306-0335 | l l | st only/open ended st only/open ended | | Note Note | E | E A |
| | | | | | | | |
| 5 | All filers answer questions A thru D below. If the answer is | - | | | | | |
| | t of this report. If all answers are NO and you are a candidate cutive officer filing your initial report, no F-1 Supplement is re | | ai οπice, an appoint | e to a vaca | nt elective om | ce, or a sta | te į |
| Inci | umbent elected officials and state executive officers filing an equired of these officeholders unless all answers to question | annual financia s A thru E are N | al affairs report also IO. | must answ | er question E. | An F-1 Su | plement |
| A . | At any time during the reporting period were you, your spouse, registered corporation, company, union, association, joint venture or other entity or (company or similar entity including but not limited to a professional limited | a partner or mer | nber of any limited partne | rship, limited li | ability partnership | istee of any , limited liabili | у |
| В. | Did you, your spouse, registered domestic partner or dependents have ar business at any time during the reporting period? No. If yes, comple | | | corporation, p | artnership, joint v | enture or othe | r · |
| C. | Did you, your spouse, registered domestic partner or dependents own a b | | | | | | |
| D. | Did you, your spouse, registered domestic partner or dependents prepare compensation (other than pay for a currently-held public office) at any time | | | | | | ed . |
| E. | Only for Persons Filing Annual Report. Regarding the receipt of items you, your spouse, registered domestic partner or dependents for any compided any source other than your governmental agency provide or pay in whattend a seminar or other training? No If yes to either or both questions. | bination thereof) ac note or in part for yo | cept a gift of food or beve u, your spouse, registered | rages costing | over \$50 per occa | asion? <u>No</u> | _ or 2) |
| AL | L FILERS EXCEPT CANDIDATES. Check the appropriate box. | | CERTIFICATION: | | nder penalty contained in the | | |
| | I hold a state elected office, am an executive state officer or pro I have read and am familiar with RCW 42.52.180 regarding the resources in campaigns. | | | | e best of my kn | | |
| ⊠ | I hold a local elected office. I have read and am familiar with RC regarding the use of public facilities in campaigns. | CW 42.17A.555 | Signature Contact Telephone: | (206) 817 | -5155 | Date | |
| | NDIDATES: Do not use public agency addresses or telephone nu | umbers for | Email: bruce210@r | ` ' | | ` | rk) * Optional |
| con | tact information. | | | 050545: | - 14/17/10/17 | (1.101116) | CHATLIS |

| 3 | ASSETS / INVESTMENTS - INTEREST / DIVIDENDS intain | bank and savings accounts, insurance ngible property (including but not limited orting period. | | |
|--|---|---|-------------------------------|---|
| A. | Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period. | Type of Account or Description of Asset | Asset Value (Use Code) | Income Amount (Use Code) |
| | | DATE | FILED PI | bc |
| В. | Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$20,000 during the period. | API | R 1 2 2014 | |
| C. | Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. | | | |
| Citi Mic Good Her U.S The Jor Coo AT Coo Ma Tw | nus Capital Group, P.O. Box 173375, Denver, CO 80217 (Managed by Janus) group Smith Barney, 601 Union St, #5200, SEA, WA 98101 (Managed by Agent) crosoft, One Microsoft Way, Redmond, WA 98052 ogle Inc., 1600 Amphitheatre Parkway, Mountain View, CA 94043 whett Packard, 3000 Hanover St., MS 1050, Palo Alto, CA 94304 6. Bank, N.A., 800 Nicollett Mall, Minn., MN 55402 e Boeing Company, 100 N. Riverside, Chicago, IL 60606-1596 misson & Johnson, One Johnson & Johnson Plaza, New Brunswick, NJ 08933 micast Corporation, One Comcast Center, Philadelphia, PA 19103-2838 &T Corporation, 208 S. Akard St., Dallas, TX 75202 stco, 999 Lake Drive, Issaquah, WA 98027 zebook, 6101 Willow Road, Mealo Park, CA 94025 richex, Suite 2000, 520 Pike Street, Seattle, WA 98101 itter, Suite 900, 1355 Market Street, San Francisco, CA 94103 metra Finance Corp., P.O. Box 34690, Seattle, WA 98124 | Retirement Account Retirement/Investment Account Retirement/Investment /Stock Account Stock | E E E D A B C C A A B B B B B | B C B A A A A A A A A A A A A A A A A A |

Check here $\hfill\square$ if continued on attached sheet.



DISCLOSURE COMMISSION

SURE COMMISSION DATE FILED PDC 711 CAPITAL WAY RM 206

PO BOX 40908 **OLYMPIA WA 98504-0908** (360) 753-1111

TOLL FREE 1-877-601-2828 EMAIL: pdc@pdc.wa.gov

F-1 APR 12 2014

> SUPPLEMENT (1/12)

PDC FORM

SUPPLEMENT PAGE PERSONAL FINANCIAL AFFAIRS STATEMENT

| PROVIDE II | | FOR YOURSELF, SPOUSE, REGISTERED DOME | STIC PARTNER, DEPENDENT CHIL | DREN AND OTHER DEPENDENTS IN |
|------------|-------------------------------------|---|---|---|
| Last Name | | First | Middle Initial | DATE |
| Harrell | | Bruce | A. | 04/08/2014 |
| A | OFFICE HEL BUSINESS INTERESTS | dependents (1) were an officer, director, genera organization, union, partnership, (2) were a partner or member of a | al partner, trustee, or 10 percent or r joint venture or other entity; and/or limited partnership, limited liability i nited to a professional limited liability | nore owner of a corporation, non-profit partnership, limited liability company or |
| | • | Trade or Operating Name: Report name used for b | usiness purposes if different from the | legal name. |
| | • | Position or Percent of Ownership: The office, title a | and/or percent of ownership held. | |
| | • | Brief Description of the Business/Organization: Re | port the purpose, product(s), and/or the | e service(s) rendered. |
| | • | Payments from Governmental Unit: If the governmentity concerning which you're reporting, show the | nental unit in which you hold or seek | office made payments to the business |
| | • | Payments from Business Customers and Other G proprietorship, union, association, business or oth seek/hold office) which paid compensation of \$10,0 services or other consideration was given or perform | er commercial entity and each gover 2000 or more during the period to the en aned for the compensation. | mment agency (other than the one you entity. Briefly say what property, goods, |
| | • | Washington Real Estate: Identify real estate owner | by the business entity if the qualifica | tions referenced below are met. |
| ENTITY NO | . 1 | | Reporting For: Self | ☐ Spouse ⊠ |
| | | | Registered Dom | estic Partner Dependent D |
| LEGAL NAM | //E: Unive | rsity of Washington | POSITION OR | PERCENT OF OWNERSHIP |
| | | | Regent | |
| | | | regent | |
| TRADE OR | OPERATING I | AME: | | |
| ADDRESS: | 139 Gerl | perding Hall, PO Box 351264, Seattle, W | A 98195-1264 | |
| BRIEF DES | CRIPTION OF | THE BUSINESS/ORGANIZATION: | | |
| PAYMENTS | _ | EIVED FROM GOVERNMENTAL UNIT IN WHICH Y e of payments | | int (actual dollars) |
| PAYMENTS | ENTITY RECI Agency | EIVED FROM OTHER GOVERNMENT AGENCIES name: | | se of payment (amount not required) |
| PAYMENTS | | EIVED FROM BUSINESS CUSTOMERS OF \$10,00 mer name: | | ose of payment (amount not required) |
| | | ATE IN WHICH ENTITY HELD A DIRECT FINANC Perty is over \$20,000. List street address, assessor p | | |
| Check here |] if continued on a | ittached sheet | | |

| Name | | | | | |
|------------------|--------------------------|--|---|----------------------------|---------------------------------------|
| ENTITY NO. | . 2 | | Reporting For | r: Self Spouse | |
| | | | Registere | ed Domestic Partner De | pendent 🗌 |
| LEGAL NAM | ME: | | POSITIO | ON OR PERCENT OF OWNE | RSHIP |
| TRADE OR | OPERATING N | AME: | | | |
| ADDRESS: | | | | | |
| BRIEF DES | CRIPTION OF | THE BUSINESS/ORGANIZATION: | | | |
| PAYMENTS | | IVED FROM GOVERNMENTAL UNIT e of payments | IN WHICH YOU SEEK/HOLD OFFICE: | Amount (actual dollars) | |
| i | | | | \$ | |
| PAYMENTS | ENTITY RECE | IVED FROM OTHER GOVERNMENT | AGENCIES OF \$10,000 OR MORE: | | |
| | Agency | name: | | Purpose of payment (amou | nt not required) |
| PAYMENTS | | SIVED FROM BUSINESS CUSTOMER ner name: | S OF \$10,000 OR MORE | Purpose of payment (amou | nt not required) |
| | | | RECT FINANCIAL INTEREST (Complete or ss, assessor parcel number, or legal descrip | | |
| | | | | | |
| Check here |] if continued on a | | | | |
| B | OBBYING: | prepared state legislation or state | any immediate family member, includin rules, rates, or standards for compensa ch you are an elected official or professio | ation or deferred compensa | tner, lobbled or tion. Do not list |
| | Person to Wh | om Services Rendered | Description of Legislation, Rules, Etc. | Compensation (| (Use Code) |
| TI. | | · | | | |
| | | | | | |
| | | | | | |
| Check here |] if continued on a | ttached sheet | | | |
| C TI | OOD RAVEL EMINARS | portion of the following items to | other than your own governmental age you, your spouse, registered domestic costing over \$50 per occasion; 2) Trav | partner or dependents, o | r a combination |
| Date Received | Donor's | Name, City and State | Brief Description | Actual Dollar Amount | Value (Use Code) |
| | | | | \$ | , |
| | | | | * | |
| | | • | | | |
| | | | | | |
| Check here | ·] if continued on a | ttached sheet | | | |

DATE FILED PDC

Information Continued

| Name | APR 1 2 2014 | |
|--|---|--|
| ENTITY NO. | Reporting For: | Self Spouse |
| | Registered | Domestic Partner Dependent |
| LEGAL NAME: | POSITION | OR PERCENT OF OWNERSHIP |
| TRADE OR OPERATING NAME: | | |
| ADDRESS: | | |
| BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: | | |
| PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT | | Amount (actual dollars) |
| . a.pose of paymonte | | \$ |
| PAYMENTS ENTITY DESCRIVED EDOM STUED SOVEDNMENT | | ♥ |
| PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT Agency name: | · · · | Purpose of payment (amount not required) |
| PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMER Customer name: | RS OF \$10,000 OR MORE | Purpose of payment (amount not required) |
| WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIP and assessed value of property is over \$20,000. List street addre | | |
| B LOBBYING: (Continued) | | |
| Person to Whom Services Rendered | Description of Legislation, Rules, Etc. | Compensation (Use Code) |
| | | |
| | | |
| | | |
| | • | |
| C FOOD TRAVEL | | |
| SEMINARS (continued) | | |
| Date Donor's Name, City and State Received | Brief Description | Actual Dollar Value Amount (Use Code) |
| | | \$ |
| | | |
| | | |
| . | | |
| | | |

AMENDAMEN DISCLOSURE COMMISSION PDC FORM PDC OFFICE USE 711 CAPITOL WAY RM 206 PERSONAL FINANCIAL PO BOX 40908 OLYMPIA WA 98504-0908 AFFAIRS STATEMENT (360) 753-1111 **TOLL FREE 1-877-601-2828** DOLLAR Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** DATE FILED PDC Incumbent elected and appointed officials - by April 15. \$1 to \$3,999 Candidates and others - within two weeks of becoming a В \$4,000 to \$19,999 FEB 27 2013 candidate or being newly appointed to a position. C \$20,000 to \$39,999 D \$40,000 to \$99,999 SEND REPORT TO PUBLIC DISCLOSURE COMMISSION Ε \$100,000 or more Last Name First Middle Initial Names of immediate family members, including registered Harrell Bruce domestic partner. If there is no reportable information to A. disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details. Mailing Address (Use PO Box or Work Address) * P. O. Box 221005 City County Zip + 4 (SP) Joanne Harrell Seattle King 98122 Filing Status (Check only one box.) Office Held or Sought An elected or state appointed official filing annual report Office title: Mayor \square Final report as an elected official. Term expired: 2015 County, city, district or agency of the office, Candidate running in an election: month year _ name and number: Newly appointed to an elective office Seattle. Position number: Newly appointed to a state appointive office Term begins: ends: 01/01/13 12/31/17 Professional staff of the Governor's Office and the Legislature List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a 1 INCOME family member, including registered domestic partner, received \$2,000 or more during the period. Include stock options received during the reporting period that had a value of \$2,000 or more. (Report interest and dividends in Item Name and Address of Employer or Source of Compensation Occupation or How Compensation Amount: Was Eamed (Use Code) City of Seattle, 600 4th Avenue, Floor 2, Seattle, WA 98124 City Councilmember Ε (SP) Microsoft Corporation, One Microsoft Way, Redmond, WA 98052 General Manager E (SP) Recreational Equipment, Inc., 222 Yale Avenue N., Seattle, WA 98101 Director \Box (SP) AAA of Washington, 1745 – 114th Avenue SE, Bellevue, WA 98004 Director В Check Here if continued on attached sheet List street address, assessor's parcel number, or legal description AND county for each parcel of Washington 2 **REAL ESTATE** real estate with value of over \$10,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.) Property Sold or Interest Divested Assessed Nature and Amount (Use Code) of Payment or Name and Address of Purchaser Value Consideration Received (Use Code) Property Purchased or Interest Acquired Creditor's Name/Address Payment Terms Security Mortgage Amount - (Use Code) Given Original Current All Other Property Entirely or Partially Owned Creditor's Name/Address Payment Terms Security Mortgage Amount - (Use Code) Given Current Original Wells Fargo, PO Box 10445 5846 Seward Park Ave. So., Sea, WA 98118 Ε 25% down, Mortgage Ε Des Moines, IA 50306-0335 3.45 for 30 yrs. 4102 51 ST Ave. S., Seattle, WA 98118 Bank of America, 4th & Ε 20% down, 4.3% Mortgage Madison, Seattle, WA 98101 Ε Ε 5719 42 nd Ave. S., Seattle, WA 98118 for 15 yrs. Ε Bank of America, 4th & E Ε Madison, Seattle, WA 98101 Mortgage 4.85% for 20 yrs. 10617 NE 10 th Bellevue, WA 98004 Check here ☐ if continued on attached sheet Ε Wells Fargo, PO Box 10445 4.3% for 20 yrs. Mortgage Ε Des Moines, IA 50306-0335

| 3 | inta | ngible pro | d savings accounts operty (including but iod. | , insurance t not limited | policies, stoc to stock optic | k, bonds ons) held o | and other luring the |
|------------|--|---|---|---|--|---------------------------------|-------------------------|
| Α. | Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period. | ncluding registered domestic partner had an | | | Asset Value (Use Code) | | Amount Code) |
| | Bank of America, 4 th & Madison, Seattle, WA 98101 Citigroup Smith Barney, 601 Union Street, #5200, Seattle, WA 98101 | Checkir Ind. Ret | Checking and Savings Account Ind. Retirement/Investment Account | | | ŀ | A C |
| B. | Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a | | | | | | |
| _ | cash or loan value over \$20,000 during the period. | ٠ | | į | DATE F | ILED I | DC |
| C. | C. Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. | | | | FEB | 2 7 201 | 3 |
| | Fidelity Investments, PO Box 145421, Cincinnati, OH 45250 (managed by Fidelity) | Retireme | nt investment Account | | E | i | , |
| | Comcast Corporation, PO Box 770003, Cincinnati, OH 45277 (managed by Comcast) | Retireme | nt Investment Account | | E | | 3 |
| Che | Charles Schwab, Inc., Phoenix Operations Center, PO Box 52114, Phoenix AZ 85072-2114 (managed by Schwab) ck here ☑ if continued on attached sheet. | Retireme | nt Investment Account | | Ε | E | 3 |
| _ | List each creditor you or a family member, | includina | registered domestic | partner ow | ed \$2 000 or | | |
| 4 | CREDITORS more any time during the period. Dor mortgages or real estate reported in Item 2 | ı't includ | e retail charge acc | ounts, cred | it cards, or | | ODE) |
| | Creditor's Name and Address | | ms of Payment | Securit | y Given | Original | Present |
| Ban Wel | k of America, 4 th & Madison, Seattle, WA 98101 Is Fargo, PO Box 10335, Des Moines, IA 50306-0335 | 1 | st only/open ended | | ote | E | E |
| UNI | CO Properties, 1215 4 th Ave., Ste 600, Seattle, WA 98101 | | st only/open ended | | ote ote | E | A E |
| Che | ck here if continued on attached sheet. | | | | | - | - |
| Incu | All filers answer questions A thru D below. If the answer is YES of this report. If all answers are NO and you are a candidate for structure officer filing your initial report, no F-1 Supplement is required in the conficults and state executive officers filing an annual required of these officials and state executive officers filing an annual required of these officers below the conficults. | tate or loc d. al financia | al office, an appointe | e to a vacan | t elective offic | e, or a sta | te |
| A. | At any time during the reporting period were you, your spouse, registered domes corporation, company, union, association, joint venture or other entity or (2) a par company or similar entity including but not limited to a professional limited liability | ru E are N tic partner o rtner or men y company? | r dependents (1) an office ther of any limited partner Yes If yes, comple | er, director, gene ship, limited lial ete Supplement, | eral partner or true bility partnership, Part A. | stee of any limited liabilit | y |
| В. | Did you, your spouse, registered domestic partner or dependents have an owner business at any time during the reporting period? No if yes, complete Supplementary of the complete su | olement, Pai | tA. | | rtnership, joint ve | nture or other | |
| C. D. | Did you, your spouse, registered domestic partner or dependents own a business | | | | yes, complete Su | | |
| | Did you, your spouse, registered domestic partner or dependents prepare, promo compensation (other than pay for a currently-held public office) at any time during | the reporting | g period? <u>No</u> If yes | , complete Sup | plement, Part B. | | |
| E. | Only for Persons Filing Annual Report. Regarding the receipt of items not proyou, your spouse, registered domestic partner or dependents (or any combination Did any source other than your governmental agency provide or pay in whole or in attend a seminar or other training? No If yes to either or both questions, | i thereof) ac | cept a gift of food or beve | | OFA | | |
| ALL | FILERS EXCEPT CANDIDATES. Check the appropriate box. | | CERTIFICATION: 1 | certify und | ler penalty o | f perjury | that the |
| | I hold a state elected office, am an executive state officer or profession I have read and am familiar with RCW 42.52.180 regarding the use of resources in campaigns. | nal staff. of public | R d'I | nformation co correct to the | ontained in this best of my know | wledge. | |
| ☒ | I hold a local elected office. I have read and am familiar with RCW 42. regarding the use of public facilities in campaigns. | 17A.555 | Signature Contact Telephone: (| 206) 817 5 | | Date | 013 |
| | IDIDATES: Do not use public agency addresses or telephone numbers | for | Email: bruce210@m | • | | (worl | s) * |
| conta | act information. | | Email: | | | (Home) (| Optional |
| | | | REPORT NOT ACC | EPTABLE | WITHOUT FI | | |



711 CAPITOL WAY RM 206 PDC FORM

PO BOX 40908
OLYMPIA WA 98504-0908
FEB 2 7 2013
F-1
SUPPLEMENT PAGE
(360) 753-1111

PDC FORM

| | | FOLL FREE 1-877-601-2828 EMAIL: pdc@pdc.wa.gov | SUPPLEMENT (1/12) | TEROORAETIRA | MOIAL AFFAIRS STATEMENT |
|----------------------|-------------------------------------|---|--|--|--|
| PROVIDE I | INFORMATION USEHOLD | FOR YOURSELF, SPOUSE, REGISTERED DOME | STIC PARTNER, D | EPENDENT CHILDRI | EN AND OTHER DEPENDENTS IN |
| Last Name | | First | Middle Initial | | DATE |
| Harrel | 1 | Bruce | Α. | | 01/17/2013 |
| A | OFFICE HEI BUSINESS INTERESTS | dependents | al partner, trustee, of joint venture or other limited partnership | or 10 percent or moner er entity; and/or b. limited liability part | e owner of a corporation, non-profit |
| | • | Legal Name: Report name used on legal documer | nts establishing the e | entity. | |
| | • | Trade or Operating Name: Report name used for I | ousiness purposes if | different from the lega | al name. |
| | • | Position or Percent of Ownership: The office, title | and/or percent of ow | nership held. | |
| | • | Brief Description of the Business/Organization: Re | port the purpose, pre | oduct(s), and/or the se | ervice(s) rendered. |
| | • | Payments from Governmental Unit: If the govern entity concerning which you're reporting, show the | mental unit in which | vou hold or seek off | ce made payments to the business |
| | • | Payments from Business Customers and Other Opporterorship, union, association, business or oth seek/hold office) which paid compensation of \$10, services or other consideration was given or performance. | ner commercial entit 000 or more during | ty and each government the period to the entite | ent agency (other than the one you |
| | • | Washington Real Estate: Identify real estate owner | d by the business en | ntity if the qualifications | referenced below are met. |
| ENTITY NO | D. 1 | | Re | eporting For: Self | Spouse 🛛 |
| | | | ş | Registered Domestic F | Partner Dependent |
| LEGAL NAI | ME: Recr | eational Equipment, Inc. | | POSITION OR PER | CENT OF OWNERSHIP |
| TRADE OR | OPERATING 1 | NAME: | | Board of D | irectors |
| ADDRESS: | 222 Yale | Avenue, Seattle, WA 98101 | | | |
| BRIEF DES | SCRIPTION OF | THE BUSINESS/ORGANIZATION: | | | |
| Seller | of recreation | nal equipment | | | |
| PAYMENTS | S ENTITY RECE Purpos | EIVED FROM GOVERNMENTAL UNIT IN WHICH Y e of payments | 'OU SEEK/HOLD OF | | actual dollars) |
| | | | | \$ | |
| | | | | | |
| PAYMENTS | S ENTITY RECE Agency | EIVED FROM OTHER GOVERNMENT AGENCIES name: | OF \$10,000 OR MO | | of payment (amount not required) |
| PAYMENTS | | EIVED FROM BUSINESS CUSTOMERS OF \$10,00 mer name: | OOR MORE | Purpose of | payment (amount not required) |
| WASHINGT assessed va | FON REAL EST alue of property | ATE IN WHICH ENTITY HELD A DIRECT FINANCI. is over \$20,000. List street address, assessor parc | AL INTEREST (Com el number, or legal d | plete only if ownershiplescription and county | o in the ENTITY is 10% or more and for each parcel): |

Check here $\ \square$ if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

DATE FILED PDC

Page 2

FEB 27 2013

| Name | | | | |
|------------------------|---|--|---------------------------------|--------------------|
| Bruce A. Ha | rrell | | | |
| ENTITY NO. 2 | | Reporting For: S | elf 🗌 Spouse 🏻 | |
| | | Registered Dor | mestic Partner Dep | endent |
| LEGAL NAME: | AAA of Washington | | OR PERCENT OF OWN | _ |
| TRADE OR OPER | ATING NAME: | | d of Directors | L. (C. III |
| ADDRESS: 17 | 745 – 114 th Avenue SE, Bellevue, \ | | - 0. 5.100.013 | |
| | | | | |
| | ION OF THE BUSINESS/ORGANIZATION: | | | |
| Automobile | towing and highway safety servi | ces. | | |
| PAYMENTS ENTI | TY RECEIVED FROM GOVERNMENTAL UN Purpose of payments | | nount (actual dollars) | |
| | | | mount (accuai conars) | |
| 041/447474 | | \$ | | |
| PAYMENTS ENTIT | Y RECEIVED FROM OTHER GOVERNMEN Agency name: | | | |
| | • | PL | rpose of payment (amor | unt not required) |
| | | | | |
| PAYMENTS ENTIT | Y RECEIVED FROM BUSINESS CUSTOME Customer name: | | | |
| ļ | outside name. | Իսդ | oose of payment (amoun | t not required) |
| li . | | | | |
| WASHINGTON RE | AL ESTATE IN WHICH ENTITY HELD A DIF | RECT FINANCIAL INTEREST (Complete only if ow | nership in the ENTITY is | s 10% or more and |
| | roperty is over \$20,000. List street address, | assessor parcel number, or legal description and | county for each parcel): | |
| | | | | 1 |
| | | | | |
| Check here ☐ if conti | nued on attached sheet | | | |
| | List persons for whom you, or | r any immediate family member, including re | raistered domestic no | stor labbias as |
| В совву | pay from government body in wh | te rules, rates, or standards for compensation nich you are an elected official or professional | or deferred compane | ation. Do not list |
| Perso | n to Whom Services Rendered | Description of Legislation, Rules, Etc. | Compensation | (Use Code) |
| | | | | |
| | | | | 1 |
| | | | | |
| | | | | |
| Check here ☐ if contin | ued on attached sheet | | ļ | į |
| FOOD | Complete this section if a source | o other then your own | | |
| C TRAVEL | . Polition of the following items t | e other than your own governmental agency o you, your spouse, registered domestic par | tner or dependents -c | e a aambinatian l |
| SEMINA | programs or other training. | s costing over \$50 per occasion; 2) Travel oc | casions; or 3) Semir | ars, educational |
| Date Received | Donor's Name, City and State | Brief Description | Actual Dollar | Value |
| | | | Amount | (Use Code) |
| | | | \$ | |
| 1 | | | | |
| | | | | |
| | | | | |
| | ued on attached sheet | 1 | | |

Information Continued

DATE FILED PDC

| Name | FEB 2 7 2013 | | |
|---|--|---------------------------------------|---------------------|
| Bruce A. Harrell | 100 27 2010 | | |
| ENTITY NO. | | Self Spouse Somestic Partner Dep | pendent |
| LEGAL NAME: University of Washington | | OR PERCENT OF OWN | |
| TRADE OR OPERATING NAME: | Reg | | IEKSHIP |
| ADDRESS: 139 Gerberding Hall, PO Box 35126 Seatatle, WA 98195-1264 | | em | |
| BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: | | | |
| PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UN Purpose of payments | | Amount (actual dollars) | |
| | | , , , , , , , , , , , , , , , , , , , | |
| PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMEN Agency name: | NT AGENCIES OF\$10,000 OR MORE: | Purpose of payment (amo | unt not required) |
| PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOME Customer name: | | rpose of payment (amour | nt not required) |
| WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIF assessed value of property is over \$20,000. List street address, | assessor parcel number, or legal description and | d county for each parcei): | |
| B LOBBYING: (Continued) | | | |
| Person to Whom Services Rendered | Description of Legislation, Rules, Etc. | Compensation | (Use Code) |
| | | | |
| FOOD TRAVEL SEMINARS (continued) | | <u> </u> | · |
| Date Received Donor's Name, City and State | Brief Description | Actual Dollar Amount | Value (Use Code) |
| | | | |

DATE FILED PDC

FEB 27 2013

| 3 | ASSETS / INVESTMENTS - INTEREST / DIVIDENDS Continued List bank and s intangible prop the reporting pe | avings accounts, insurance polerty (including but not limited eriod. | licies, stock, to stock opti | bonds and other ions) held during |
|--|--|---|---------------------------------|--------------------------------------|
| Α. | Name and address of each bank or financial institution in which you, a family mem including registered domestic partner, had an account over \$20,000 any time duthe report period. | ber, Type of Account or ring Description of Asset | Asset Value (Use Code) | Income Amount (Use Code) |
| В. | Name and address of each insurance company where you, a family memincluding registered domestic partner, had a policy with a cash or loan value of \$20,000 during the period. | ber, over | | |
| (Ma | Name and address of each company, association, government agency us Capital Group, P.O. Box 173375, Denver, CO 80217 naged by Janus) proup Smith Barney, 601 Union St. #5200, Sea, WA 98101 (Managed by Agent) | Retirement Account Retirement Account/ | D E | В |
| Micr | osoft, One Microsoft Way, Redmond, WA 98052 eer Investments, P.O. Box 55014, Boston, MA 02205 (Managed by Pioneer) | Investment Account Retirement Account/ Investment Acct/Stock Retirement Account | E B | B A |
| U.S. Start The The John Com | gle Inc., 1600 Amphitheatre Parkway, Mountain View, CA 94043 lett Packard, 3000 Hanover Street, MS 1050, Palo Alto, CA 94304 Bank, N.A., 800 Nicollett Mall, Minneapolis, MN 55402 bucks Corporation, P O Box 34067, 2401 Utah Ave S, Sea, WA 98134 Allstate Corporation, 2775 Sanders Road, Northbrook, IL 60062 Boeing Company, 100 N. Riverside, Chicago, IL 60606-1596 son & Johnson, One Johnson & Johnson Plaza, New Brunswick, New Jersey 0893 cast Corporation, One Comcast Center, Phil, PA 19103-2838 T Corporation, 208 S. Akard St, Dallas TX, 75202 | Stock | D B B B A B B A A | A A A A A A A A |

| PUBLIC | PO BOX 40908 OLYMPIA WA 985 (360) 753-1111 TOLL FREE 1-877 | Y RM 206 604-0908 | F-1 (1/12) | AFFAI | RS STA | NANCIAL TEMENT | O A S R T K | DC OFFICE USE |
|--|---|---|--|------------------|---|---|--|---|
| Refer to inst | ruction manual for detailed assist | ance and example | s. | DOLLAF CODE | | OUNT | E | JILED PI |
| Deadlines: | Incumbent elected and apport Candidates and others with candidate or being newly apport TO PUBLIC DISCLOS | thin two weeks of ppointed to a posi | becoming a tion. | A B C D | \$4,0 \$20, \$40, | o \$3,999 00 to \$19,999 000 to \$39,999 000 to \$99,999 0,000 or more | E JAN | 1 2 2013 |
| Last Name | First | | | I L | | | momboro inclu | ding conjete and |
| Harrell | Bru | ce | A. | - Hillian | domestic pa disclose for in your hous | nmediate family artner. If there is dependent child sehold, do not id egistered domes | s no reportable i Iren, or other de lentify them. Do | nformation to pendents living identify your |
| Mailing Add P. O. Box | ress (Use PO Box or Work Addre 221005 | ess) * | | | | | | |
| City Seattle | Cour Kinç | • | Zip + 4 | | (SP) Joai | nne Harrell | | |
| Filing Status | s (Check only one box.) | | | | Office Held | or Sought | , · | |
| | ted or state appointed official filin | • | | | Office title: | Mayor | | |
| _ | port as an elected official. Term | | | | County, city, | , district or agen | cy of the office, | |
| _ | ate running in an election: month | | year ₋ | | name an | d number: Sea | attle | |
| ☐ Newly a | appointed to an elective office | | | | Position nun | | attie | |
| ☐ Newly a | appointed to a state appointive of | fice | | | Term begins | 01/01/13 | ends: | 12/31/17 |
| Profess | sional staff of the Governor's Offic | ce and the Legislat | ure | | | 01/01/13 | _ | 12/3//1/ |
| 1 | INCOME List each employ family member, options received 3.) | including registe | red domestic pa | rtner, recei | ved \$2,000 c | or more during | the period. | Include stock |
| Show Self (S) Spouse (SP/DP) Dependent (D) | Name and Address of Employe | r or Source of Con | npensation | | upation or How as Earned | v Compensation | ı Amo (Use Cod | |
| (S) | City of Seattle, 600 4 th Av | enue, Floor 2, | Seattle, WA 98 | | | uncilmember | | C) |
| (SP) | Microsoft Corporation, Or | ne Microsoft Wa | ay, Redmond, \ | NA 98052 | 2 Genera | ıl Manager | Е | |
| (SP) | Recreational Equipment, | Inc., 222 Yale | Avenue N., Sea | attle, WA 9 | 8101 Direc | ctor | D | |
| (SP) | AAA of Washington, 1745 | | ie SE, Bellevue | e, WA 980 | 004 Direc | otor | В | |
| 2 | REAL ESTATE real estat | et address, asses te with value of o rsonal financial i | ver \$10,000 in wh | nich you or | a family mem | ber, including | registered don | nestic partner. |
| Property Solo | d or Interest Divested | Assessed N Value (Use Code) | ame and Address o | f Purchaser | | Nature and Am Consideration | nount (Use Code) Received | of Payment or |
| Property Pure | chased or Interest Acquired | С | reditor's Name/Add | ress Pay | yment Terms | Security Given | | unt - (Use Code) |
| | Park Ave. So., Sea, WA 98118 | _ D | ells Fargo, PO Box 19 es Moines, IA 50306- | 0335 25% | % down, 5 for 30 yrs. | Mortgage | Original E | Current E |
| | re. S., Seattle, WA 98118 | М | ank of America, 4 th & adison, Seattle, WA | 98101 20% | % down, 4.3% | Mortgage | E | E |
| | e. S., Seattle, WA 98118 | | ank of America, 4 th & adison, Seattle, WA 9 | ĭ | 15 yrs. 5% for 20 yrs. | Mortgage | E | E |
| 10617 NE 10 | th Bellevue, WA 98004 | | ells Fargo, PO Box 10 es Moines, IA 50306- | 0445 4.3 | % for 20 yrs. | Mortgage | Е | E |
| All Other Pro Check here [| perty Entirely or Partially Owned if continued on attached sheet | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | ***** | | | | | | | |

| 3 | ASSETS / INVESTMENTS - INTEREST / DIVIDENDS | | d savings accounts, perty (including but od. | | | | |
|------|---|---|---|-----------------------------|---------------------------------|-----------------|-------------------|
| A. | Name and address of each bank or financial institution in which y a family member, including registered domestic partner, had account over \$20,000 any time during the report period. | ou, Type of | Account or Description | of Asset | Asset Value (Use Code) | | Amount Code) |
| | Bank of America, 4 th & Madison, Seattle, WA 98101 Citigroup Smith Barney, 601 Union Street, #5200, Seattle, WA 98101 | L | g and Savings Accour irement/Investment Ac | | D E | , | \ |
| B. | Name and address of each insurance company where you, a far member, including registered domestic partner, had a policy with cash or loan value over \$20,000 during the period. | | | ! | | | |
| C. | Name and address of each company, association, governm agency, etc. in which you, a family member, including registe | red | | | DATE | FILED | PDC |
| | domestic partner, owned or had a financial interest worth o \$2,000. Include stocks, bonds, ownership, retirement plan, If notes, stock options, and other intangible property. If you, y spouse, registered domestic partner and/or dependents had decis making authority regarding individual assets/investments list easset or investment, the value and any income amount. EXAMPI from you self-directed an investment account identify each stock other asset in that account. | RA, our ion ach LE: or | | | JAl | N 2 2 20 | 013 |
| | Fidelity Investments, PO Box 145421, Cincinnati, OH 45250 (managed Fidelity) | by Retireme | nt Investment Account | | E | 1 | 3 |
| | Comcast Corporation, PO Box 770003, Cincinnati, OH 45277 (managed Comcast) | by Retireme | nt Investment Account | | E | 1 | 3 |
| | Charles Schwab, Inc., Phoenix Operations Center, PO Box 52114, Phoenix 85072-2114 (managed by Schwab) | AZ Retireme | nt Investment Account | | Ε | E | 1 |
| Che | ck here if continued on attached sheet. | | | | - 1 20 000 | | |
| 4 | List each creditor you or a family member of the period. CREDITORS more any time during the period. mortgages or real estate reported in Ite | Don't includ | | | | AMC (USE (| OUNT CODE) |
| | Creditor's Name and Address | Tei | ms of Payment | Secur | ity Given | Original | Present |
| Wel | k of America, 4 th & Madison, Seattle, WA 98101 Is Fargo, PO Box 10335, Des Moines, IA 50306-0335 CO Properties, 1215 4 th Ave., Ste 600, Seattle, WA 98101 | Intere | est only/open ended est only/open ended | N | Note Note | E | E A |
| | ck here ☐ if continued on attached sheet. | 6-yr m | nonthly lease Note | | | E | E |
| | | | | | | | |
| 5 | All filers answer questions A thru D below. If the answer is Y | ES to any of | these questions, the | F-1 Suppler | ment must also | be compl | eted as |
| | of this report. If all answers are NO and you are a candidate for cutive officer filing your initial report, no F-1 Supplement is req | | al office, an appointe | ee to a vaca | nt elective offi | ce, or a sta | te |
| | umbent elected officials and state executive officers filing an a equired of these officeholders unless all answers to questions | | | must answe | er question E. | An F-1 Su | pplement |
| Α. | At any time during the reporting period were you, your spouse, registered do corporation, company, union, association, joint venture or other entity or (2) company or similar entity including but not limited to a professional limited li | a partner or mer | mber of any limited partner | ship, limited lia | ability partnership, | | ty |
| B. | Did you, your spouse, registered domestic partner or dependents have an obusiness at any time during the reporting period? No If yes, complete | | | corporation, p | artnership, joint ve | enture or othe | er |
| C. | Did you, your spouse, registered domestic partner or dependents own a bus | siness at any tim | e during the reporting peri- | od? <u>No</u> I | f yes, complete S | uppiement, P | art A. |
| D. | Did you, your spouse, registered domestic partner or dependents prepare, p compensation (other than pay for a currently-held public office) at any time of the compensation (other than pay for a currently-held public office). | luring the reporti | ng period? <u>No</u> If yes | s, complete Su | pplement, Part B. | | |
| E. | Only for Persons Filing Annual Report. Regarding the receipt of items no you, your spouse, registered domestic partner or dependents (or any combin Did any source other than your governmental agency provide or pay in whol attend a seminar or other training? No If yes to either or both questions. | nation thereof) ac e or in part for yo | ccept a gift of food or beve ou, your spouse, registered | rages costing | over \$50 per occa | sion? <u>No</u> | _ or 2) |
| ALI | FILERS EXCEPT CANDIDATES. Check the appropriate box. | | CERTIFICATION: | | | | |
| | I hold a state elected office, am an executive state officer or profe I have read and am familiar with RCW 42.52.180 regarding the resources in campaigns. | | | correct to the | contained in the best of my kno | | |
| ⊠ | I hold a local elected office. I have read and am familiar with RCW regarding the use of public facilities in campaigns. | V 42.17A.555 | Signature Contact Telephone: | <i>V fane</i> (206) 817- | -5155 | Date | |
| | NDIDATES: Do not use public agency addresses or telephone num act information. | bers for | Email: <u>bruce210@n</u> Email: | nsn.com | | (wo | rk) * Optional |
| CONT | aut inivitiiatiuii. | | | | | (101116) | Sparional |



DISCLOSURE COMMISSION

711 CAPITOL WAY RM 20DATE FILED PDC PO BOX 40908 **OLYMPIA WA 98504-0908** (360) 753-1111

JAN 2 2 2013

PDC FORM

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

| TOLL FREE 1-877-601-2828 EMAIL: pdc@pdc.wa.gov | SUPPLEMENT (1/12) | |
|--|---|---|
| PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOM YOUR HOUSEHOLD | ESTIC PARTNER, DEPENDENT | CHILDREN AND OTHER DEPENDENTS IN |
| Last Name First | Middle Initial | DATE |
| Harrell Bruce | A. | 01/17/2013 |
| BUSINESS dependents INTERESTS: (1) were an officer, director, general organization, union, partnership (2) were a partner or member of | al partner, trustee, or 10 percer , joint venture or other entity; and | pility partnership, limited liability company or |
| Legal Name: Report name used on legal docume | • • | |
| Trade or Operating Name: Report name used for | · · | • |
| Position or Percent of Ownership: The office, title | • | |
| Brief Description of the Business/Organization: Relationships | | ``, |
| Payments from Governmental Unit: If the governmental unit | mental unit in which you hold or purpose of each payment and th | seek office made payments to the business e actual amount received. |
| Payments from Business Customers and Other of proprietorship, union, association, business or ot seek/hold office) which paid compensation of \$10 services or other consideration was given or performance. | her commercial entity and each ,000 or more during the period to | government agency (other than the one you |
| Washington Real Estate: Identify real estate owner | ed by the business entity if the qu | alifications referenced below are met. |
| ENTITY NO. 1 | Reporting For: | Self Spouse |
| | Registered | Domestic Partner Dependent |
| LEGAL NAME: Recreational Equipment, Inc. | POSITION | OR PERCENT OF OWNERSHIP |
| TRADE OR OPERATING NAME: | Воа | rd of Directors |
| ADDRESS: 222 Yale Avenue, Seattle, WA 98101 | | |
| BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: | | |
| Seller of recreational equipment | | |
| PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH Purpose of payments | | Amount (actual dollars) |
| | | , |
| | | \$ |
| PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES Agency name: | | Purpose of payment (amount not required) |
| PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,0 Customer name: | | Purpose of payment (amount not required) |
| | | |

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more

and assessed value of property is over \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here ☐ if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

DATE FILED PDC

Page 2

TAN 2 2 2013

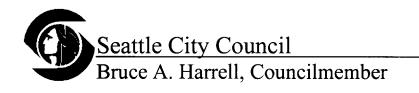
| Name Prince A. Harroll | JAN 22 2013 | | |
|--|--|-------------------------|---------------------|
| Bruce A. Harrell | | | |
| ENTITY NO. 2 | Reporting For: Se | If 🗌 Spouse 🛚 | |
| | Registered Do | omestic Partner 🔲 Dep | pendent 🗌 |
| LEGAL NAME: AAA of Washington | POSITION O | R PERCENT OF OWNER | RSHIP |
| TRADE OR OPERATING NAME: | | of Directors | |
| ADDRESS: 1745 – 114 th Avenue SE, Bellevue, Wa | A 98004 | | |
| BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: | | | |
| Automobile towing and highway safety service | es. | | |
| PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNI | | | |
| Purpose of payments | Am | ount (actual dollars) | |
| | \$ | | |
| PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT Agency name: | • • | pose of payment (amoun | it not required) |
| Agency hame. | i di | pose of payment (amoun | it not required) |
| | | | |
| PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOME Customer name: | | rpose of payment (amour | nt not required) |
| | | | |
| WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DI | RECT FINANCIAL INTEREST (Complete only if | ownership in the ENTITY | is 10% or more |
| and assessed value of property is over \$20,000. List street address | | | |
| | | | |
| | | | |
| Check here ☐ if continued on attached sheet | | | |
| | any immediate family member, including re | gistered domestic part | ner, lobbied or |
| | e rules, rates, or standards for compensation ich you are an elected official or professional | | ion. Do not list |
| Person to Whom Services Rendered | Description of Legislation, Rules, Etc. | Compensation (| Jse Code) |
| | | | |
| | | | |
| | | | |
| | | | |
| Check here if continued on attached sheet | | | · |
| | e other than your own governmental agency o you, your spouse, registered domestic par | | |
| | costing over \$50 per occasion; 2) Travel oc | | |
| Date Donor's Name, City and State Received | Brief Description | Actual Dollar Amount | Value (Use Code) |
| | | \$ | |
| | | * | ļ |
| | | | { |
| | | | |
| l Check here ☐ if continued on attached sheet | | | |

Information Continued

| Name | | JAN | 2 2 2013 |
|---|---|--------------------------|---------------------|
| Bruce A. Harrell | | | |
| ENTITY NO. | Reporting For: S | elf 🗌 Spouse 🛚 | |
| | Registered D | omestic Partner De | pendent |
| LEGAL NAME: University of Washington | POSITION | OR PERCENT OF OWNE | RSHIP |
| TRADE OR OPERATING NAME: | Rege | nt | |
| ADDRESS: 139 Gerberding Hall, PO Box 351264 | _ | | |
| Seatatle, WA 98195-1264 | | | |
| BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: | | | |
| | | | |
| PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNI | T IN WHICH YOU SEEK/HOLD OFFICE: | | |
| Purpose of payments | Ar | nount (actual dollars) | |
| | \$ | | 1 |
| PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMEN | | | |
| Agency name: | Pt . | rpose of payment (amou | nt not required) |
| | | | |
| PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOME | | | |
| Customer name: | Pi | urpose of payment (amou | nt not required) |
| | | | |
| WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DI and assessed value of property is over \$20,000. List street addre | RECT FINANCIAL INTEREST (Complete only if | ownership in the ENTIT | Y is 10% or more |
| | · | and county for each pare |) |
| | | | |
| | | | |
| | | | |
| B LOBBYING: (Continued) | | | |
| | | | |
| Person to Whom Services Rendered | Description of Legislation, Rules, Etc. | Compensation | (Use Code) |
| | | | |
| | | | |
| | | | ļ |
| | | | |
| | | | |
| C FOOD TRAVEL | | | : |
| SEMINARS (continued) | | | |
| Date Donor's Name, City and State Received | Brief Description | Actual Dollar Amount | Value (Use Code) |
| Neceived | | | (Use Code) |
| | | \$ | |
| | | | |
| | | | |
| | · | | |
| l | · | | |

JAN 2 2 2013

| 3 | ASSETS / INVESTMENTS - INTEREST / DIVIDENDS Continued | | s accounts, insurance policincluding but not limited to | | |
|--|---|----------------|--|---------------------------------|-----------------------------|
| A. | Name and address of each bank or financial institution in which including registered domestic partner, had an account over \$2 the report period. | | Type of Account or Description of Asset | Asset Value (Use Code) | Income Amount (Use Code) |
| В. | Name and address of each insurance company where you including registered domestic partner, had a policy with a ca \$20,000 during the period. | | | | |
| Jan | Name and address of each company, association, government ous Capital Group, P.O. Box 173375, Denver, CO 80217 | agency | Retirement Account | | B |
| | naged by Janus) proup Smith Barney, 601 Union St, #5200, Sea, WA 98101 (Man | aged by Agent) | Retirement Account/ Investment Account | E | С |
| | osoft, One Microsoft Way, Redmond, WA 98052 neer Investments, P.O. Box 55014, Boston, MA 02205 (Managed | by Pioneer) | Retirement Account/ Investment Acct/Stock Retirement Account | E B | B A |
| Hew U.S. Star The The John Com | gle Inc., 1600 Amphitheatre Parkway, Mountain View, CA 94043 lett Packard, 3000 Hanover Street, MS 1050, Palo Alto, CA 9436 Bank, N.A., 800 Nicollett Mall, Minneapolis, MN 55402 bucks Corporation, P O Box 34067, 2401 Utah Ave S, Sea, WA Allstate Corporation, 2775 Sanders Road, Northbrook, IL 60062 Boeing Company, 100 N. Riverside, Chicago, IL 60606-1596 nson & Johnson, One Johnson & Johnson Plaza, New Brunswich Cast Corporation, One Comcast Center, Phil, PA 19103-2838 T Corporation, 208 S. Akard St, Dallas TX, 75202 | 98134 | Stock Stock Stock Stock Stock Stock Stock Stock | D B B B A B B A A | A A A A A A A A |



RECEIVED

April 2, 2012

APR -5 2012

Public Disclosure Commission

VIA U.S. MAIL

Washington Public Disclosure Commission 711 Capitol Way, Room 206 P.O. Box 40908 Olympia, WA 98504-0908

DATE FILED PDC

APR - 42012

VIA HAND-DELIVERY

Seattle City Clerk 600 Fourth Avenue, Third Floor P.O. Box 94728 Seattle, WA 98124-4728

RE:

Bruce A. Harrell, Seattle City Councilmember

PDC Form F-1, Personal Financial Affairs Statements and Supplemental Pages

To Whom It May Concern:

Enclosed you will find my Public Disclosure Commission (PDC) Form, F-1 Personal Financial Affairs Statement and a PDC F-1 Supplemental Page. These documents are submitted in accordance with RCW 42.17.240 and Seattle Municipal Code 4.16.080(A).

Please file or record each document in conformity with your standard procedures. If you have any questions, feel free to call me at (206) 684-8804.

Sincerely

Bruce A. Harrell

Seattle City Councilmember

Chair: Public Safety, Civil Rights, and Technology Committee

Vice Chair: Transportation Committee

206-684-8804

| PUBLIC | DISCLOSURE COMMISSIO | N | PDC FORM | | | | РМ | PDC OFFICE USE |
|---------------------------------|---|--|--|-------------|------------------------------|--------------------------------------|-------------------|-------------------|
| | 711 CAPITOL WA | Y RM 206 | | PERS | ONAL FI | NANCIA | 0 A | T DO OTT TOE OOL |
| (F) | PO BOX 40908 OLYMPIA WA 985 | :04_0908 | F-1 | I. | | | - S R T K | |
| | (360) 753-1111 | 704-0305 | (1/12) | AFFA | IK2 21 A | TEMENT | ' '` | |
| | TOLL FREE 1-877 | -601-2828 | (1/12) | | | | DAT | E FILED PD |
| Refer to inst | ruction manual for detailed assis | tance and example | S. | DOLLA | | MOUNT | R E C | |
| Deadlines: | Incumbent elected and appo | | • • | A | | o \$3,999 | ĬĔ AP | R + 4 2012 |
| | Candidates and others wi | | • | B | | 100 to \$19,999 | ! | 1 |
| | candidate or being newly ap | opointed to a posi | tion. | C | | ,000 to \$39,999 ,000 to \$99,999 | 1 = | |
| SEND REF | PORT TO PUBLIC DISCLOS | URE COMMISSI | ON | Ē | | 0,000 or more | D | |
| Last Name | First | | Middle | Initial | Names of in | nmediate family | members, inc | luding registered |
| Harrell | Bru | ce | A. | | | artner. If there i | | |
| | | | | | | aepenaent cnik sehold, do not id | | lependents living |
| | | | | | | egistered dome | | |
| | | | | | for details. | | | |
| | ress (Use PO Box or Work Addre | ess) * | | | | | | |
| P. O. Box21 | 208 | | | | | | | |
| City | Cou | nh. | Zip + | | ⊣ (cp) լոգ | mma Harmall | | |
| Seattle | Kin | • | 9811 | | (SP) Joa | nne Harrell | | |
| | King | y | 9011 | <u>'</u> | | | | |
| Filing Status | (Check only one box.) | | | | Office Held | or Sought | | |
| An elec | ted or state appointed official filir | ng annual report | | | Office title: | City Council | member | |
| | port as an elected official. Term | expired: <u>2015</u> | | | 1 | | | |
| ☐ Candida | ate running in an election: month | 1 | year _. | | | , district or age | ncy or the office | 5 , |
| ☐ Newly a | appointed to an elective office | | | | | d number: Se | attle City Co | uncil |
| _ | ppointed to a state appointive of | fice | | | Position nur | #3 | _ | |
| _ | | | | | Term begins | s: <u>01/01/12</u> | ends: | |
| Pioless | sional staff of the Governor's Offic | ce and the Legislat | ure | | 12/31/15 | | | |
| 1 | family member, options received | yer, or other sou including registe during the report | red domestic pa | rtner, rece | ived \$2,000 c | or more during | g the period. | Include stock |
| Show Self (S) | 3.) Name and Address of Employe | er or Source of Com | npensation | Occ | cupation or Hov | v Compensation | n Am | nount: |
| Spouse (SP/DP) Dependent (D) | | | | V | Vas Earned | | (Use Co | |
| (S) | City of Seattle, 600 4 th Av | enue, Floor 2, | Seattle, WA 98 | 3124 | City Co | uncilmembe | r E | = , |
| (SP) | Microsoft Corporation, O | ne Microsoft W | av Rodmond V | A/A 0005 | Copore | al Manager | | <u>=</u> |
| ` ' | Wildrosoft Corporation, Of | THE INICIOSOIL VV | ay, ixedinona, | VVA 9000 | iz Genera | ii ivianayei | | _ |
| (SP) | Recreational Equipment, | Inc., 222 Yale | Avenue N., Sea | attle, WA | 98101 Direc | ctor | [|) |
| (SP) | AAA of Washington, 174 | 5 – 114 th Avenu | e SE, Bellevue | e, WA 98 | 004 Direc | ctor | ĺ | В . |
| | Check Here ⊠ if continued on | | | | | | | |
| | | | | | | | | |
| 2 | REAL ESTATE real estate | et address, assess te with value of o ersonal financial is lement.) | ver \$10,000 in wi | nich you o | a family mem | nber, including | registered do | omestic partner, |
| Property Solo | or Interest Divested | T . | ame and Address o | f Purchaser | | Nature and Ar | nount (Use Cod | e) of Payment or |
| | | Value (Use Code) | | | | Consideration | | , , |
| Property Purc | chased or Interest Acquired | ` | reditor's Name/Add | ress Pa | ayment Terms | Security | Mortgage Ame | ount - (Use Code) |
| | • | i | ells Fargo, PO Box 1 | 0445 | • | Given | Original | Current |
| | Park Ave. So., Sea, WA 98118 | E De | es Moines, IA 50306- | 0335 25 | 5% down, 45 for 30 yrs. | Mortgage | Ě | E |
| | e. S., Seattle, WA 98118 | | ank of America, 4 th & adison, Seattle, WA | 98101 20 | % down, 4.3% | Mortgage | E | E |
| 5719 42 nd Ave | e. S., Seattle, WA 98118 | | ank of America, 4 th & adison, Seattle, WA 9 | | r 15 yrs. 85% for 20 yrs. | Mortgage | Ε | E |
| 10617 NE 10 | th Bellevue, WA 98004 | | ells Fargo, PO Box 1 | | 3% for 20 yrs. | | | _ |
| | | | es Moines, IA 50306- | | 5 /6 IUI ZU YFS. | Mortgage | E | E |
| All Other Prop Check here | perty Entirely or Partially Owned if continued on attached sheet | | | | | | | |
| | | | | | - | | | |

| 3 | ASSETS / INVESTMENTS - INTEREST / DIVIDENDS intar | | savings accounts, erty (including but d. | | | | |
|------------|---|-----------------------------------|--|----------------------------------|---------------------------------------|-------------------------------|-----------------|
| A. | Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period. | | ccount or Descriptior | of Asset | Asset Value (Use Code) | | Amount Code) |
| | Bank of America, 4 th & Madison, Seattle, WA 98101 Citigroup Smith Barney, 601 Union Street, #5200, Seattle, WA 98101 | | and Savings Account and Savings Account Accoun | | D E | 1 | A C |
| В. | Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$20,000 during the period. | | | | | | |
| C. | Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. | | | • | · | | |
| | Fidelity Investments, PO Box 145421, Cincinnati, OH 45250 (managed by Fidelity) | Retirement | Investment Account | | E | | В |
| | Comcast Corporation, PO Box 770003, Cincinnati, OH 45277 (managed by Comcast) | Retirement | Investment Account | | E | | В |
| | Charles Schwab, Inc., Phoenix Operations Center, PO Box 52114, Phoenix AZ 85072-2114 (managed by Schwab) | Retirement | Investment Account | | E | | В |
| Che | ck here if continued on attached sheet. List each creditor you or a family member, | including r | egistered domestic | partner, ov | red \$2,000 or | <u> </u> | OUNT |
| 4 | CREDITORS more any time during the period. Don mortgages or real estate reported in Item 2. | n't include | | | | | CODE) |
| | Creditor's Name and Address | | ns of Payment | Secur | ity Given | Original | Present |
| Ban | k of America, 4 th & Madison, Seattle, WA 98101 | | t only/open ended | | Note | E . | E |
| | ls Fargo, PO Box 10335, Des Moines, IA 50306-0335 CO Properties, 1215 4 th Ave., Ste 600, Seattle, WA 98101 | | t only/open ended | | Note Note | E | A E |
| | ck here if continued on attached sheet. | 6-yr mor | nthly lease | • | | E | |
| | | | | | | ì | |
| 5 | All filers answer questions A thru D below. If the answer is YES | to any of ti | nese questions, the | F-1 Supple | ment must als | o be comp | oleted as |
| par exe | of this report. If all answers are NO and you are a candidate for st cutive officer filing your initial report, no F-1 Supplement is require | tate or loca | l office, an appointe | e to a vaca | nt elective offi | ce, or a st | ate |
| | umbent elected officials and state executive officers filing an annu- equired of these officeholders unless all answers to questions A th | | | must answe | er question E. | An F-1 Si | upplement |
| A. | At any time during the reporting period were you, your spouse, registered domes corporation, company, union, association, joint venture or other entity or (2) a par company or similar entity including but not limited to a professional limited liability | rtner or memb | per of any limited partner | rship, limited lia | ability partnership, | istee of any limited liabi | ility |
| В. | Did you, your spouse, registered domestic partner or dependents have an owner business at any time during the reporting period? No. If yes, complete Supplementary of the complete Suppl | rship of 10% of plement, Part | or more in any company, A. | corporation, p | artnership, joint v | enture or oth | ner |
| C. | Did you, your spouse, registered domestic partner or dependents own a business | | | | | } | |
| D. | Did you, your spouse, registered domestic partner or dependents prepare, promo compensation (other than pay for a currently-held public office) at any time during | ote or oppose g the reporting | state legislation, rules, r period? <u>No</u> If yes | ates or standa s, complete Su | rds for compensa pplement, Part B. | tion or defer | red |
| E. | Only for Persons Filing Annual Report. Regarding the receipt of items not pro you, your spouse, registered domestic partner or dependents (or any combination Did any source other than your governmental agency provide or pay in whole or attend a seminar or other training? No If yes to either or both questions | n thereof) acc in part for you | ept a gift of food or beve , your spouse, registered | erages costing | over \$50 per occa | asion? No | or 2) |
| AL | L FILERS EXCEPT CANDIDATES. Check the appropriate box. | | CERTIFICATION: | | nder penalty contained in th | | |
| | I hold a state elected office, am an executive state officer or profession have read and am familiar with RCW 42.52.180 regarding the use resources in campaigns. | | | | e best of my kn | | |
| ⊠ | I hold a local elected office. I have read and am familiar with RCW 42 regarding the use of public facilities in campaigns. | .17A.555 | Signature Contact Telephone: | (206) 817 | -5155 | Date | |
| | NDIDATES: Do not use public agency addresses or telephone numbers | s for | Email: bruce210@r | nsn.com | | | ork) * |
| con | tact information. | | REPORT NOT AC | CEPTABLI | E WITHOUT F | | |

APR -4 2012

| 3 | ASSETS / INVESTMENTS - INTEREST / DIVIDENDS Continued List bank and intangible proporting | d savings accounts, insurance po operty (including but not limited period. | olicies, stock, to stock opti | bonds and other ons) held during |
|---------------------------------|--|--|----------------------------------|----------------------------------|
| A. | Name and address of each bank or financial institution in which you, a family m including registered domestic partner, had an account over \$20,000 any time the report period. | ember, Type of Account or during Description of Asset | Asset Value (Use Code) | Income Amount (Use Code) |
| В. | Name and address of each insurance company where you, a family m including registered domestic partner, had a policy with a cash or loan valu \$20,000 during the period. | ember, e over | | |
| Jan | Name and address of each company, association, government agency nus Capital Group, P.O. Box 173375, Denver, CO 80217 | Retirement Account | _ D | В |
| (Ma Citi | anaged by Janus) igroup Smith Barney, 601 Union St, #5200, Sea, WA 98101 (Managed by Agent) | Retirement Account/ Investment Account | E | С |
| | crosoft, One Microsoft Way, Redmond, WA 98052 oneer Investments, P.O. Box 55014, Boston, MA 02205 (Managed by Pioneer) | Retirement Account/ Investment Acct/Stock Retirement Account | E B | B A |
| Hevel U.S. Sta The The John Cor | ogle Inc., 1600 Amphitheatre Parkway, Mountain View, CA 94043 wlett Packard, 3000 Hanover Street, MS 1050, Palo Alto, CA 94304 S. Bank, N.A., 800 Nicollett Mall, Minneapolis, MN 55402 ribucks Corporation, P O Box 34067, 2401 Utah Ave S, Sea, WA 98134 e Allstate Corporation, 2775 Sanders Road, Northbrook, IL 60062 e Boeing Company, 100 N. Riverside, Chicago, IL 60606-1596 nnson & Johnson, One Johnson & Johnson Plaza, New Brunswick, New Jersey mcast Corporation, One Comcast Center, Phil, PA 19103-2838 &T Corporation, 208 S. Akard St, Dallas TX, 75202 | Stock | D B B B A B B A A | A A A A A A A |



Check here ☐ if continued on attached sheet

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

(1/12)

SUPPLEMENT4PAGE PERSONAL FINANCIAL AFFAIRS STATEMENT

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

| YOUR HOU | SEHOLD | | | | | | |
|------------|---|---|--|---|--|--|--|
| Last Name | | First | Middle Initial | DATE | | | |
| Harrell | | Bruce | A . | 04/02/2012 | | | |
| Α | OFFICE HELD, BUSINESS INTERESTS: Provide the following information if, during the reporting period, you, your spouse, registered domestic part dependents (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, no organization, union, partnership, joint venture or other entity; and/or (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company. • Legal Name: Report name used on legal documents establishing the entity. | | | | | | |
| | | | sed for business purposes if different from the k | enal name | | | |
| | | | ce, title and/or percent of ownership held. | ogai namo. | | | |
| | | • | tion: Report the purpose, product(s), and/or the | service(s) rendered | | | |
| | • Pay | ments from Governmental Unit: If the | governmental unit in which you hold or seek on the purpose of each payment and the actual sections. | office made payments to the business | | | |
| | Pay properties properties properties | yments from Business Customers and prietorship, union, association, business k/hold office) which paid compensation vices or other consideration was given o | Other Government Agencies: List each corporate of other commercial entity and each govern of \$10,000 or more during the period to the error performed for the compensation. | pration, partnership, joint venture, sole iment agency (other than the one you ntity. Briefly say what property, goods, | | | |
| | • vva: | shington Real Estate: Identify real estat | te owned by the business entity if the qualificati | ons referenced below are met. | | | |
| ENTITY NO. | . 1 | | Reporting For: Self | Spouse 🛛 | | | |
| | | | Registered Dome | estic Partner Dependent | | | |
| LEGAL NAM | ^{1E:} Recreation | onal Equipment, Inc. | POSITION OR P | ERCENT OF OWNERSHIP | | | |
| TRADE OR | OPERATING NAMI | E : | Board of | Directors | | | |
| ADDRESS: | 222 Yale Av | renue, Seattle, WA 98101 | | | | | |
| BRIEF DESC | CRIPTION OF THE | BUSINESS/ORGANIZATION: | | | | | |
| Seller o | of recreational | equipment | | | | | |
| PAYMENTS | ENTITY RECEIVE Purpose of | D FROM GOVERNMENTAL UNIT IN W payments | | t (actual dollars) | | | |
| PAYMENTS | ENTITY RECEIVE Agency nam | D FROM OTHER GOVERNMENT AGE ne: | NCIES OF \$10,000 OR MORE: | e of payment (amount not required) | | | |
| PAYMENTS | ENTITY RECEIVE Customer r | D FROM BUSINESS CUSTOMERS OF name: | | se of payment (amount not required) | | | |
| VASHINGTO | ON REAL ESTATE | IN MALICUL PAITITY USE D. A. DIDECT | FINANCIAL INTEREST (Complete only if own | cashin in the ENTITY is 4000 | | | |

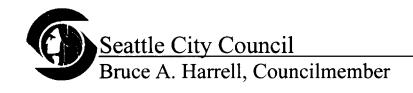
CONTINUE PARTS B AND C ON NEXT PAGE

| Name Bruce A. Harrell | | | | |
|--------------------------------|--|---|----------------------------------|---------------------|
| Diuce A. Haileii | | | | |
| ENTITY NO. 2 | · . · · · | Reporting For: | Self Spouse S | _ |
| • | , | Registered | Domestic Partner Depen | dent 🗌 |
| LEGAL NAME: AAA O | of Washington | POSITION | OR PERCENT OF OWNERS | IIP |
| TRADE OR OPERATING N | AME: | Воа | rd of Directors | : |
| ADDRESS: 1745 - 11 | 4 th Avenue SE, Bellevue, WA | 98004 | | |
| | , | | | |
| BRIEF DESCRIPTION OF T | THE BUSINESS/ORGANIZATION: | · | | |
| Automobile towing | g and highway safety services | · 3. | | |
| PAYMENTS ENTITY RECE | IVED FROM GOVERNMENTAL UNIT | IN WHICH YOU SEEK/HOLD OFFICE: | | |
| | e of payments | | Amount (actual dollars) | |
| | | | \$ | |
| DAVMENTS ENTITY DECE | IVED FROM OTHER GOVERNMENT. | AGENCIES OF \$10,000 OR MORE: | | |
| Agency | | | Purpose of payment (amount n | ot required) |
| | | | | |
| DAVMENTS ENTITY RECE | EIVED FROM BUSINESS CUSTOMER | S OF \$10,000 OR MORE | | <u> </u> |
| | ner name: | | Purpose of payment (amount r | ot required) |
| | | | | ! |
| MACHINOTON DEAL EST | ATE IN MALICH ENTITY HELD & DIR | ECT FINANCIAL INTEREST (Complete onl | v if ownership in the ENTITY is | 10% or more |
| and assessed value of prop | erty is over \$20,000. List street addres | ss, assessor parcel number, or legal descript | ion and county for each parcel): | |
| | | | | |
| | | | | |
| | | | | |
| Check here if continued on a | | | | - labbled on |
| B LOBBYING: | prepared state legislation or state | any immediate family member, including rules, rates, or standards for compensal ch you are an elected official or professio | ion or deterred compensation | n. Do not list |
| Person to Wh | om Services Rendered | Description of Legislation, Rules, Etc. | Compensation (Us | e Code) |
| | | | · | |
| | | | | |
| | | | | ŀ |
| | | | | |
| Check here ☐ if continued on a | attrohed sheet | | | |
| | | other than your own governmental age | ncy paid for or otherwise pro | vided all or a |
| FOOD TRAVEL | | vou vour engues registered domestic | partner or dependents, or a | i combination |
| SEMINARS | thereof: 1) Food and beverages programs or other training. | costing over \$50 per occasion; 2) Trave | el occasions; or 3) Seminar | s, leducational |
| Date Donor | s Name, City and State | Brief Description | Actual Dollar Amount | Value (Use Code) |
| Received | | | | |
| | · | | \$ | |
| | | | | |
| | | · | | <u> </u> |
| | | | | ļ |
| Check here ☐ if continued on | attached sheet | | | |

DATE FILED PDC

Information Continued

| Name Pruce A | Harroll | APR - 4 2012 | |
|------------------|---|---|---|
| Bruce A. | панен | | |
| ENTITY NO. | | Reporting For: | Self Spouse 🖂 |
| | | Registere | d Domestic Partner 🔲 Dependent 🔲 |
| LEGAL NAME: | University of Washington | POSITIO | N OR PERCENT OF OWNERSHIP |
| TRADE OR OF | PERATING NAME: | Rec | jent |
| ADDRESS: | 139 Gerberding Hall, PO Box 351264 | | , |
| | Seatatle, WA 98195-1264 | | |
| BRIEF DESCR | IPTION OF THE BUSINESS/ORGANIZATION: | | • |
| | | | |
| PAYMENTS FI | NTITY RECEIVED FROM GOVERNMENTAL UNI | T IN WHICH YOU SEEK/HOLD OFFICE: | |
| TATIME INTO E | Purpose of payments | | Amount (actual dollars) |
| | | | \$ |
| PAYMENTS EI | NTITY RECEIVED FROM OTHER GOVERNMEN | T AGENCIES OF\$10,000 OR MORE: | |
| | Agency name: | | Purpose of payment (amount not required) |
| | | | |
| PAYMENTS EI | NTITY RECEIVED FROM BUSINESS CUSTOME | RS OF \$10,000 OR MORE | |
| | Customer name: | · , | Purpose of payment (amount not required) |
| | | | |
| WASHINGTON | REAL ESTATE IN WHICH ENTITY HELD A DII | RECT FINANCIAL INTEREST (Complete onli | y if ownership in the ENTITY is 10% or more |
| | value of property is over \$20,000. List street addre | | |
| | • | | |
| | | | |
| | | | |
| | | | |
| В сов | BYING: (Continued) | | |
| P | erson to Whom Services Rendered | Description of Legislation, Rules, Etc. | Compensation (Use Code) |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| FOO | D. | | |
| C TRA | VEL | | |
| ı | INARS (continued) | | |
| Date Received | Donor's Name, City and State | Brief Description | Actual Dollar Value Amount (Use Code) |
| | | | |
| | | · | \$ |
| | | | |
| | | | |
| J. | | · | |



RECEIVED

April 26, 2011

APR 28 2011

Public Disclosure Commission

VIA U.S. MAIL

Washington Public Disclosure Commission 711 Capitol Way, Room 206 P.O. Box 40908 Olympia, WA 98504-0908 DATE FILED PDC

APR 27 2011

Seattle City Clerk 600 Fourth Avenue, Third Floor P.O. Box 94728 Seattle, WA 98124-4728

RE:

Bruce A. Harrell, Seattle City Councilmember

PDC Form F-1, Personal Financial Affairs Statements and Supplemental Pages

To Whom It May Concern:

Enclosed you will find a previously filed copy of my Public Disclosure Commission (PDC) Form, F-1 Personal Financial Affairs Statement. In addition, please find attached an original PDC F-1 Supplemental Page. These documents are submitted in accordance with RCW 42.17.240 and Seattle Municipal Code 4.16.080(A).

Please file or record each document in conformity with your standard procedures. If you have any questions, feel free to call me at (206) 684-8804.

Sincerely,

Bruce A. Harrell

Seattle City Councilmember

Chair: Energy, Technology, and Civil Rights Committee

Q. Henell

Vice Chair: Seattle Public Utilities and Neighborhoods Committee

206-684-8804

http://www.seattle.gov/council/harrell/

PUBLIC DISCLOSURE COMMISSION PDC FORM 711 CAPITOL WAY RM 206 PERSONAL FINANCIAL PO BOX 40908 **OLYMPIA WA 98504-0908** AFFAIRS STATEMENT (360) 753-1111 (11/08)DATE FILED PDC **TOLL FREE 1-877-601-2828** DOLLAR Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** APR 272011 Α \$1 to \$3,999 Incumbent elected and appointed officials -- by April 15. Deadlines: В \$4,000 to \$19,999 Candidates and others -- within two weeks of becoming a С candidate or being newly appointed to a position. \$20,000 to \$39,999 \$40,000 to \$99,999 \$100,000 or more SEND REPORT TO PUBLIC DISCLOSURE COMMISSION Middle Initial Names of immediate family members, including registered Last Name domestic partner. If there is no reportable information to Harrell Bruce A. disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details. Mailing Address (Use PO Box or Work Address) P.O. Box 21208 City County Zip + 4 (SP) Joanne Harrell 98111 King Seattle Office Held or Sought Filing Status (Check only one box.) An elected or state appointed official filing annual report City Councilmember Final report as an elected official. Term expired: County, city, district or agency of the office, Candidate running in an election: month 11 year <u>2011</u> name and number: Seattle City Council Newly appointed to an elective office Position number: #3 Newly appointed to a state appointive office Term begins: 01/01/12 ends: 12/31/15 Professional staff of the Governor's Office and the Legislature List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a 1 INCOME family member, including registered domestic partner, received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse) Show Self (S) Spouse (SP/DP) Dependent (D) Name and Address of Employer or Source of Compensation Occupation or How Compensation Amount: Was Farned (Use Code) (S) City of Seattle, 600 4th Avenue, Floor 2, Seattle, WA 98124 City Councilmember Е (SP) Ε Microsoft Corporation, One Microsoft Way, Redmond, WA 98052 General Manager (SP) Recreational Equipment, Inc., 222 Yale Ave N., Seattle, WA 98101 Director D (SP) AAA of Washington, 1745 - 114th Avenue SE, Bellevue, WA 98004 Director В Check Here I if continued on attached sheet List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$10,000 in which you or a family member, including registered domestic partner, **REAL ESTATE** 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 Name and Address of Purchaser Nature and Amount (Use Code) of Payment or

| Troporty cold of interest preside | Value (Use ode) | | anasci . | Consideration Receive | | |
|--|--------------------|---|------------------------------|-----------------------|-----------------------------------|-----------------------|
| Property Purchased or Interest Acquired | | Creditor's Name/Address | Payment Terms | Security Given | Mortgage Amo Code) Original | unt - (Use Current |
| All Other Property Entirely or Partially Owned . | | | | | | _ |
| 4102 51 ST Ave. S., Seattle, WA 98118 | E | Bank of America, 4 th & Madison, Sea, WA 98101 | 20% down, 4.3% for 15 yrs | Mortgage | E | E |
| 5719 42 nd Ave. S. Seattle, WA 98118 | E | Bank of America, 4 th & Madison, Seattle, WA | 4.8% for 20 yrs | Mortgage | _ | |
| 10617 NE 10 th , Bellevue, WA 98004 | E | 98101 Wells Fargo PO Box 10335 | 4.3% for 20 yrs | Mortgage | E | E |
| Check here if continued on attached sheet | | Des Moines, IA 50306- 0335 | | | | |
| | | | | CC | NTINUE | N NEVT DA |

| 3 | | st bank and savings accounts angible property held during t | | | ck, bonds a | and other |
|------------|--|---|---|--|--|-----------------|
| A. | Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period. | Type of Account or Descriptio | n of Asset | Asset Value (Use Code) | | Amount Code) |
| | Bank of America, 4 th & Madison, Seattle, WA 98101 Citigroup Smith Barney, 601 Union Street, #5200, Seattle, WA 98101 | Checking and Savings Acc Ind. Retirement/Investmen | | D E | ć | A |
| В. | Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$20,000 during the period. | | | | | |
| C. | Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. | | | APR | 27201 | 1 |
| | Fidelity Investments, P.O. Box 145421, Cincinnati, OH 45250 (managed by Fidelity) | Retirement Investment Acc | count | E | E | 3 |
| | Comcast Corporation, P.O. Box 770003, Cincinnati, OH 45277 (managed by Comcast) | Retirement Investment Acc | count | E | E | 3 |
| Che | Charles Schwab, Inc., Phoenix Operations Center, PO Box 52114, Phoenix AZ 85072-2114 (managed by Schwab) ck here ⊠ if continued on attached sheet. | Retirement Investment Acc | count | E | E | 3 |
| 4 | List each creditor you or a family member, | n't include retail charge acc | | | 1 | OUNT CODE) |
| | Creditor's Name and Address | Terms of Payment | Securi | ty Given | Original | Present |
| | Bank of America, 4 th & Madison, Seattle, WA 98101 Wells Fargo, PO Box 10335, Des Moines, IA 50306-0335 | Interest only/open ended Interest only/open ended | | lote lote | E E | E D |
| | UNICO Properties, 1215 4th Ave., Ste 600, Seattle, WA 98101 | 6-yr monthly lease | | lote | E | E |
| | ck here if continued on attached sheet. | | | | | |
| exe Inc | All filers answer questions A thru D below. If the answer is YES to a continuous of this report. If all answers are NO and you are a candidate for stacutive officer filing your initial report, no F-1 Supplement is required umbent elected officials and state executive officers filing an annual uired of these officeholders unless all answers to questions A thru At any time during the reporting period were you, your spouse, registered domestic company, union, association, joint venture or other entity or (2) a partner or members. | ate or local oπice, an appointed I. I financial affairs report also m E are NO. c partner or dependents (1) an officer ber of any limited bartnership, limited li | ust answer of the director, gene is ability partners. | question E. Α ral partner or trus | e, or a state n F-1 Supp tee of any co | lement is |
| В. | entity including but not limited to a professional limited liability company? Yes Did you, your spouse, registered domestic partner or dependents have an owners at any time during the reporting period? No If yes, complete Supplement, Page 1. | hip of 10% or more in any company, o | | tnership, joint ver | nture or other | business |
| C. | Did you, your spouse, registered domestic partner or dependents own a business | | d? No If | ves, complete Su | oplement, Par | rt A. |
| D. | Did you, your spouse, registered domestic partner or dependents prepare, promot compensation (other than pay for a currently-held public office) at any time during | e or oppose state legislation, rules, ra | tes or standard | s for compensation | | |
| E. | Only for Persons Filing Annual Report. Regarding the receipt of items not prov your spouse, registered domestic partner or dependents (or any combination there source other than your governmental agency provide or pay in whole or in part for seminar or other training? No If yes to either or both questions, complete | eof) accept a gift of food or beverages you, your spouse, registered domestic | costing over \$5 | 50 per occasion? | No or 2 |) Did any |
| ALI | FILERS EXCEPT CANDIDATES. Check the appropriate box. I hold a state elected office, am an executive state officer or professional and additional additional and additional additional and additional ad | al staff. I | information of | der penalty of contained in the best of my kno | is report is | |
| K-71 | have read and am familiar with RCW 42.52.180 regarding the use resources in campaigns. | Bure C | Hane | ll , | April 12, 20 | 11 . |
| M | I hold a local elected office. I have read and am familiar with RCW 4 regarding the use of public facilities in campaigns. | 2.17.130 Signature Contact Telephone: | (206) 817 | 5155 | Date | |
| *CA | NDIDATES: Do not use public agency addresses or telephone numbers | | . , | | (woi | rk) * |
| | act information. | Email: | | | (Home) | Optional |
| | | | | | <u></u> | |

Information Continued

| Name | | | | | | | | | |
|--|---|---------------------------------|---------------------------------------|--|----------------------|------------------|--------------------------|------------------------------------|-----------------------|
| | A. Harrell | - | · · · · · · · · · · · · · · · · · · · | ·· ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- · | - | ···· | | · · · | |
| 1 | INCOME (continued) | | | | • | | | | |
| Show Self (S) Spouse (SP/DP) Dependent (D) (SP) | Name and Address of Employer or Source of Compensation University of Washington, 139 Gerberding Hall, Box 351264 Seattle, WA 98195-1264 | | | Occupation or How Compensation Was Earned Regent D | | | DATE | Amount: (Use Code) PATE PLB Pos | |
| | | | | • . | | | | | |
| 2 | REAL ESTATE (continue | d) | | • | | | | | |
| Property Sc | old or Interest Divested | Assessed Value (Use Code) | Name and Add | dress of Purc | haser | | Amount (Use Con Received | ode) of Pay | ment or |
| Property Pu | urchased or Interest Acquired | | Creditor's Nan | ne/Address | Payment Terms | Security Giv | ven Mortgage Origin | e Amount - (| (Use Code) Current |
| | operty Entirely or Partially Owned | | | | | | , | | |
| | SSETS / INVESTMENTS - INTERI | | DS (co | ntinued) | count or Description | n of Asset | Asset Value | Income | Amount |
| | and address of each insurance co | | | Type of Ac | occurred bescripted | n or Asset | (Use Code) | | Code) |
| C. Name | and address of each compar | ny, association | , government | | | | | | |
| Janus Capi (Managed I | ital Group, P.O. Box 173375, Denv | ver, CO 80217 | | Retirement Account D | | | D | | В |
| Citigroup S by Agent) | mith Barney, 601 Union St, #5200 One Microsoft Way, Redmond, WA | | 101 (Managed | Retirement Account/Investment Account E Retirement Acct/Investment Acct/Stock E | | | | | C B |
| | vestments, P.O. Box 55014, Bost | | (Managed by | Retirement Account B | | | | 1 | Ā |
| Google Inc., 1600 Amphitheatre Parkway, Mountain View, CA 94043 Hewlett Packard, 3000 Hanover Street, MS 1050, Palo Alto, CA 94304 U.S. Bank, N.A., 800 Nicollett Mall, Minneapolis, MN 55402 Starbucks Corporation, P O Box 34067, 2401 Utah Ave S, Sea, WA 98134 | | | Stock Stock Stock Stock | | | D B B B | | A A A | |
| The Allstate Corporation, 2775 Sanders Road, Northbrook, IL 60062 The Boeing Company, 100 N. Riverside, Chicago, IL 60606-1596 Johnson & Johnson, One Johnson & Johnson Plaza, New Brunswick, New Jersey 08933 | | | Stock A Stock B Stock B | | | | A A | | |
| Comcast Corporation, One Comcast Center, Phil, PA 19103-2838 AT&T Corporation, 208 S.Akard St, Dallas TX, 75202 | | | Stock Stock | | | A A | A A AMOUNT | | |
| 4 cr | REDITORS (continued) | | | | | | | | CODE) |
| | Creditor's Name and A | ddress | | Terms | s of Payment | Securi | ity Given | Original | Present |
| | | | , | | | | | | |



PDC FORM DATE FIL TOLL FREE 1-877-601-2828 EMAIL: pdc@pdc.wa.gov

SUPPLEMENT PAGE PERSONAL FINANCIAL AFFAIRS STATEMENT

CONTINUE PARTS B AND C ON NEXT PAGE

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

| YOUR HOUSEHOLD |) | | NEW AND OTHER DEFENDENTS IN |
|---|--|--|--|
| Last Name | First | Middle Initial | DATE |
| Harrell | Bruce | A. | April 12, 2011 |
| A OFFICE BUSINI INTERE | ESS dependents ESTS: (1) were an officer, director, organization, union, partn (2) were a partner or memb similar entity, including but Legal Name: Report name used on legal do | ed for business purposes if different from the le | ore owner of a corporation, non-profit rtnership, limited liability company or ompany. |
| | Brief Description of the Business/Organizati | ion: Report the purpose, product(s), and/or the | service(s) rendered. |
| | Payments from Governmental Unit: If the entity concerning which you're reporting, sho | governmental unit in which you hold or seek o ow the purpose of each payment and the actual | ffice made payments to the business I amount received. |
| | proprietorship, union, association, business seek/hold office) which paid compensation services or other consideration was given or | • | ment agency (other than the one you tity. Briefly say what property, goods, |
| | Washington Real Estate: Identify real estate | e owned by the business entity if the qualificatio | ons referenced below are met. |
| ENTITY NO. 1 | | Reporting For: Self | Spouse 🖂 |
| | | Registered Domes | stic Partner Dependent |
| LEGAL NAME: F | Recreational Equipment, Inc. | POSITION OR PE | ERCENT OF OWNERSHIP |
| TRADE OR OPERAT | TING NAME: | Board of I | Directors |
| ADDRESS: 222 | Yale Avenue, Seattle, WA 98101 | | |
| BRIEF DESCRIPTIO | N OF THE BUSINESS/ORGANIZATION: | | |
| Seller of recre | eational equipment | | • |
| | RECEIVED FROM GOVERNMENTAL UNIT IN W | | (actual dollars) |
| | | \$ | |
| | RECEIVED FROM OTHER GOVERNMENT AGEN gency name: | | e of payment (amount not required) |
| | RECEIVED FROM BUSINESS CUSTOMERS OF Customer name: | | e of payment (amount not required) |
| VASHINGTON REAL and assessed value o | L ESTATE IN WHICH ENTITY HELD A DIRECT F of property is over \$20,000. List street address, ass | FINANCIAL INTEREST (Complete only if ownersessor parcel number, or legal description and c | ership in the ENTITY is 10% or more county for each parcel): |
| Check here □ if continue | ed on attached sheet | | -1 |

| Name Bruce A. Harrell | DAIL | | | | | | | |
|--|---|-----------------|--|--|--|--|--|--|
| Bruce A. Harrell | APR 2 / 2011 | | | | | | | |
| ENTITY NO. 2 | Reporting For: Self Spouse 🛛 | | | | | | | |
| | Registered Domestic Partner Dependent | | | | | | | |
| LEGAL NAME: AAA of Washington | POSITION OR PERCENT OF OWNERSHIP | | | | | | | |
| TRADE OR OPERATING NAME: | Board of Directors | | | | | | | |
| ADDRESS: 1745 – 114 th Avenue SE, Bellevue, V | NA 98004 | | | | | | | |
| BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: | | | | | | | | |
| Automobile towing and highway safety servi | ces. | | | | | | | |
| PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UI | | | | | | | | |
| Purpose of payments | Amount (actual dollars) | | | | | | | |
| | \$ | | | | | | | |
| PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNME Agency name: | NT AGENCIES OF \$10,000 OR MORE: Purpose of payment (amount not re | quired) | | | | | | |
| PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOM Customer name: | IERS OF \$10,000 OR MORE Purpose of payment (amount not re | quired) | | | | | | |
| WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$20,000. List street address, assessor parcel number, or legal description and county for each parcel): | | | | | | | | |
| Check here ☐ if continued on attached sheet | | | | | | | | |
| LOBBYING: prepared state legislation or st | or any immediate family member, including registered domestic partner, lo ate rules, rates, or standards for compensation or deferred compensation. D which you are an elected official or professional staff member. | | | | | | | |
| Person to Whom Services Rendered | Description of Legislation, Rules, Etc. Compensation (Use Cod | de) | | | | | | |
| | | | | | | | | |
| Check here ☐ if continued on attached sheet | | | | | | | | |
| 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, registered domestic partner 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 Donor's Name, City and State Received | · · · · · · · · · · · · · · · · · · · | alue e Code) | | | | | | |
| Check here ☐ if continued on attached sheet | \$ | | | | | | | |

Information Continued

DATE FILE PUF-1 Supplement

| Name | | | | | | |
|---|---|--|---------------------|--|--|--|
| Bruce A. Harrell | APR 27 2011 | | | | | |
| ENTITY NO. | Reporting For: Self Spouse S | | | | | |
| | Registered Domestic Partner Dependent | | | | | |
| LEGAL NAME: University of Washington POSITION OR PERCENT OF OWNERSHIP | | | | | | |
| TRADE OR OPERATING NAME: | Reg | | | | | |
| ADDRESS: 139 Gerberding Hall, PO Box 351264 Seattle, WA 98195-1264 | • | | | | | |
| BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: | | | | | | |
| PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNI Purpose of payments | | Amount (actual dollars) | | | | |
| | • | \$ | | | | |
| PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMEN Agency name: | | Purpose of payment (amount not required) | | | | |
| PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOME Customer name: | | Purpose of payment (amount not required) | | | | |
| WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DII and assessed value of property is over \$20,000. List street addressed to the | ess, assessor parcel number, or legal description | n and county for each par | cel): | | | |
| Person to Whom Services Rendered | | | | | | |
| T CISCILLO WILDING SELVICES INCHILLERED | Description of Legislation, Rules, Etc. | Compensation | (Use Code) | | | |
| C FOOD TRAVEL SEMINARS (continued) | | | | | | |
| Date Received Donor's Name, City and State | Brief Description | Actual Dollar Amount | Value (Use Code) | | | |

PDC FORM PUSEIC **DISCLOSURE COMMISSION** M PDC OFFICE USE 711 CAPITOL WAY RM 206 0 PERSONAL FINANCIAL PO BOX 40908 S **OLYMPIA WA 98504-0908** AFFAIRS STATEMENT DATE FILED PDC (360) 753-1111 (11/08)**TOLL FREE 1-877-601-2828** RAPR 14 2011 DOLLAR Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** \$1 to \$3,999 Incumbent elected and appointed officials -- by April 15. Α Deadlines: В \$4,000 to \$19,999 Candidates and others -- within two weeks of becoming a ٧ C \$20,000 to \$39,999 candidate or being newly appointed to a position. Ε D \$40,000 to \$99,999 \$100,000 or more SEND REPORT TO PUBLIC DISCLOSURE COMMISSION F Last Name First Middle Initial Names of immediate family members, including registered domestic partner. If there is no reportable information to Harrell Bruce Α. disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for Mailing Address (Use PO Box or Work Address) * P.O. Box 21208 City County Zip + 4Joanne Harrell 98111 Seattle King Office Held or Sought Filing Status (Check only one box.) Office title: An elected or state appointed official filing annual report City Councilmember Final report as an elected official. Term expired: County, city, district or agency of the office, Candidate running in an election: month 11 year <u>2011</u> name and number: Seattle City Council Newly appointed to an elective office Position number: #3 Newly appointed to a state appointive office Term begins: 01/01/12 ends: 12/31/15 Professional staff of the Governor's Office and the Legislature List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a 1 INCOME family member, including registered domestic partner, received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse) Show Self (S) Spouse (SP/DP) Dependent (D) Name and Address of Employer or Source of Compensation Occupation or How Compensation Amount: Was Earned (Use Code) (S) City of Seattle, 600 4th Avenue, Floor 2, Seattle, WA 98124 City Councilmember Ε (SP) Microsoft Corporation, One Microsoft Way, Redmond, WA 98052 General Manager Ε (SP) Recreational Equipment, Inc., 222 Yale Ave N., Seattle, WA 98101 Director D (SP) AAA of Washington, 1745 - 114th Avenue SE, Bellevue, WA 98004 Director R Check Here

if continued on attached sheet List street address, assessor's parcel number, or legal description AND county for each parcel of Washington 2 real estate with value of over \$10,000 in which you or a family member, including registered domestic partner, **REAL ESTATE** 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 Name and Address of Purchaser Nature and Amount (Use Code) of Payment or Value Consideration Receive (Use ode) Property Purchased or Interest Acquired Creditor's Security Given Payment Mortgage Amount - (Use Name/Address Terms Code) Original Current All Other Property Entirely or Partially Owned Bank of America, 4th & Mortgage Ε Ε 4102 51ST Ave. S., Seattle, WA 98118 Ε 20% down. Madison, Sea, WA 98101 4.3% for 15 yrs Ε 4.8% for 20 yrs Mortgage Bank of America, 4th & 5719 42nd Ave. S. Seattle, WA 98118 Ε Madison, Seattle, WA E Ε 98101 10617 NE 10th, Bellevue, WA 98004 Ε 4.3% for 20 yrs Mortgage Wells Fargo PO Box 10335

Des Moines, IA 50306-

0335

Check here if continued on attached sheet

| 3 | | st bank and savings account tangible property held during | | | k, bonds a | and other | |
|-------------|---|---|--------------------------------|----------------------------------|------------------------|-------------------|--|
| Α. | Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period. | er, including registered domestic partner, had an account any time during the report period. (Use Co | | Asset Value (Use Code) | ode) (Use Code) | | |
| ı | Bank of America, 4 th & Madison, Seattle, WA 98101 Citigroup Smith Barney, 601 Union Street, #5200, Seattle, WA 98101 | Checking and Savings Ac Ind. Retirement/Investment | | DATE FI | LED PDC C 4 7011 | | |
| B. | Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$20,000 during the period. | | | 7411 | 2011 | | |
| C. | Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. | | | | | | |
| | Fidelity Investments, P.O. Box 145421, Cincinnati, OH 45250 (managed by Fidelity) | Retirement Investment Ad | count | E | В | | |
| | Comcast Corporation, P.O. Box 770003, Cincinnati, OH 45277 (managed by Comcast) | Retirement Investment Ac | count | E | В | | |
| | Charles Schwab, Inc., Phoenix Operations Center, PO Box 52114, Phoenix AZ 85072-2114 (managed by Schwab) | Retirement Investment Ac | count | E | В | | |
| Che | ck here 🛛 if continued on attached sheet. | 1 | | L | | | |
| 4 | CREDITORS List each creditor you or a family member, more any time during the period. Do mortgages or real estate reported in Item 2 | n't include retail charge ac | | | AMO (USE (| | |
| | Creditor's Name and Address | Terms of Payment | Secur | ity Given | Original | Present | |
| | Bank of America, 4 th & Madison, Seattle, WA 98101 | 1 | | | _ | _ | |
| | Wells Fargo, PO Box 10335, Des Moines, IA 50306-0335 UNICO Properties, 1215 4 th Ave., Ste 600, Seattle, WA 98101 | Interest only/open ended Interest only/open ended 6-yr monthly lease | t only/open ended Note | | E E | E D E | |
| Che | ck here if continued on attached sheet. | | | | | | |
| exe | All filers answer questions A thru D below. If the answer is YES to a of this report. If all answers are NO and you are a candidate for stoutive officer filing your initial report, no F-1 Supplement is require imbent elected officials and state executive officers filing an annualized of these officeholders unless all answers to questions A thru At any time during the reporting period were you, your spouse, registered domes company, union, association, joint venture or other entity or (2) a partner or mementity including but not limited to a professional limited liability company? Yes | ate of local office, an appoint d. I financial affairs report also r E are NO. lic partner or dependents (1) an office ber of any limited partnership, limited | must answer er, director, gene | question E. A | n F-1 Supp | lement is | |
| В. | | | | | | | |
| Ç. | Did you, your spouse, registered domestic partner or dependents own a business | at any time during the reporting peri | od? <u>No</u> If | yes, complete Su | oplement, Par | t A. | |
| D. | | | | | | | |
| E. | Only for Persons Filing Annual Report. Regarding the receipt of items not proyour spouse, registered domestic partner or dependents (or any combination ther source other than your governmental agency provide or pay in whole or in part for seminar or other training? No If yes to either or both questions, completed. | eof) accept a gift of food or beverage r you, your spouse, registered domes | s costing over \$ | 50 per occasion? | No or 2 | Did any | |
| ALI | FILERS EXCEPT CANDIDATES. Check the appropriate box. | CERTIFICATION: | | | | | |
| | I hold a state elected office, am an executive state officer or profession have read and am familiar with RCW 42.52.180 regarding the use resources in campaigns. | | | contained in the best of my know | wledge. | | |
| \boxtimes | I hold a local elected office. I have read and am familiar with RCW regarding the use of public facilities in campaigns. | 42.17.130 Signature Contact Telephone | (206) 817 | <u>~</u> | April 12, 201 Date | | |
| | NDIDATES: Do not use public agency addresses or telephone numbers act information. | for Email: bruce210@ | msn.com | | (woi | rk) * Optional | |
| | | | | | | | |

Information Continued

DATE FILED PDC

| Name Bruce | A. Harrell | | | · —— | | | ADW | 14 20' | 11 |
|---|---|----------------|----------------------------------|--|--|---|--|----------------------------|-----------------|
| 1 INCOME (continued) | | | | | | | | | |
| Show Self (S) Spouse (SP/DP) Dependent (D) (SP) | Name and Address of Employe University of Washington, 139 Gerberding Hall, Box Seattle, WA 98195-1264 | ı, x 351264 | | | Occupation or How Compensation Was Earned Regent | | ation | Amount: (Use Code) B | |
| | | | | | | | ···· | | |
| 2 | REAL ESTATE (continued | I) | • | | | | | | |
| Property Sold or Interest Divested Assessed Value (Use Code) Name and Advance (Use Code) | | | | dress of Purc | haser | Nature and Amount (Use Code) of Payment or Consideration Received | | | |
| Property Pur | Property Purchased or Interest Acquired Creditor's Nam | | ne/Address | Payment Terms | Security Giv | 1 | rtgage Amount - (Use Code) Original Current | | |
| All Other Pro | perty Entirely or Partially Owned | · | | | | | | | |
| 3 AS | SETS / INVESTMENTS - INTERE | ST / DIVIDEN | DS (coi | ntinued) | | | ••• | | |
| Name and address of each bank or financial institution | | | ٠. | Type of Ac | count or Descriptio | n of Asset | Asset Value (Use Code) | | Amount Code) |
| B. Name a | and address of each insurance co | mpany | | | | | (230 300) | (000 | , |
| C. Name agency | and address of each compan | y, association | , government | | | | | | |
| Janus Capit (Managed b | al Group, P.O. Box 173375, Denv y Janus) | er, CO 80217 | _ | Retirement Account | | | D | 1 | 3 |
| by Agent) | nith Barney, 601 Union St, #5200 | | I01 (Managed | Retirement Account/Investment Account | | E | | | |
| Pioneer Inve | ne Microsoft Way, Redmond, WA estments, P.O. Box 55014, Bost | | (Managed by | Retirement Acct/Investment Acct/Stock Retirement Account | | E B | 1 | 3 4 | |
| Pioneer) Google Inc., 1600 Amphitheatre Parkway, Mountain View, CA 94043 Hewlett Packard, 3000 Hanover Street, MS 1050, Palo Alto, CA 94304 U.S. Bank, N.A., 800 Nicollett Mall, Minneapolis, MN 55402 Starbucks Corporation, P O Box 34067, 2401 Utah Ave S, Sea, WA 98134 | | | Stock Stock Stock Stock | | D B B | A A A | | | |
| The Allstate Corporation, 2775 Sanders Road, Northbrook, IL 60062 The Boeing Company, 100 N. Riverside, Chicago, IL 60606-1596 | | | Stock Stock | | A B | A | | | |
| Johnson & Johnson, One Johnson & Johnson Plaza, New Brunswick, New Jersey 08933 | | | Stock | | В | Ä | | | |
| Comcast Corporation, One Comcast Center, Phil, PA 19103-2838 AT&T Corporation, 208 S.Akard St, Dallas TX, 75202 | | | Stock Stock | | A A | | A A | | |
| 4 CREDITORS (continued) | | | | | | | 1 | OUNT CODE) | |
| Creditor's Name and Address | | | Terms | s of Payment | Securi | ty Given | Original | Present | |
| | | | | | | | | | |

RECEIVED

JAN 12 2010

Public Disclosure Commission

Bruce A. Harrell P.O. Box 21208 Seattle, WA 98111

DATE FILED PDC

JAN 1 1 2010

January 8, 2010

Washington Public Disclosure Commission 711 Capitol Way, Room 206 P.O. Box 40908 Olympia, WA 98504-0908

Seattle City Clerk 600 Fourth Avenue, Third Floor P.O. Box 94728 Seattle, WA 98124-4728

RE: Bruce A. Harrell, Seattle City Councilmember

PDC Form F-1, Personal Financial Affairs Statements and Supplemental Pages

To Whom It May Concern:

Enclosed you will find my executed Public Disclosure Commission Forms, F-1 Personal Financial Affairs Statement and F-1 Supplemental Page. These documents are submitted to begin my 2011 campaign. Also attached are completed C-1 forms.

Please file or record each document in conformity with your standard procedures. If you have any questions, feel free to call me at (206) 650-0495.

Sincerely,

Bruce A. Harrell

PDC FORM PUBLIC DISCLOSURE COMMISSION M PDC OFFICE USE 711 CAPITOL WAY RM 206 0 PERSONAL FINANCIAL **PO BOX 40908** S OLYMPIA WA 98504-0908 AFFAIRS STATEMENT (360) 753-1111 (11/08)**TOLL FREE 1-877-601-2828** DATE FILED PDC DOLLAR Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** JAN 1 1 2010 Incumbent elected and appointed officials -- by April 15. \$1 to \$3,999 В \$4,000 to \$19,999 Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position. С \$20,000 to \$39,999 D \$40,000 to \$99,999 Ε D SEND REPORT TO PUBLIC DISCLOSURE COMMISSION Ε \$100,000 or more Last Name First Middle Initial Names of immediate family members, including registered Harrell domestic partner. If there is no reportable information to Bruce Α. disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for Mailing Address (Use PO Box or Work Address) * P.O. Box 21208 City County Zip + 4Seattle 98111 King (SP) Joanne Harrell Filing Status (Check only one box.) Office Held or Sought An elected or state appointed official filing annual report Office title: City Councilmember Final report as an elected official. Term expired: County, city, district or agency of the office, Candidate running in an election: month 11 year 2011 name and number: Seattle City Council Newly appointed to an elective office Position number: #3 Newly appointed to a state appointive office Term begins: 1/1/12 ends: 12/31/15 Professional staff of the Governor's Office and the Legislature List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family INCOME member, including registered domestic partner, received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse) Name and Address of Employer or Source of Compensation Occupation or How Compensation Amount: Dependent (D) Was Earned (Use Code) City of Seattle, 600 4th Avenue, Floor 2, Seattle, WA 98124 City Councilmember Ε (S) Microsoft Corporation, One Microsoft Way, Redmond, WA 98052 General Manager Ε (SP) Recreational Equipment, Inc., 222 Yale Ave N., Seattle, WA 98101 Director D (SP) AAA of Washington, 1745 - 114th Avenue SE, Bellevue, WA 98004 Director C (SP) Check Here [] if continued on attached sheet List street address, assessor's parcel number, or legal description AND county for each parcel of Washington **REAL ESTATE** real estate with value of over \$10,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.) Property Sold or Interest Divested Nature and Amount (Use Code) of Payment or Assessed Name and Address of Purchaser Value Consideration Receive (Use Code) Mortgage Amount - (Use Code) Security Given Mortgage Original Current All Other Property Entirely or Partially Owned Bank of America, 4th & 4102 51ST Ave. S., Seattle, WA 98118 Madison, Sea, WA Ε 20% down, Mortgage Ε Ε 98101 4.8% for 15 yrs Bank of America, 4th & 5719 42nd Ave. S. Seattle, WA 98118 E Madison, Seattle, WA 5.6% for 30vrs Mortgage Ε Ε 98101 10617 NE 10th, Bellevue, WA 98004 Check here if continued on attached sheet Ε Wells Fargo, PO Box 4.8 for 30 yrs 10335, Des Moines, IA Mortgage Ε Ε 50306-0335

| 3 | int | st bank and savings account tangible property held during | s, insurance | policies, stoo | k, bonds | and other | |
|---|--|--|-------------------------------|-------------------------------------|-----------------------------------|-----------------|--|
| A. | Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period. | | on of Asset | Asset Value (Use Code) | | Amount Code) | |
| | Bank of America, 4 th & Madison, Seattle, WA 98101 | Checking and Savings Accou | ınt | D |] , | Α | |
| | Citigroup Smith Barney, 601 Union Street, #5200, Seattle, WA 98101 | Ind. Retirement/Investment A | ccount | E | | С | |
| B. | Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$20,000 during the period. | | | | | | |
| C. | Name and address of each company, association, government agency, etc. in which you, a family member, including registered | | | DATE FIL | ED P[| C | |
| | domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. | | | JAN 1 | L 2010 | | |
| | Fidelity Investments, P.O. Box 145421, Cincinnati, OH 45250 (managed by Fidelty) | Retirement Investment | Account | E | A | 4 | |
| | Comcast Corporation, P.O. Box 770003, Cincinnati, OH 45277 (managed by Comcast) | Retirement Investment | Account | E | [| В | |
| ~, | Charles Schwab, Phoenix Operations Center, PO Box 52114, Phoenix, AZ 85072-2114 | Retirement Investment | etirement Investment Account | | В | | |
| Che | eck here if continued on attached sheet. | | | | | | |
| 4 | CREDITORS List each creditor you or a family member, more any time during the period. Dor mortgages or real estate reported in Item 2. | n't include retail charge acc | c partner, ow counts, cred | red \$2,000 or lit cards, or | AMO (USE (| | |
| | Creditor's Name and Address | Terms of Payment | Securi | ity Given | Original | Present | |
| | Bank of America, 4th & Madison, Seattle, WA 98101 | Interest only/open ended | 1 | | _ | | |
| | Citigroup Smith Barney, 601 Union St., #200, Seattle, WA 98101 | Interest only/open ended | | lote tock | E D | C B | |
| | UNICOProperties, 1215 4th Ave., Ste 600, Seattle, WA 98101 | 6 yr monthly lease | | lote | E | E | |
| Chec | ck here if continued on attached sheet. | | | | | _ | |
| All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required. Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO. A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability company? Yes If yes, complete Supplement, Part A. B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? No If yes, complete Supplement, Part A. C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? No If yes, complete Supplement, Part B. D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? No If yes, complete Supplement, Part B. E. Only for Persons Filing Annual Report. Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? No or 2) Did any source other t | | | | | | | |
| ALI | L FILERS EXCEPT CANDIDATES. Check the appropriate box. | CERTIFICATION: | certify und | der penalty o | f periury | that the | |
| | I hold a state elected office, am an executive state officer or professional have read and am familiar with RCW 42.52.180 regarding the use of resources in campaigns. | ul staff / / / / / / | information co | ontained in this best of my knov | s report is wledge 01/08/10 | true and | |
| ☒ | I hold a local elected office. I have read and am familiar with RCW 42 regarding the use of public facilities in campaigns. | 2.17.130 Contact Telephone: | (206) 817- | 5155 | Date | | |
| CAI | NDIDATES: Do not use public agency addresses or telephone numbers fo act information. | Email: bruce210@ms | | | (work) * (Home) (| Optional | |
| | | 1 | | | | | |

DATE FILED PDC F-1

| 11110111 | lation continued | | | | | 4 1 201 | a | | |
|---|---|--------------------------------------|------------------|--------------------------|------------------------------|------------------------------|------------------------|----------------------|-----------------------|
| Name Bru | ce A. Harrell | | | | JAI | N 1 1 201 | ט | | |
| 1 INCOME (continued) | | | | | | | | | |
| Show Self (S) Spouse (SP/DP) Dependent (D) | Name and Address of Employe | f Employer or Source of Compensation | | | Occupation or Ho Was Earn | | ation | Amount: (Use Code | *) |
| 2 | REAL ESTATE (continued | 1) | | | | | | | |
| Property Sold or Interest Divested Assessed Value (Use Code) Name and Add | | | dress of Purch | naser | | Amount (Use C on Received | ode) of Payı | nent or | |
| Property Pu | rchased or Interest Acquired | | Creditor's Nar | πe/Address | Payment Terms | Security Giv | ven Mortgag Origin | | (Use Code) Current |
| All Other Pro | operty Entirely or Partially Owned | | | | | | | | |
| 3 AS | SETS / INVESTMENTS - INTERE | ST / DIVIDENI | DS (co | ntinued) | | | | | |
| A. Name | and address of each bank or finan | cial institution | | Type of Ac | count or Descriptio | n of Asset | Asset Value (Use Code) | 1 | Amount Code) |
| B. Name | and address of each insurance co | mpany | | | | | (030 0000) | (030 | Oudc) |
| C. Name | and address of each compan | y, association | government | | | | | | |
| | tal Group, P.O. Box 173375, Denv | er, CO 80217 | | Retirement Account D | | | D | | Ā |
| | mith Barney, 601 Union St, #5200 | , Sea, WA 981 | 01 (Managed | Retirement | Account/Investme | nt Account | E | | С |
| Microsoft, C | One Microsoft Way, Redmond, WA estments, P.O. Box 55014, Boston, M | | ed by Pioneer) | Retirement Retirement | Acct/Investment A | cct/Stock | E B | • | B A |
| Dell Inc. P.0 | O. Box 80409, Austin, TX 78708 terns, 345 Park Avenue, San Jose, | , , | ou by I lolledly | Stock | 7.000unt | | Α |] . | Α |
| Precision C | ast Parts, 4650 SW Macadam Ave., | #440, Portland, | | Stock Stock | | | B B | | A A |
| | p., 4333 Brooklyn Avenue NE., Se ., 942 South Shady Grove road, M | | | Stock Stock | | | B B | | A A |
| | c., 399 Park Avenue, New York, N , 1600 Amphitheatre Parkway, Mo | | 2 04043 | Stock Stock | | | Α | , | Α |
| Hewlett Pac | kard, 3000 Hanover Street, MS 10 | 50, Palo Alto, | CA 94304 | Stock | | | C A | | A A |
| | Corporation, One McDonald's Pla oration, 1801 California Street, De | | | Stock Stock | | | B A | 1 | A A |
| | N.A., 800 Nicollett Mall, Minneapol Corporation, P O Box 34067, 2401 U | | \A/A QR134 | Stock Stock | | | B B | 4 | Α |
| The Allstate | Corporation, 2775 Sanders Road | , Northbrook, IL | . 60062 | Stock | | | Α | , | A A |
| | One Amgen Center Drive, Thouse Company, 100 N. Riverside, Chic | | | Stock Stock | | | B B | | A A |
| | de Nemours and Company ("DuP | | | Stock | | | Ā | | Ä |
| Johnson & | Johnson, One Johnson & Johnson | n Plaza, New B | runswick, | Stock | | | С | , | Α |
| New Jersey Comcast Co | 08933 orporation, One Comcast Center, F | Phil, PA 19103 | -2838 | Stock | | | Α | | A |
| 4 cr | REDITORS (continued) | | | | | | | AMC | OUNT CODE) |
| | Creditor's Name and Ad | Idress | | Terms | of Payment | Securi | ty Given | Original | Present |
| | | | | | | | | | |
| | | | | | | 1 | | | 1 |



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

F-1

JAN 1 1 2010

SUPPLEMENT PAGE
PERSONAL FINANCIAL AFFAIRS STATEMENT

SUPPLEMENT

| | <u> </u> | | |
|-------------------------------------|--|---|---|
| PROVIDE INFORMATION YOUR HOUSEHOLD | FOR YOURSELF, SPOUSE, REGISTERED D | OMESTIC PARTNER, DEPENDENT CHIL | DREN AND OTHER DEPENDENTS IN |
| Last Name | First | Middle Initial | DATE |
| Harrell | Bruce | Α. | April 13, 2009 |
| OFFICE HEL BUSINESS INTERESTS | dependents (1) were an officer, director, googanization, union, partne (2) were a partner or membe | during the reporting period, you, your seneral partner, trustee, or 10 percent or ship, joint venture or other entity; and/or of a limited partnership, limited liability not limited to a professional limited liability | more owner of a corporation, non-profit partnership, limited liability company or |
| • | Legal Name: Report name used on legal doc | uments establishing the entity. | |
| • | Trade or Operating Name: Report name used | | legal name. |
| • | Position or Percent of Ownership: The office, | | |
| • | Brief Description of the Business/Organization | | ` ' |
| • | Payments from Governmental Unit: If the go entity concerning which you're reporting, show | overnmental unit in which you hold or seel ϵ the purpose of each payment and the act | coffice made payments to the business ual amount received. |
| • | Payments from Business Customers and Ot proprietorship, union, association, business c seek/hold office) which paid compensation of services or other consideration was given or p | or other commercial entity and each gove \$10,000 or more during the period to the | rnment agency (other than the one you |
| • | Washington Real Estate: Identify real estate | owned by the business entity if the qualifica | ations referenced below are met. |
| ENTITY NO. 1 | | Reporting For: Self | ☐ Spouse ⊠ |
| | | Registered Don | nestic Partner Dependent |
| LEGAL NAME: Recre | eational Equipment, Inc. | POSITION OR | PERCENT OF OWNERSHIP |
| TRADE OR OPERATING N | NAME: | Board o | f Directors |
| ADDRESS: 222 Yale | Avenue, Seattle, WA 98101 | | |
| BRIEF DESCRIPTION OF | THE BUSINESS/ORGANIZATION: | | |
| Seller of recreatio | nal equipment | | |
| | EIVED FROM GOVERNMENTAL UNIT IN WH | | unt (actual dollars) |
| | | · \$ | |
| DAVIAGNITO GNITITY DE CO | SINCE PROMOTHER CONTENTS OF THE | • | |
| Agency | EIVED FROM OTHER GOVERNMENT AGEN(name: | | ose of payment (amount not required) |
| | | | |

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here if continued on attached sheet

Customer name:

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

CONTINUE PARTS B AND C ON NEXT PAGE

Purpose of payment (amount not required)

|--|

DATE FILED PDC F-1 Supplement

| Name Bruce A. Harrell | JAN 1 1 2010 | | | | | | |
|--|---|---------------------------------------|-------------------|--|--|--|--|
| ENTITY NO. 2 | | If Spouse 🛛 | | | | | |
| 2 | · · · | | pendent | | | | |
| LEGAL NAME: AAA of Washington | · | R PERCENT OF OWNE | · | | | | |
| TRADE OR OPERATING NAME: AAA | | of Directors | | | | | |
| ADDRESS: 1745 - 114 th Avenue SE, Bellevue, W | | | | | | | |
| | | | | | | | |
| RIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: | | | | | | | |
| Automobile towing and highway safety service | es. | | | | | | |
| PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNI | | | | | | | |
| Purpose of payments | | ount (actual dollars) | | | | | |
| | \$ | | | | | | |
| PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT Agency name: | • • | pose of payment (amou | nt not required) | | | | |
| , , | | , , , , , , , , , , , , , , , , , , , | | | | | |
| DAYMENTS ENTITY DECEMED FROM DUSINESS OUSTONE | DC OF \$40,000 OD MODE | | | | | | |
| PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOME Customer name: | | rpose of payment (amou | nt not required) | | | | |
| | | | | | | | |
| WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DI | RECT FINANCIAL INTEREST (Complete only if | ownership in the ENTIT | Y is 10% or more | | | | |
| and assessed value of property is over \$20,000. List street address | ess, assessor parcel number, or legal description a | and county for each parc | el): | | | | |
| | | | | | | | |
| | | | | | | | |
| Check here ☐ if continued on attached sheet | | | | | | | |
| List persons for whom you, or | any immediate family member, including re- | gistered domestic par | tner, lobbied or | | | | |
| | e rules, rates, or standards for compensation ich you are an elected official or professional s | | tion. Do not list | | | | |
| Person to Whom Services Rendered | Description of Legislation, Rules, Etc. | Compensation (| Use Code) | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Check here ☐ if continued on attached sheet | | | | | | | |
| TRAVEL portion of the following items to | e other than your own governmental agency (o you, your spouse, registered domestic part | iner or dependents, o | r a combination | | | | |
| SEMINARS thereof: 1) Food and beverages programs or other training. | costing over \$50 per occasion; 2) Travel oc | casions; or 3) Semin | ars, educational | | | | |
| Date Donor's Name, City and State Received | Brief Description | Actual Dollar | Value | | | | |
| Neceived | | Amount . | (Use Code) | | | | |
| | | \$ | | | | | |
| | | | | | | | |
| | | | | | | | |
| 1 | | | | | | | |



RECEIVED

APR 14 2009

Public Disclosure Commission

April 13, 2009

DATE FILED PDC APR 1 3 2009

Washington Public Disclosure Commission 711 Capitol Way, Room 206 P.O. Box 40908 Olympia, WA 98504-0908

Seattle City Clerk 600 Fourth Avenue, Third Floor P.O. Box 94728 Seattle, WA 98124-4728

RE: Bruce A. Harrell, Seattle City Councilmember

PDC Form F-1, Personal Financial Affairs Statements and Supplemental Pages

To Whom It May Concern:

Enclosed you will find my executed Public Disclosure Commission Forms, F-1 Personal Financial Affairs Statement and F-1 Supplemental Page. These documents are submitted in accordance with RCW 42.17.240 and Seattle Municipal Code 4.16.080(A).

Please file or record each document in conformity with your standard procedures. If you have any questions, feel free to call me at (206) 684-8804.

Sincerely,

Bruce A. Harrell

City Councilmember

DISCLOSURE COMMISSION PDC FORM M PDC OFFICE USE 711 CAPITOL WAY RM 206 0 PERSONAL FINANCIAL PO BOX 40908 OLYMPIA WA 98504-0908 DATE FILED PDC AFFAIRS STATEMENT (360) 753-1111 (11/08)**TOLL FREE 1-877-601-2828 DOLLAR PAPR 1 3 2009** Refer to instruction manual for detailed assistance and examples AMOUNT CODE \$1 to \$3,999 Deadlines: Incumbent elected and appointed officials -- by April 15. В Candidates and others -- within two weeks of becoming a \$4,000 to \$19,999 С \$20,000 to \$39,999 candidate or being newly appointed to a position. Ε D \$40,000 to \$99,999 SEND REPORT TO PUBLIC DISCLOSURE COMMISSION F \$100,000 or more Last Name First Middle Initial Names of immediate family members, including registered Harrell domestic partner. If there is no reportable information to Bruce A. disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for Mailing Address (Use PO Box or Work Address) * P.O. Box 34025 City County Zip + 4(SP) Joanne Harrell Seattle 98124-4025 King Filing Status (Check only one box.) Office Held or Sought An elected or state appointed official filing annual report Office title: City Councilmember Final report as an elected official. Term expired: County, city, district or agency of the office, Candidate running in an election: month ____ year name and number: Seattle City Council Newly appointed to an elective office Position number: Newly appointed to a state appointive office Term begins: ends: December 2012 January 2008 Professional staff of the Governor's Office and the Legislature List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a INCOME family member, including registered domestic partner, received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse) Show Self (S) Spouse (SP/DP) Dependent (D) Name and Address of Employer or Source of Compensation Occupation or How Compensation Amount: Was Earned (Use Code) City of Seattle, 600 4th Avenue, Floor 2, Seattle, WA 98124 City Councilmember Ε (S) Microsoft Corporation, One Microsoft Way, Redmond, WA 98052 General Manager Ε (SP) Recreational Equipment, Inc., 222 Yale Ave N., Seattle, WA 98101 Director D (SP) AAA of Washington, 1745 - 114th Avenue SE, Bellevue, WA 98004 Director (SP) : Check Here I if continued on attached sheet List street address, assessor's parcel number, or legal description AND county for each parcel of Washington **REAL ESTATE** real estate with value of over \$10,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.) Property Sold or Interest Divested Nature and Amount (Use Code) of Payment or Assessed Name and Address of Purchaser Value Consideration Receive (Use Code) Property Purchased or Interest Acquired Creditor's Name/Address Security Given Payment Terms Mortgage Amount - (Use Code) 10617 NE 10th, Bellevue, WA 98004 Е Wells Fargo 5% for 30 yrs Mortgage Original Current PO Box 10335 Des Moines, IA 50306-Ε Ε All Other Property Entirely or Partially Owned 4102 51ST Ave. S., Seattle, WA 98118 Bank of America, 4th & 20% down, Mortgage Madison, Sea, WA 98101 5.14% for 15 yrs Ε E 5719 42nd Ave. S. Seattle, WA 98118 Bank of America, 4th & 5.6% for Mortgage Ε Madison, Seattle, WA 30yrs Check here if continued on attached sheet 98101

| | ··· | | | | | | | |
|--|---|---|---|--|----------------------------|--|----------------|-----------------|
| 3 | ASSETS / INVES | STMENTS - INTEREST / DIVIDENDS | | d savings accounts operty held during t | | • | k, bonds a | and other |
| Α. | family member, includi | each bank or financial institution in which you ing registered domestic partner, had an acco during the report period. | | Account or Description | n of Asset | Asset Value (Use Code) | Income (Use | Amount Code) |
| | Bank of America, 4th & | Madison, Seattle, WA 98101 | Checking | g and Savings Accour | nt | D | 1 | ٠, |
| | | y, 601 Union Street, #5200, Seattle, WA 981 | 01 Ind. Reti | rement/Investment Ac | count | E | | |
| В | member, including reg | each insurance company where you, a far gistered domestic partner, had a policy wit r \$20,000 during the period. | | | | | | |
| C. | agency, etc. in which domestic partner, own- Include stocks, bonds other intangible prope partner and/or depend individual assets/investand any income am | of each company, association, government you, a family member, including registered or had a financial interest worth over \$2,0 per to the property of the pro | ered 2000. and estic ding alue an | | | | | |
| | Fidelity Investments (managed by Fidelty | , P.O. Box 145421, Cincinnati, OH 452 /) | 250 Retirer | nent Investment A | ccount | E | , , , | 4 |
| | Comcast Corporatio (managed by Comca | n, P.O. Box 770003, Cincinnati, OH 452 ast) | 277 Retirer | nent Investment A | ccount | E | E | 3 |
| Che | eck here ⊠ if continued | on attached sheet. | | | | | | |
| 4 | CREDITORS | List each creditor you or a family mem more any time during the period. mortgages or real estate reported in Ite | Don't include | registered domestic e retail charge acc | partner, ov ounts, cred | ved \$2,000 or dit cards, or | | OUNT CODE) |
| | Cred | litor's Name and Address | | ms of Payment | Secur | ity Given | Original | Present |
| | | | 1 | | | | | |
| | | Madison, Seattle, WA 98101 | | t only/open ended | | Note | E | E |
| | | y, 601 Union St., #200, Seattle, WA 98101 | l l | t only/open ended | | Stock | D C | A |
| | | nion, P.O. Box 780, Seattle, WA 98111 | ' | D 5.45% | | Note Note | C | B B |
| | | Box 60144, City of Industry, CA 91716 | 1 | or 48 mos. | | Note | E | E |
| | UNICOProperties, 121 | 5 4 th Ave., Ste 600, Seattle, WA 98101 | 6 yr m | onthly lease | • | 1010 | _ | L |
| Chec | k here 🔲 if continued on attach | ned sheet. | | | | | | |
| All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required. Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO. A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? Yes If yes, complete Supplement, Part A. | | | | | | | | |
| В. | at any time during the re | gistered domestic partner or dependents have an ox porting period? No If yes, complete Suppleme | ent, Part A. | | | | | |
| C. | | gistered domestic partner or dependents own a bus | | | | | | |
| D. | D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? No If yes, complete Supplement, Part B. | | | | | | | |
| E. Only for Persons Filing Annual Report. Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year. 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? No or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? No If yes to either or both questions, complete Supplement, Part C. | | | | | | | | |
| AL | L FILERS EXCEPT CA | NDIDATES. Check the appropriate box. | | CERTIFICATION: | | | | |
| | have read and am fa resources in campaign | | use of public | | | contained in the person of the contained in the contained | | |
| \boxtimes | | office. I have read and am familiar with RO ublic facilities in campaigns. | CW 42.17.130 | Contact Telephone: | • | | | l. > * |
| | ANDIDATES S | multiple and a second s | hara far | Email: <u>bruce.harre</u> | II@seattle.ge | OV . | ` | ork) * |
| | ANDIDATES: Do not use stact information. | e public agency addresses or telephone num | Dels (Of | Email: | • | | (Home) | Optional |

: Information Continued

DATE FILED PDC F-1

| Name | | | | ADr | 1 6 2000 | | |
|--|-------------------------------------|---------------------|-----------------------------|---------------------------------------|-----------------|--------------------------|---------------------------------------|
| Bruce A. Harrell | · | | | API | 1 3 2009 | | |
| INCOME (continued) | | | | | | | |
| Show Self (5) Spouse (SPIDP) Dependent (D) Name and Address of Employe | er or Source of | Compensation | | Occupation or H Was Ear | | ation | Amount: (Use Code) |
| 2 REAL ESTATE (continue | d) | | | | | | |
| Property Sold or Interest Divested Assessed Value (Use Code) Name and Add Value (Use Code) | | | dress of Puro | haser | | Amount (Use Con Received | Code) of Payment or |
| Property Purchased or Interest Acquired | | Creditor's Na | me/Address | Payment Terms | Security Gi | ven Mortgag Origir | le Amount - (Use Code) nal Current |
| All Other Property Entirely or Partially Owned | | | | | | | |
| 3 ASSETS / INVESTMENTS - INTER | EST / DIVIDEN | DS (cc | entinued) | <u> </u> | | | |
| A. Name and address of each bank or final | ncial institution | *** | Type of Ac | count or Description | on of Asset | Asset Value | Income Amount |
| B. Name and address of each insurance co | ompany | | , | | | (Use Code) | (Use Code) |
| Name and address of each compar agency | | | | | | | |
| Janus Capital Group, P.O. Box 173375, Denv (Managed by Janus) | ver, CO 80217 | | Retirement Account D | | | D | A |
| Citigroup Smith Barney, 601 Union St, #5200 by Agent) |), Sea, WA 981 | 01 (Managed | Retirement | Account/Investme | ent Account | E | С |
| Microsoft, One Microsoft Way, Redmond, WA Pioneer Investments, P.O. Box 55014, Boston, N | 98052 | alle Birer | | Acct/Investment A | Acct/Stock | E | В |
| Dell Inc. P.O. Box 80409, Austin, TX 78708 | | d by Pioneer) | Retirement Account Stock | | | B A | A |
| Adobe Systems, 345 Park Avenue, San Jose Precision Cast Parts, 4650 SW Macadam Ave. | | 00.07000 | Stock | • | | В | A |
| Safeco Corp., 4333 Brooklyn Avenue NE., Se | , #440, Portiand eattle, WA 9818 | , OR 97239 35 | Stock Stock | | | B B | A A |
| Fedex Corp., 942 South Shady Grove road, N Citigroup Inc., 399 Park Avenue, New York, N | Memphis, TN 38 | | Stock | | | B | Ä |
| Google Inc., 1600 Amphitheatre Parkway, Mo | ountain View, CA | 94043 | Stock Stock | • | | A C | A A |
| Hewlett Packard, 3000 Hanover Street, MS 1 | 050, Palo Alto, | CA 94304 | Stock | | | Α | Â |
| McDonald's Corporation, One McDonald's Pla Qwest Corporation, 1801 California Street, De | enver, Colorado | 1L 60523 80202 | Stock Stock | | | B A | A A |
| U.S. Bank, N.A., 800 Nicollett Mall, Minneapo | lis, MN 55402 | | Stock | | | В | Â |
| Starbucks Corporation, P O Box 34067, 2401 Utah Ave S, Sea, WA 98134 The Allstate Corporation, 2775 Sanders Road, Northbrook, IL 60062 | | Stock Stock | | İ | B A | Α . | |
| Amgen Inc., One Amgen Center Drive, Thousand Oaks, CA 91320-1799 | | Stock | | | В | A A | |
| The Boeing Company, 100 N. Riverside, Chic E.I. du Pont de Nemours and Company ("DuF | ago, IL 60606- Pont"), 1107 Ma | 1596 rket Street | Stock Stock | | | B A | A A |
| Wilmington, DE 19898 | | | | | ļ | | A |
| Johnson & Johnson, One Johnson & Johnso New Jersey 08933 | | | Stock | | | В | Α |
| Comcast Corporation, One Comcast Center, | Phil, PA 19103 | -2838 | Stock | · · · · · · · · · · · · · · · · · · · | i | Α | A |
| 4 CREDITORS (continued) | | <u>.</u> | | | | | AMOUNT (USE CODE) |
| Creditor's Name and Ad | ddress | | Terms | of Payment | Securi | ty Given | Original Present |



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 (11 /08) APR 1 3 2009

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

CONTINUE PARTS B AND C ON NEXT PAGE

| YOUR HOUSEHOLD | | | | | | |
|---|--|--|--|--|--|--|
| Last Name | First | Middle Initial | DATE | | | |
| Harrell | Bruce | Α. | April 13, 2009 | | | |
| A OFFICE BUSINE INTERES | dependents (1) were an officer, director, general particles organization, union, partnership, join (2) were a partner or member of a lim | artner, trustee, or 10 percent or mor t venture or other entity; and/or | use, registered domestic partner or e owner of a corporation, non-profit nership, limited liability company or | | | |
| | Legal Name: Report name used on legal documents e | | ірапу. | | | |
| | Trade or Operating Name: Report name used for busin | - | al agent | | | |
| | Position or Percent of Ownership: The office, title and/ | _ | at name. | | | |
| | Brief Description of the Business/Organization: Report | | | | | |
| | Payments from Governmental Unit: If the governmental | | • • | | | |
| | entity concerning which you're reporting, show the purp | ose of each payment and the actual a | amount received. | | | |
| | Payments from Business Customers and Other Gove proprietorship, union, association, business or other c seek/hold office) which paid compensation of \$10,000 services or other consideration was given or performed | ommercial entity and each governm or more during the period to the entit for the compensation. | ent agency (other than the one you y. Briefly say what property, goods, | | | |
| | Washington Real Estate: Identify real estate owned by | the business entity if the qualification | s referenced below are met. | | | |
| ENTITY NO. 1 | | Reporting For: Self | Spouse 🛛 | | | |
| | | Registered Domesti | c Partner Dependent D | | | |
| LEGAL NAME: Re | LEGAL NAME: Recreational Equipment, Inc. POSITION OR PERCENT OF OWNERSHIP | | | | | |
| TRADE OR OPERATII | IG NAME: | Board of D | irectors | | | |
| ADDRESS: 222 Yale Avenue, Seattle, WA 98101 | | | | | | |
| | | | | | | |
| BRIEF DESCRIPTION | OF THE BUSINESS/ORGANIZATION: | | | | | |
| | OF THE BUSINESS/ORGANIZATION: tional equipmetn | | | | | |
| Seller of recrea | • | | actual dollars) | | | |
| Seller of recrea | tional equipmetn ECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU | | actual dollars) | | | |
| Seller of recrea | tional equipmetn ECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU | | actual dollars) | | | |
| Seller of recrea | tional equipmetn ECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU | Amount (i \$ \$10,000 OR MORE: | actual dollars) of payment (amount not required) | | | |
| Seller of recrea | tional equipmetn ECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU pose of payments ECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$ | Amount (i \$ \$10,000 OR MORE: Purpose of | , | | | |
| Seller of recrea PAYMENTS ENTITY R PAYMENTS ENTITY R Aga PAYMENTS ENTITY R Cu | ECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU pose of payments ECEIVED FROM OTHER GOVERNMENT AGENCIES OF sency name: ECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OF | Amount (i \$ \$10,000 OR MORE: Purpose of R MORE Purpose of | of payment (amount not required) of payment (amount not required) | | | |

Page 2

| Bruce A. Harrell | | | | | | | | | |
|---|--|---------------------------------|---------------------------------------|--|--|--|--|--|--|
| ENTITY NO. 2 | Reporting For | Self Spouse | | | | | | | |
| 2 | Registered Domestic Partner Dependent | | | | | | | | |
| LEGAL NAME: AAA of Washington | POSITIO | N OR PERCENT OF OWNER | RSHIP | | | | | | |
| TRADE OR OPERATING NAME: AAA | Во | ard of Directors | | | | | | | |
| ADDRESS: 1745 – 114 th Avenue SE, Bellevue, WA | A 98004 | | | | | | | | |
| BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: | RIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: | | | | | | | | |
| Automobile towing and highway safety services. | | | | | | | | | |
| PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT | Γ IN WHICH YOU SEEK/HOLD OFFICE: | | | | | | | | |
| Purpose of payments | | Amount (actual dollars) | | | | | | | |
| | | \$ | | | | | | | |
| PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT Agency name: | FAGENCIES OF \$10,000 OR MORE: | Purpose of payment (amoun | nt not required) | | | | | | |
| | | | : | | | | | | |
| PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMER | RS OF \$10,000 OR MORE | Durana of navenant (amoun | at a at many impad | | | | | | |
| Customer name: | | Purpose of payment (amour | it not required) | | | | | | |
| | DESCRIPTION OF THE PROPERTY OF | to the community in the ENITITY | / i= 400/ == ==== | | | | | | |
| WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIFF and assessed value of property is over \$20,000. List street addressed to the street addressed to th | RECT FINANCIAL INTEREST (Complete or ess, assessor parcel number, or legal descrip | tion and county for each parc | el): | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Check here ☐ if continued on attached sheet | | | ÷ | | | | | | |
| LOBBYING: prepared state legislation or state | any immediate family member, includin | tion or deferred compensate | tner, lobbied or tion. Do not list | | | | | | |
| Person to Whom Services Rendered | ich you are an elected official or profession Description of Legislation, Rules, Etc. | Compensation (| Use Code) | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Check here ☐ if continued on attached sheet | | | | | | | | | |
| TRAVEL portion of the following items to | e other than your own governmental age o you, your spouse, registered domestic costing over \$50 per occasion; 2) Trav | partner or dependents, or | r a combination | | | | | | |
| Date Donor's Name, City and State | Brief Description | Actual Dollar Amount | Value (Use Code) | | | | | | |
| Received | | | (036 0000) | | | | | | |
| | | \$ | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

', Information Continued

F-1 Supplement APR 1 3 2009

| Name | | | | | | | | |
|------------------------|--|--|--|-------------------------|--|--|--|--|
| ENTITY NO | ENTITY NO. Reporting For: Self Spouse Spouse | | | | | | | |
| | | red Domestic Partner Dependent | | | | | | |
| LEGAL NAI | ME: | ON OR PERCENT OF OWN | ERSHIP | | | | | |
| TRADE OR | OPERATING NAME: | | | • | | | | |
| ADDRESS: | | | | | | | | |
| BRIEF DES | SCRIPTION OF THE BUSINESS/ORGANIZATION: | | | | | | | |
| PAYMENTS | PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE: Purpose of payments Amount (actual dollars) | | | | | | | |
| | | | \$ | | | | | |
| PAYMENTS | S ENTITY RECEIVED FROM OTHER GOVERNMEN | T AGENCIES OF\$10,000 OR MORE: | | | | | | |
| | Agency name: | . , , , , , , , , , , , , , , , , , , , | Purpose of payment (amou | unt not required) | | | | |
| PAYMENTS | S ENTITY RECEIVED FROM BUSINESS CUSTOME Customer name: | RS OF \$10,000 OR MORE | Purpose of payment (amo | unt not required) | | | | |
| WASHINGT and assess | ON REAL ESTATE IN WHICH ENTITY HELD A DII ed value of property is over \$20,000. List street addre | RECT FINANCIAL INTEREST (Complete on ess, assessor parcel number, or legal descrip | ly if ownership in the ENTIT tion and county for each par | "Y is 10% or more cel): | | | | |
| В | OBBYING: (Continued) | | | | | | | |
| | Person to Whom Services Rendered | Description of Legislation, Rules, Etc. | Compensation | (Use Code) | | | | |
| | OOD RAVEL EMINARS (continued) | | | | | | | |
| Date Received | Donor's Name, City and State | Brief Description | Actual Dollar Amount | Value (Use Code) | | | | |
| | | | | | | | | |
| | | | | | | | | |



DATE FILED PDC APR 2:8 2008

RECEIVED

APR 2 4 2008

April 23, 2008

Public Disclosure Commission

Washington State Public Disclosure Commission 711 Capitol Way, Room 206 P.O. Box 40908 Olympia, WA 98504-0908

Seattle City Clerk 600 Fourth Avenue, Third Floor P.O. Box 94728 Seattle, WA 98124-4728

RE: Bruce A. Harrell, Seattle City Councilmember Amendment to PDC Form F-1

Supplement Page to the Personal Financial Affairs Statement

To Whom It May Concern:

Enclosed you will find an amended PDC Form F-1, Supplemental Page to the Personal Financial Affairs Statement.

Please file or record this amendment in conformity to your standard procedures. If you have any questions, feel free to call me at (206) 684-8804.

Sincerely,

Bruce A. Harrell

City Councilmember

I Hand



711 CAPITOL WAY RM 206 OLYMPIA WA 98504 PATE FILED PDC (360) 753-1444 TOLL FREE 1-877-601-28 10 2 8 2008

EMAIL: pdc@pdc.wa.gov

SUPPLEMENT (1/08)

PDC FORM

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

| PROVIDE INFORMATION | FOR YOURSELF, SPOUSE, DEPENDENT CHILDREN A | AND OTHER DEPENDENTS IN YO | UR HOUSEHOLD | | | | |
|--|---|---|---|--|--|--|--|
| Last Name | First | Middle Initial | DATE | | | | |
| Harrell | Bruce | A. | March 27, 2008 | | | | |
| OFFICE HELD, BUSINESS INTERESTS: Provide the following information if, during the reporting period, you, your spouse or dependents (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-porganization, union, partnership, joint venture or other entity; and/or (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company. | | | | | | | |
| • | Legal Name: Report name used on legal documents est | · | | | | | |
| • | Trade or Operating Name: Report name used for busine | ss purposes if different from the leg | jal name. | | | | |
| • | Position or Percent of Ownership: The office, title and/or | percent of ownership held. | | | | | |
| • | Brief Description of the Business/Organization: Report th | ne purpose, product(s), and/or the s | ervice(s) rendered. | | | | |
| • | Payments from Governmental Unit: If the governmenta entity concerning which you're reporting, show the purpose | | | | | | |
| • | Payments from Business Customers and Other Govern proprietorship, union, association, business or other conseek/hold office) which paid compensation of \$10,000 or services or other consideration was given or performed to Washington Real Estate: Identify real estate owned by the | mmercial entity and each governm more during the period to the enti or the compensation | nent agency (other than the one you ty. Briefly say what property, goods, | | | | |
| ENTITY NO. 4 | | Reporting For: Self | Spouse Dependent | | | | |
| ENTITY NO. 1 | | . • | Spouse Dependent | | | | |
| LEGAL NAME: Harre | II, Connell, Cordova, Hunter & Pauley, P.L.L | C. POSITION OR PE | RCENT OF OWNERSHIP | | | | |
| | | , | a distribution | | | | |
| TRADE OR OPERATING | NAME: | Member o | f P.L.L.C. | | | | |
| | Avenue, Suite 1500, Seattle, WA 98101 THE BUSINESS/ORGANIZATION: | | | | | | |
| BRIEF DESCRIPTION OF | THE BUSINESS/ORGANIZATION: | | | | | | |
| Law Firm | | | | | | | |
| | EIVED FROM GOVERNMENTAL UNIT IN WHICH YOU S e of payments | | (actual dollars) | | | | |
| _ | EIVED FROM OTHER GOVERNMENT AGENCIES OF \$1 name: | • | of payment (amount not required) ···· | | | | |
| None | | | | | | | |
| | EIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR mer name: | | 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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel): | | | | | | |
| Check here ☐ if continued on a | attached sheet | 1 4-23-0 | 7 | | | | |



DATE FILED PDC APR 01 2008

March 28, 2008

RECEIVED

APR 02 2008

Washington State Public Disclosure Commission 711 Capitol Way, Room 206 P.O. Box 40908 Olympia, WA 98504-0908

Public Disclosure Commission

Seattle City Clerk 600 Fourth Avenue, Third Floor P.O. Box 94728 Seattle, WA 98124-4728

King County Records, Elections and Licensing Services Division King County Administration Bldg. 500 4th Avenue, Room 553 Seattle, WA 98104

Bruce A. Harrell, Seattle City Councilmember

PDC Form F-1, Personal Financial Affairs Statements and Supplemental Pages

To Whom It May Concern:

Enclosed you will find my executed PDC Forms F-1 Personal Financial Affairs Statement and F-1 Supplemental Page. These documents are submitted in accordance with RCW 42.17.240 and Seattle Municipal Code 4.16.080(A).

Please file or record each document in conformity with your standard procedures. If you have any questions, feel free to call me at (206) 684-8804.

Sincerely.

RE:

Bruce A. Harrell City Councilmember

PDC FORM DISCLOSURE COMMISSION M PDC OFFICE USE 711 CAPITOL WAY RM 206 0 PERSONAL FINANCIAL PO BOX 40908 S **OLYMPIA WA 98504-0908** AFFAIRS STATEMENT (360) 753-1111 (1/08)January 1 - December 31, 2007 **TOLL FREE 1-877-601-2828** DATE FILED PDC Refer to instruction manual for detailed assistance and examples. **DOLLAR** CODE APR 01 2008 **AMOUNT** Incumbent elected and appointed officials -- by April 15. Deadlines: \$1 to \$3.999 Candidates and others -- within two weeks of becoming a В \$4,000 to \$19,999 candidate or being newly appointed to a position. E С \$20,000 to \$39,999 \$40,000 to \$99,999 D SEND REPORT TO PDC and a COPY TO \$100,000 or more SEATTLE CITY CLERK, PO BOX 94728, SEATTLE, WA 98124-4728 Names of immediate family members. If there is no First Middle Initial Last Name reportable information to disclose for dependent children, or Harrell **Bruce** Α. other dependents living in your household, do not identify them. Do identify your spouse. See F-1 manual for details. Mailing Address (Use PO Box or Work Address) P.O. Box 34025 Zip + 4City County (SP) Joanne R. Harrell Seattle 98124-4025 King Office Held or Sought Filing Status (Check only one box.) Office title: An elected or state appointed official filing annual report City Council Member Final report as an elected official. Term expired: County, city, district or agency of the office, Candidate running in an election: month year name and number: Seattle City Council Newly appointed to an elective office Position number: Newly appointed to a state appointive office Term begins: Jan. 2008 Dec. 2012 Professional staff of the Governor's Office and the Legislature List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a INCOME family member received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse) Show Self (S) Spouse (SP) Name and Address of Employer or Source of Compensation Occupation or How Compensation Was Earned (Use Code) Dependent (D) Harrell, Connell, Cordova, Hunter & Pauley, P.L.L.C. Attorney D (S) 1325 4th Avenue, Suite 1500, Seattle, WA 98101 (SP) Microsoft Corporation General Manager (SP) One Microsoft Way, Redmond, WA 98052 (SP) Recreational Equipment, Inc. Director (SP) 222 Yale Avenue N., Seattle, WA 98101 (SP) AAA of Washington В Director (SP) 1745 - 114th Ave SE, Bellevue, WA 98004 Check Here ☐ if continued on attached sheet List street address, assessor's parcel number, or legal description AND county for each parcel of Washington **REAL ESTATE** real estate with value of over \$10,000 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.) Name and Address of Purchaser Nature and Amount (Use Code) of Payment or Property Sold or Interest Divested Assessed Value Consideration Received (Use Code) Security Given Property Purchased or Interest Acquired Creditor's Name/Address Payment Terms Mortgage Amount - (Use Code) Original Current

Bank of America, 4th &

Ε

Ε

Madison, Sea, WA 98101

All Other Property Entirely or Partially Owned

4102 51st Ave, South, Seattle, WA 98118

5719 42nd Ave. South, Seattle, WA 98118

Check here if continued on attached sheet

20% down.

5.14% for 15 yrs

Mortgage

Ε

| 3 | ASSETS / INVESTMENTS - INTEREST / DIVIDENDS interest | t bank and savings account angible property held during | s, insurance the reporting | policies, stoc period. | k, bonds a | and other | |
|-----|--|---|-------------------------------------|--|-------------------------------|---|--|
| Α. | Name and address of each bank or financial institution in which you or a family member had an account over \$20,000 any time during the report period. | Type of Account or Description | on of Asset | Asset Value (Use Code) | | Amount Code) | |
| • | Bank of America, 4 th & Madison, Seattle, WA 98101 US Bank, 1301 5 th Ave, Seattle, WA 98101 Citigroup Smith Barney, 601 Union Street, #5200, Seattle, WA 98101 | Checking and Savings Account Checking Account Ind. Retirement/Investment A | | D E E | , A A C | ١ | |
| В. | Name and address of each insurance company where you or a family member had a policy with a cash or loan value over \$20,000 during the period. | DATE FILED PD APR 01 2008 | 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 \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property. | | | | | | |
| | Fidelity Investments, P.O. Box 145421, Cincinnati, Ohio 45250 | Retirement Investment Accou | ınt | E | c | ; | |
| | (managed by Fidelty) Comcast Corporation, P.O. Box 770003, Cincinnati, Ohio 45277 (managed by Comcast) | Retirement Investment Accou | ınt | E | c |) | |
| Che | eck here 🔀 if continued on attached sheet. | · | | | | | |
| 4 | List each creditor you or a family member of | wed \$2,000 or more any time | during the p | period. | | UNT | |
| 4 | CREDITORS Don't include retail charge accounts, credit Creditor's Name and Address | Terms of Payment | | ted in Item 2. ity Given | (USE) Original | Present | |
| | Cleuloi S Name and Address | remis or rayment | 0000 | ny Civon | Ong _i na. | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| | Bank of America, 4 th and Madison, Seattle, WA 98101 Citigroup Smith Barney, 601 Union St., #200, Seattle, WA 98101 Seattle Metro Credit Union, P.O. Box 780, Seattle, WA 98111 Unico Properties, 1215 4 th Ave., Suite 600, Seattle, WA 98101 | Interest only/open ended Interest only/open ended 5 yrs @ 5.45% 6 yr monthly lease | 8 | Note Stock Note | E E C | E | |
| | Toperties, 1210 4 Piver, Suite 600, Scalling, VIV. 60101 | · | | | | _ | |
| Che | eck 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 | | | | | | |
| | Incumbent elected officials and state executive officers filing Supplement is required of these officeholders unless all answ | g an annual financial affairs ers to questions A thru E are | report also NO. | must answer | question E | . An F-1 | |
| A. | At any time during the reporting period were you, your spouse or dependents (1) joint venture or other entity or (2) a partner or member of any limited partnership, professional limited liability company? Yes If yes, complete Supplement, Part | limited liability partnership, limited li | or trustee of an ability company | ny corporation, co or similar entity in | mpany, union cluding but n | , association, ot limited to a | |
| В. | Did you, your spouse or dependents have an ownership of 10% or more in any coperiod? No If yes, complete Supplement, Part A. | mpany, corporation, partnership, joi | nt venture or ot | her business at ar | ny time during | the reporting | |
| C. | Did you, your spouse or dependents own a business at any time during the reporti | ng period? Yes If yes, complete | Supplement, Pa | art A. | | • | |
| D. | Did you, your spouse or dependents prepare, promote or oppose state legislation held public office) at any time during the reporting period? No If yes, complete | n, rules, rates or standards for curre Supplement, Part B. | nt or deferred o | compensation (oth | er than pay fo | or a currently- | |
| E. | 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. | | | | | | |
| ALI | FILERS EXCEPT CANDIDATES. Check the appropriate box. | CERTIFICATION: | | nder penalty contained in the | | | |
| | I hold a state elected office, am an executive state officer or profession I have read and am familiar with RCW 42.52.180 regarding the use resources in campaigns. | onal staff. of public Signature | | e best of my kn | | | |
| × | I hold a local elected office. I have read and am familiar with RCW 4 regarding the use of public facilities in campaigns. | Contact Telephone | • • | | | | |
| | | Email: <u>bruce.harrel</u> | @seattle.gov | | (wo | ork)) | |
| | | <u> </u> | | | | | |

Information Continued

DATE FILED PDC APR 0 1 2008

F-1

| Name Bruce A. I | Harrell | | | | | | | |
|---|--|---|----------------|---|------------------------------|-------------|-------------------------------|-------------------------------------|
| 1 | INCOME (continued) | | | | | | | |
| Show Self (S) Spouse (SP) Dependent (D) | Name and Address of Employ | yer or Source of | Compensation | | Occupation or Ho Was Earn | | ation | Amount: (Use Code) |
| | | | | | | | | |
| | * . | | | | | | | |
| | | | | | | | | · |
| 2 | REAL ESTATE (continu | ed) | | | | | | |
| Property Sol | d or Interest Divested | Assessed Value (Use Code) | Name and Ad | dress of Purc | haser | | Amount (Use Co on Received | ode) of Payment or |
| | | | | | | | | |
| Property Pur | chased or Interest Acquired | | Creditor's Nan | ne/Address | Payment Terms | Security Gi | ven Mortgage Origin | e Amount - (Use Code) al Current |
| All Other Pro | operty Entirely or Partially Owned | | | | | | | |
| | | | | | | | | |
| 3 AS | SETS / INVESTMENTS - INTE | REST / DIVIDEN | IDS (co | ntinued) | | | | • |
| A. Name a | and address of each bank or fin: | ancial institution | | Type of Ac | count or Descriptio | n of Asset | Asset Value (Use Code) | Income Amount (Use Code) |
| B. Name a | and address of each insurance o | company | | | | | | |
| C. Name agency | and address of each compa | any, association | , government | | | | | · |
| (Managed | pital Group, P.O. Box 173375, De d by Janus) | | | Retirement | Account | | D E | В |
| (Managed Microsoft, | Smith Barney, 601 Union Street, and by Agent) One Microsoft Way, Redmond, Way, Redwond, Way, Redwon | VA 98052 | /A 98101 | | /Investment Account | | E | D |
| (Managed Dell Inc. F Adobe Sy Precision Safeco Co | nvestments, P.O. Box 55014, Bos d by Pioneer) P.O. Box 80409, Austin, Texas 78 stems, 345 Park Avenue, San Jo Cast Parts, 4650 SW, Macadam orp., 4333 Brooklyn Ave. N.E., Se rp., 942 South Shady Grove Road | 708 se, CA 95110 Ave, #440, Portla attle, WA 98185 | | Retirement Stock Stock Stock Stock Stock | Account | | C A B B B B | A A A A A |
| | • | | | | | | | |
| 4 cr | EDITORS (continued) | | | | | T - | | AMOUNT (USE CODE) |
| 1 | Creditor's Name and | Address | | i Termo | s of Payment | I Secur | ity Given | Original Present |



DISCLOSURE COMMISSION

711 CAPITOL WAY RM DATE FILED PDC PDC FORM PO BOX 40908

OLYMPIA WA 98504-0908 APR **01** 2008 (360) 753-1111

TOLL FREE 1-877-601-2828 EMAIL: pdc@pdc.wa.gov F-1

SUPPLEMENT

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

| PROVIDE INFORMATION | FOR YOURSELF, SPOUSE, DEPENDENT CHILDREN | AND OTHER DEPENDENTS IN YO | OUR HOUSEHOLD |
|--|--|--|--|
| Last Name | First | Middle Initial | DATE |
| Harrell | Bruce | Α. | March 27, 2008 |
| A OFFICE HELE BUSINESS INTERESTS | (1) were an officer, director, general pa | artner, trustee, or 10 percent or mo t venture or other entity; and/or ited partnership, limited liability par | re owner of a corporation, non-profit tnership, limited liability company or |
| • | Legal Name: Report name used on legal documents e | stablishing the entity. | |
| • | Trade or Operating Name: Report name used for busing | ness purposes if different from the le | gal name. |
| • | Position or Percent of Ownership: The office, title and/ | or percent of ownership held. | • |
| • | Brief Description of the Business/Organization: Report | | · · · |
| • | Payments from Governmental Unit: If the government entity concerning which you're reporting, show the purp | | |
| • | Payments from Business Customers and Other Gove proprietorship, union, association, business or other coseek/hold office) which paid compensation of \$10,000 services or other consideration was given or performed Washington Real Estate: Identify real estate owned by | commercial entity and each governr or more during the period to the ent for the compensation. | nent agency (other than the one you ity. Briefly say what property, goods, |
| ENTITY NO. 1 | | Reporting For: Self | Spouse Dependent |
| | ell, Connell, Cordova, Hunter & Pauley, P.L | | ERCENT OF OWNERSHIP |
| LEGAL NAME: Harre | en, Connen, Cordova, Hunter & Fadiey, F.L | .L.C. POSITION OR FE | ERCENT OF OWNERSTIF |
| TRADE OR OPERATING | NAME: | Member o | of P.L.L.C. |
| ADDRESS: 1325 4 Th | Avenue, Suite 1500, Seattle, WA 98101 | | · |
| BRIEF DESCRIPTION OF Law Firm | THE BUSINESS/ORGANIZATION: | | |
| | | | |
| | EIVED FROM GOVERNMENTAL UNIT IN WHICH YOU se of payments | | (actual dollars) |
| | | \$ | 1 1 |
| | EIVED FROM OTHER GOVERNMENT AGENCIES OF y name: | | e of payment (amount not required) |
| | EIVED FROM BUSINESS CUSTOMERS OF \$10,000 O mer name: | | e of payment (amount not required) |
| WASHINGTON REAL ES and assessed value of pro | TATE IN WHICH ENTITY HELD A DIRECT FINANCIA perty is over \$20,000. List street address, assessor pare | L INTEREST (Complete only if own cel number, or legal description and | ership in the ENTITY is 10% or more county for each parcel): |

| Name Bruce A | A. Harrell | | Address and the second second | | |
|-------------------------|-------------------------|--|--|---|---|
|)u[]]a] | t. Harron | | | | _ |
| ENTITY NO. | . 2 | | Reporting F | or: Self 🔲 Spouse 🔀 De | pendent 📙 |
| LEGAL NAM | ME: Recrea | ational Equipment, Inc. | POSIT | ION OR PERCENT OF OWNE | RSHIP |
| TRADE OR | OPERATING NA | AME: | В | loard of Directors | - |
| ADDRESS: | 222 Yale | Avenue N., Seattle, WA 9810 |)1 | | |
| Parks | • | | | | |
| BRIEF DES | CRIPTION OF T | HE BUSINESS/ORGANIZATION: | | | |
| Seller | of recreation | nal equipment | | | |
| PAYMENTS | | | IN WHICH YOU SEEK/HOLD OFFICE: | America (natural dellara) | |
| | Purpose | of payments | | Amount (actual dollars) | |
| A STATE | | | | \$ | |
| PAYMENTS | ENTITY RECE Agency | IVED FROM OTHER GOVERNMENT name: | AGENCIES OF \$10,000 OR MORE: | Purpose of payment (amou | nt not required) |
| A GINDE | | • | • | | |
| PAYMENTS | | IVED FROM BUSINESS CUSTOMER | RS OF \$10,000 OR MORE | Purpose of payment (amou | nt not required) |
| | | | | | |
| WASHINGT and assesse | ON REAL ESTA | ATE IN WHICH ENTITY HELD A DIF erty is over \$20,000. List street addre | RECT FINANCIAL INTEREST (Complete ss, assessor parcel number, or legal desc | only if ownership in the ENTIT ription and county for each pare | Y is 10% or more cel): |
| *. | | • | | | |
| | • . | | | | |
| Check here | if continued on at | tached sheet | | | |
| | OBBYING: | List persons for whom you or any or standards for current or defere | r immediate family member lobbied or ped compensation. Do not list pay from | prepared state legislation or government body in which yo | state rules, rates ou are an elected |
| 2 | Doron to Who | official or professional staff memb | | c. Compensation | (Use Code) |
| a e e gradi | reison to vVNC | om Services Rendered | Description of Legislation, Rules, Etc | Compensation | (USC UUG) |
| Cheer | | | | | · |
| | | | , | | |
| ; | | | | | |
| | | | | | |
| Check here | if continued on at | ttached sheet | | | |
| CT | OOD RAVEL EMINARS | portion of the following items to | o other than your own governmental ag you, your spouse or dependents, or a Travel occasions; or 3) Seminars, edu | combination thereof: 1) Foo | d and beverages |
| Date Received | Donor's | Name, City and State | Brief Description | Actual Dollar Amount | Value (Use Code) |
| | | | | \$. | |
| | | | | | |
| 1 | | | | | 1 |
| l: | | | | | |
| | if continued on a | • | | | |

Information Continued

DATE FILED PDC APR 01 2008

| Name Bruce A. Harrell | | | | | | |
|--|--|--|---------------------|--|--|--|
| ENTITY NO. LEGAL NAME: AAA of Washington TRADE OR OPERATING NAME: AAA ADDRESS: 1745 – 114 th Avenue SE, Bellevue, WA | POSITION C Board | Reporting For: Self Spouse Dependent POSITION OR PERCENT OF OWNERSHIP Board of Directors | | | | |
| BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: | | | | | | |
| Automobile towing and highway safety service | es. | | | | | |
| PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT Purpose of payments | Ar | nount (actual dollars) | | | | |
| | \$ | | | | | |
| PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT Agency name: | | rpose of payment (amou | nt not required) | | | |
| PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMER Customer name: | | urpose of payment (amou | nt not required) | | | |
| WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DII and assessed value of property is over \$20,000. List street address. | WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$20,000. List street address, assessor parcel number, or legal description and county for each parcel): | | | | | |
| B LOBBYING: (Continued) | | | | | | |
| Person to Whom Services Rendered | Description of Legislation, Rules, Etc. | Compensation (| Use Code) | | | |
| | | | | | | |
| C FOOD TRAVEL SEMINARS (continued) | | | | | | |
| Date Donor's Name, City and State Received | Brief Description | Actual Dollar Amount | Value (Use Code) | | | |
| | | \$ | | | | |
| | | | | | | |

Information Continued

| Name | 1 | | |
|--|---|-----------------------------|------------------------|
| ENTITY NO. | Reporting For: | Self Spouse De | pendent |
| LEGAL NAME: | • | OR PERCENT OF OWNE | |
| TRADE OR OPERATING NAME: | | | |
| ADDRESS: | | | |
| BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: | | | |
| | | • | |
| PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNI | | Amount (asked dellass) | |
| Purpose of payments | | Amount (actual dollars) | |
| | • | \$ | |
| PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMEN Agency name: | T AGENCIES OF\$10,000 OR MORE: | Purpose of payment (amou | nt not required) |
| graduate de la companya del companya de la companya del companya de la companya d | | | |
| PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOME | RS OF \$10,000 OR MORE | | |
| Customer name: | | Purpose of payment (amou | nt not required) |
| | • | • | |
| WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DI and assessed value of property is over \$20,000. List street addre | RECT FINANCIAL INTEREST (Complete onless, assessor parcel number, or legal descript | y if ownership in the ENTIT | Y is 10% or more sel): |
| | | • | , |
| | | • | |
| | | | |
| | | | |
| | | | |
| LOBBYING: (Continued) | | | |
| Person to Whom Services Rendered | Description of Legislation, Rules, Etc. | Compensation (| (Use Code) |
| (a. 1840); (b. 1871); | · · | · | |
| · · · · · · · · · · · · · · · · · · · | | • | |
| A product | • | | |
| | | | |
| | | | |
| | | | |
| FOOD | <u> </u> | | |
| TRAVEL SEMINARS (continued) | | | |
| Date Donor's Name, City and State | Brief Description | Actual Dollar Amount | Value (Use Code) |
| Received | · | Amount | (Ose Code) |
| | · | \$ | |
| | | | |
| Fig. 4. A second of the second | | | |
| property k | | | [. [|
| New York Control of the Control of t | | | |
| S. C. C. | | | |



F-1

PDC FORM

PERSONAL FINANCIAL AFFAIRS STATEMENT

M PDC OFFICE USE

JAN 0 5 2007 **DOLLAR** ECE Refer to instruction manual for detailed assistance and examples CODE **AMOUNT** \$1 to \$2,999 Deadlines: Incumbent elected and appointed officials -- by April 15. В \$3,000 to \$14,999 Candidates and others -- within two weeks of becoming a ٧ C \$15,000 to \$29,999 candidate or being newly appointed to a position. E n \$30,000 to \$74,999 D SEND REPORT TO PUBLIC DISCLOSURE COMMISSION \$75,000 or more Last Name Middle Initial Names of immediate family members. If there is no reportable information to disclose for dependent children, or Harrell Bruce A. other dependents living in your household, do not identify them. Do identify your spouse. See F-1 manual for details. Mailing Address (Use PO Box or Work Address) 1325 4th Ave, Suite #1500 City County Zip + 4(SP) Joanne R. Harrell 98101-2539 King Seattle Office Held or Sought Filing Status (Check only one box.) Office title: City Council Member An elected or state appointed official filing annual report County, city, district or agency of the office, Final report as an elected official. Term expired: name and number: year 2007 Candidate running in an election: month November Seattle City Council Position number: Newly appointed to an elective office Term begins: Newly appointed to a state appointive office Jan. 2008 Dec. 2012 List each employer, or other source of income (pension, social security, legal judgment) from which you or a family INCOME member received \$1,500 or more during the period. (Report interest and dividends in Item 3 on reverse) Show Self (S) Name and Address of Employer or Source of Compensation Occupation or How Compensation Amount: Spouse (SP) Was Earned (Use Code) Dependent (D) (S) Harrell, Connell, Cordova, Hunter & Pauley, P.L.L.C. Attorney 1325 4th Ave, Suite 1500, Seattle, WA 98101 (SP) Microsoft Corporation General Manager Ε One Microsoft Way, Redmond, WA 98052 (SP) Recreational Equipment, Inc. Director 222 Yale Ave N., Seattle, WA 98101 (SP) AAA of Washington Director В 1745 114th Ave SE, Bellevue, WA 98004 Check Here I if continued on attached sheet 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 **REAL ESTATE** the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.) Name and Address of Purchaser Nature and Amount (Use Code) of Payment or Property Sold or Interest Divested Assessed Value Consideration Received (Use Code) Security Given Property Purchased or Interest Acquired Creditor's Name/Address Payment Terms Mortgage Amount - (Use Code) Original Current Bank of America . 4th 20% down. Mortgage All Other Property Entirely or Partially Owned E F and Madison. Seattle, 5.14% for 15 4102 51st Ave South, Seattle, WA 98118 5719 42nd Ave South, Seattle, WA 98118 Ε WA 98101 years. Ε N/A Check here if continued on attached sheet

| 3 | ASSETS / INVESTMENTS - INTEREST / DIVIDENDS | | nd savings accounts roperty held during t | | | k, bonds | and other |
|-----|--|--|---|------------------|--|---------------------------------|-----------------------------------|
| Α. | Name and address of each bank or financial institution in which or a family member had an account over \$15,000 any time during report period. | | Account or Description | n of Asset | Asset Value (Use Code) | | Amount Code) |
| | Bank of America, 4 th and Madison, Seattle, WA 98101 U S Bank, 1301 5 th Ave, Seattle, WA 98101 | | g and Savings Accour | nt | D E | | 4 4 |
| | Citigroup Smith Barney, 601 Union Street, #5200, Seattle, WA 98 | 1 | irement/Investment Ad | oct. | E | 1 |) |
| В. | Name and address of each insurance company where you o | ra | | | | | D PDC |
| | family member had a policy with a cash or loan value over \$15,0 during the period. | 000 | | | J | AN 05 | 2007 |
| C. | Name and address of each company, association, governm agency, etc. in which you or a family member owned or had financial interest worth over \$1,500. Include stocks, bor ownership, retirement plan, IRA, notes, and other intangible prope | da nds, | | | | | |
| | Fidelity Investments, P.O. Box 145421, Cincinnati, Ohio 45250 (managed by Fidelity) | Retirem | ent Investment Accou | nt | Ε | (| 0 |
| | Comcast Corporation, P.O. Box 770003, Cinicinnati, Ohio 45277 (managed by Comcast) | Retirem | ent Investment Plan | | E | ί |) |
| Che | eck here 🛛 if continued on attached sheet. | | | | | | |
| 4 | List each creditor you or a family member CREDITORS Don't include retail charge accounts, c | | • | • • • • | | | OUNT CODE) |
| | Creditor's Name and Address | Ter | ms of Payment | Secur | ity Given | Original | Present |
| Bar | nk of America, 4 th and Madison, Seattle, WA 98101 | Interes | st only/open ended | , | lote | E | E |
| | group Smith Barney, 601 Union St, #200, Seattle, WA 98101 attle Metro Credit Union, P.O. Box 780, Seattle, WA 98111 | Interes | st only/open ended | s | tock | E | E |
| Uni | co Properties, 1215 4 th Ave, Suite 600, Seattle, WA 98101 | | yrs @ 5.45% r monthly lease | l . | lote lote | C E | C E |
| Che | eck here if continued on attached sheet. | | | | | | |
| 5 | All filers answer questions A thru D below. If the answer as part of this report. If all answers are NO and you are a state executive officer filing your initial report, no F-1 Support. | candidate fo | r state or local office | | | | |
| | Incumbent elected officials and state executive officers Supplement is required of these officeholders unless all a | filing an anno | ual financial affairs i | report also | must answer | question E | . An F-1 |
| Α. | At any time during the reporting period were you, your spouse or dependen joint venture or any other entity or (2) a partner or member of any limited part to a professional limited liability company? Yes If yes, complete Supplement | ts (1) an officer, rtnership, limited | director, general partner of | or trustee of an | y corporation, cor any or similar ent | mpany, union ity including b | , association, out not limited |
| В. | Did you, your spouse or dependents have an ownership of 10% or more in a period? No If yes, complete Supplement, Part A. | ny company, cor | poration, partnership, join | t venture or oth | ner business at an | y time during | the reporting |
| C. | Did you, your spouse or dependents own a business at any time during the re | eporting period? | Yes If yes, complete S | upplement, Pa | rt A. | | |
| D. | Did you, your spouse or dependents prepare, promote or oppose state legis held public office) at any time during the reporting period? <u>No</u> If yes, compl | lation, rules, rate ete Supplement, | es or standards for curren Part B. | t or deferred o | ompensation (other | er than pay fo | or a currently- |
| E. | 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. | | | | | | |
| ALI | FILERS EXCEPT CANDIDATES. Check the appropriate box. | | CERTIFICATION: | l certify un | nder penalty contained in th | of perjury | that the |
| | I hold a state elected office or am an executive state officer. I ham familiar with RCW 42.52.180 regarding the use of public campaigns. | | | | best of my kno | | 27 |
| | I hold a local elected office. I have read and am familiar with RC regarding the use of public facilities in campaigns. | W 42.17.130 | Contact Telephone: Email: <u>bharrell@seat</u> Email: | ttlecounsel.co | om | (wo (Home) | |
| | | | Ī | | | | |

DATE FILED PDC

Information Continued

JAN 0 5 2007

(USE CODE)

| Name | | | | · · · · · · · · · · · · · · · · · · · | | | | |
|---|--|---|----------------|---|------------------------------|--------------------------|---------------------------|-------------------------------------|
| 1 | INCOME (continued) | | | | | | | |
| Show Self (S) Spouse (SP) Dependent (D) | Name and Address of Employe | er or Source of (| Compensation | | Occupation or Ho Was Earr | ow Compensa ned | | Amount: (Use Code) |
| 2 | REAL ESTATE (continue | d) | | | | | | |
| Property Sol | ld or Interest Divested | Assessed Value (Use Code) | Name and Add | dress of Purcl | haser | Nature and Consideration | | ode) of Payment or |
| | rchased or Interest Acquired | | Creditor's Nan | ne/Address | Payment Terms | Security Giv | en Mortgage Origina | e Amount - (Use Code) al Current |
| All Other Pro | operty Entirely or Partially Owned | | | | | | | |
| | SETS / INVESTMENTS - INTERI | | DS (co | ntinued) Type of Ac | count or Descriptio | n of Asset | Asset Value (Use Code) | Income Amount (Use Code) |
| B. Name | and address of each insurance co | ompany | | | | | | |
| agency | tal Group, P.O. Box 173375, Denv | | , government | Retirement | t Account | : | D | В |
| Citigroup Sr (Managed b | mith Barney, 601 Union Street, #5 by Agent) | | VA 98101 | Retirement | /Investment Accou | nt | E | С |
| Microsoft, C | One Microsoft Way, Redmond, WA | * | | Retirement | /Investment Accou | nt/Stock | E | D |
| Pioneer Inve (Managed b | estments, P.O. Box 55014, Bosto by Pioneer) | n, MA 02205 | | Retirement | Account | | C | A |
| Adobe Syst Precision C Safeco Corp | O. Box 80409, Austin, Texas 787, ems, 345 Park Ave. San Jose, C/ast Parts, 4650 SW, Macadam Avp., 4333 Brooklyn Ave NE, Seattle, 942 South Shady Grove Road, I | A 95110 ve, #440, Port. e, WA 98185 | | Stock Stock Stock Stock Stock | | | A B B B | A A A A |
| 4 cr | REDITORS (continued) | | | • | 111 | | | AMOUNT (USE CODE) |

| Creditor's Name and Address | Terms of Payment | Security Given | Original | Present |
|-----------------------------|------------------|----------------|----------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | DATE | FILE | PDC |
| | | | N 0 5 21 | |

.

JAN 0 5 2007



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

(10/06)

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

AND THE PROPERTY OF VOLUME CONTROL OF THE PROPERTY OF THE PROP

| PROVIDE INFO | DRMATION | FOR YOURSELF, SPOUSE, DEPENDENT CHIL | LDREN AND OTHER DEPENDENTS IN YO | OUR HOUSEHOLD |
|---------------------------------------|---|---|---|---|
| Last Name | | First | Middle Initial | DATE |
| Harrell | | Bruce | A. | January 5, 2007 |
| Δ OF BU | FFICE HEL JSINESS TERESTS: • • • | Provide the following information if, during the (1) were an officer, director, general partnership, joint venture or other of the were a partner or member of a limbut not limited to a professional liming the position or Percent of Ownership: The office, tith Brief Description of the Business/Organization: Payments from Governmental Unit: If the governity concerning which you're reporting, show the proprietorship, union, association, business or seek/hold office) which paid compensation of \$\$ | reporting period, you, your spouse or dependents partner, trustee, or 10 percent or more owner of a entity; and/or ited partnership, limited liability partnership, limited nited liability company. Inents establishing the entity. In business purposes if different from the legale and/or percent of ownership held. Report the purpose, product(s), and/or the semmental unit in which you hold or seek of the purpose of each payment and the actual of the response of the company. In Government Agencies: List each corporation of the commercial entity and each government, 7,500 or more during the period to the entity. | gal name. service(s) rendered. fice made payments to the business amount received. ation, partnership, joint venture, sole nent agency (other than the one you |
| 1 | • | services or other consideration was given or per Washington Real Estate: Identify real estate ow | • | ns referenced below are met. |
| · · · · · · · · · · · · · · · · · · · | | | | |
| ENTITY NO. 1 | | | Reporting For: Self 🔀 | Spouse Dependent |
| LEGAL NAME: | Harrell, | Connell, Cordova, Hunter & Pauley, P.L.L.C. | POSITION OR PE | RCENT OF OWNERSHIP |
| TRADE OR OPI | ERATING N | NAME: | Member of | f P.L.L.C. |
| ADDRESS: | 1325 4 th Av | ve, Suite 1500, Seattle WA 98101 | | |
| BRIEF DESCRI | IPTION OF | THE BUSINESS/ORGANIZATION: | | |
| Law Firm | | | | |
| PAYMENTS EN | | EIVED FROM GOVERNMENTAL UNIT IN WHIC e of payments | | (actual dollars) |
| | | | \$ | |
| PAYMENTS EN | | EIVED FROM BUSINESS CUSTOMERS AND O'ner name: | THER GOVERNMENT AGENCIES OVER \$ | 67,500: of payment (amount not required) |
| | | TATE IN WHICH ENTITY HELD A DIRECT FINA perty is over \$15,000. List street address, assess | | |
| Check here ⊠ if co | continued on a | nttached sheet | | |

| Bruce A. Harrell | | | |
|---|--|--|---|
| ENTITY NO. 2 LEGAL NAME: Recreational Equipment, Inc. TRADE OR OPERATING NAME: | POSITION OF | f Spouse De | · — |
| ADDRESS: 222 Yale Ave, N. Seattle, WA 98101 | | | |
| | | | |
| BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: | | | |
| Seller of recreational equipment | | | |
| PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNI Purpose of payments | | ount (actual dellars) | |
| Fulpose of payments | \$ | ount (actual dollars) | |
| | v | | |
| PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOME | DO AND OTHER COVERNMENT ACENCIES OV | FD \$7 500. | |
| Customer name: | | pose of payment (amou | nt not required) |
| | | | |
| | | | |
| WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DI | RECT FINANCIAL INTEREST (Complete only if | ownership in the ENTIT | Y is 10% or more |
| and assessed value of property is over \$15,000. List street address | | | |
| | | | |
| | | | |
| Check here ☐ if continued on attached sheet | | | |
| B LOBBYING: List persons for whom you or an or standards for current or deferr official or professional staff mem | y immediate family member lobbied or prepare red compensation. Do not list pay from govern ber. | ed state legislation or s ment body in which yo | state rules, rates ou are an elected |
| Person to Whom Services Rendered | Description of Legislation, Rules, Etc. | Compensation (| Use Code) |
| | | | |
| | | | |
| | | | |
| Check here ☐ if continued on attached sheet | | | |
| TRAVEL portion of the following items to | e other than your own governmental agency p you, your spouse or dependents, or a combin Travel occasions; or 3) Seminars, educationa | ation thereof: 1) Food | and beverages |
| Date Donor's Name, City and State Received | Brief Description | Actual Dollar Amount | Value (Use Code) |
| | | \$ | (ose code) |
| | | Ф | |
| | 1 | | |
| | | | |
| | | | |

Information Continued

F-1 SuppleMentED PDC

| Name Bruce A. Harrell | | JAN | 0 5 2007 | | | |
|---|--|--------------------------------------|------------------|--|--|--|
| ENTITY NO. 3 | Reporting For: Se | If Spouse De | ependent | | | |
| LEGAL NAME: AAA of Washington | POSITION OF | R PERCENT OF OWNE | RSHIP | | | |
| TRADE OR OPERATING NAME: AAA | Board | of Directors | | | | |
| ADDRESS: 1745 114 th Ave SE, Bellevue, WA 98004 | | | | | | |
| BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: | | | | | | |
| | | | | | | |
| Automobile towing and highway safety service | es. | | | | | |
| PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNITED Purpose of payments | | ount (actual dollars) | | | | |
| | \$ | | | | | |
| | | | | | | |
| PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMEI Customer name: | | ER \$7,500: pose of payment (amou | nt not required) | | | |
| | WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$15,000. List street address, assessor parcel number, or legal description and county for each parcel): | | | | | |
| B LOBBYING: (Continued) | | | | | | |
| Person to Whom Services Rendered | Description of Legislation, Rules, Etc. | Compensation | (Use Code) | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| C FOOD TRAVEL SEMINARS (continued) | | | | | | |
| Date Donor's Name, City and State | Brief Description | Actual Dollar | Value | | | |
| Received | | Amount | (Use Code) | | | |
| | | \$ | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

DATE FILED PDC

JAN **0 5** 2007

Information Continued

| Name Bruce A. Harrell | | | |
|--|---|---------------------------------------|---------------------|
| Brace A. Flamen | | | |
| ENTITY NO. 4 | Reporting For: Sel | f 🛛 Spouse 🗌 De | pendent 🗌 |
| LEGAL NAME: Hardscript, Inc. | | R PERCENT OF OWNE | RSHIP |
| TRADE OR OPERATING NAME: | 100% | | |
| ADDRESS: 1325 4 th Ave, Suite 1500 | | | |
| BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: | | | |
| Manufacture, market and sell memorial plaques. | | | |
| PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT | | ount (actual dollars) | |
| | \$ | | |
| | Ų | | |
| | | | |
| PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMER Customer name: | | ER \$7,500: pose of payment (amour | nt not required) |
| | | | |
| | | | |
| | | | |
| WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIR | | | |
| and assessed value of property is over \$15,000. List street addre | ess, assessor parcel number, or legal description a | and county for each parc | el): |
| | | | |
| | | | |
| | | | |
| | | | |
| B LOBBYING: (Continued) | | | |
| Person to Whom Services Rendered | Description of Legislation, Rules, Etc. | Compensation (| Use Code) |
| | | | |
| | | | |
| | | | ļ |
| | | | |
| | | | |
| C FOOD TRAVEL | | | |
| SEMINARS (continued) | | | |
| Date Donor's Name, City and State Received | Brief Description | Actual Dollar Amount | Value (Use Code) |
| | | \$ | , |
| | | Ф | |
| | | | |
| | | | |
| l | | | |
| | | | |