



SEATTLE CITY COUNCIL | PRESIDENT | DISTRICT 2
COUNCILMEMBER BRUCE HARRELL

April 10, 2019

DATE FILED PDC
APR 14 2019

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

PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	PDC FORM <b style="font-size: 2em;">F-1 (11/18)	PERSONAL FINANCIAL AFFAIRS STATEMENT	P M PDC OFFICE USE O A R S T K DATE FILED PDC APR 14 2019 E C V E D
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Refer to instruction manual for detailed assistance and examples. Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position. SEND REPORT TO PUBLIC DISCLOSURE COMMISSION	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DOLLAR CODE</th> <th style="text-align: left;">AMOUNT</th> </tr> <tr> <td>A</td> <td>\$1 to \$4,499</td> </tr> <tr> <td>B</td> <td>\$4,500 to \$23,999</td> </tr> <tr> <td>C</td> <td>\$24,000 to \$47,999</td> </tr> <tr> <td>D</td> <td>\$48,000 to \$119,999</td> </tr> <tr> <td>E</td> <td>\$120,000 or more</td> </tr> </table>	DOLLAR CODE	AMOUNT	A	\$1 to \$4,499	B	\$4,500 to \$23,999	C	\$24,000 to \$47,999	D	\$48,000 to \$119,999	E	\$120,000 or more	
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Last Name	First	Middle Initial					
HARRELL	BRUCE	A.					

Mailing Address (Use PO Box or Work Address) * 5846 Seward Park Avenue South		
City	County	Zip + 4
Seattle	King	98118

Filing Status (Check only one box.) <input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature	Office Held or Sought Office title: <u>City Councilmember</u> County, city, district or agency of the office, name and number: <u>Seattle</u> Position number: <u>2</u> Term begins: <u>01/01/2016</u> ends: <u>12/31/2019</u>
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1	INCOME	List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the reporting 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 Was Earned	Amount:	(Use Code)
(S)	City of Seattle, 600 4th Avenue, Fir 2, Seattle, WA 98124	City Councilmember		E
(SP)	Microsoft Corporation, One Microsoft Way, Redmond, WA 98052	General Manager		E
Check Here <input type="checkbox"/> if continued on attached sheet				

2	REAL ESTATE	List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)			
Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received		
10617 NE 10th Bellevue, WA 98004	E	Shobha Chopra Bhansali & Anil Bhansali 16509 N.E. 50th Way Redmond, WA 98052	E		
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current
3316 S. Cadet Ave. Boise, Id 83706-5508	E	Wells Fargo P.O. Box 10445 Des Moines, IA 50306-0335	20% 4.35%, 30 yrs	Mortgage	E E
All Other Property Entirely or Partially Owned 5846 Seward Park Ave. So. Seattle, WA 98118	E	Wells Fargo P.O. Box 10455	25% 3.25% for 15 yrs	Mortgage	E E
Check here <input type="checkbox"/> if continued on attached sheet					

CONTINUE ON NEXT PAGE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$24,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Wells Fargo, 420 Montgomery Street, San Francisco, California 94163 Bank of America, 4th & Madison, Seattle, WA 98101 Charles Schwab, Inc., Phoenix Operations Center, PO Box 52114, Phoenix AZ 85072-2114 Comcast Corporation, PO Box 770003, Cincinnati, OH 45277 (managed by Comcast) Fidelity Investments, PO Box 145421, Cincinnati, OH 45250 (managed by Fidelity) Janus Capital Group, PO Box 173375, Denver, CO 80217 (Managed by Janus) Morgan Stanley Smith Barney, 601 Union Street, #5200, Seattle, WA 98101 Prudential Investment Management Services LLC (PIMS), 655 Broad Street, 19th Flr, Newark, NJ TRowe Price, PO Box 17059, Baltimore, MD 21297-1059	Checking & Savings Accounts Checking & Savings Accounts Retirement & Investment Account Retirement & Investment Account Retirement & Investment Account Retirement & Investment Account Retirement & Investment Account Retirement & Investment Account Retirement & Investment Account	D C D E E E D E	A A A C E B E A D
B. Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$24,000 during the period.			
C. Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account.			

Check here if continued on attached sheet.

4 CREDITORS List each creditor you or a family member, including registered domestic partner, owed \$2,400 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2. **AMOUNT (USE CODE)**

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
Alaska USA Federal Credit Union, P.O. Box 196613, Anchorage, AK 99519-6613 First Tech Federal Credit Union, PO Box 2100 Beaverton, OR 97075-2100	5 years, 2.25% 5 years, 2.15%	Vehicle Vehicle	C D	B A

Check here if continued on attached sheet.

5 Filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required. Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? Yes If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? 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.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

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

CERTIFICATION: I certify under penalty of perjury that the information in this report is true and correct to the best of my knowledge. I acknowledge that the email address herein shall constitute the official address for communications with the commission, and that I must notify the commission of any change to that address within ten days.

Bruce A. Harrell 04/10/2019
 Signature Date
 Contact Telephone: (206) 650-0495 (cell)
 Email: _____ (Work)
 Email: bruce210@msn.com (Home)*

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

<p>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.</p> <p>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.</p>	<p>Type of Account or Description of Asset</p>	<p>Asset Value (Use Code)</p>	<p>Income Amount (Use Code)</p>
<p>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.</p> <p>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</p>	<p>Stock Stock Stock Stock</p>	<p>E E C D</p>	<p>C A A A</p>
<p>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</p>	<p>Stock Stock Stock Stock</p>	<p>D D C B</p>	<p>B A B A</p>
<p>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</p>	<p>Stock Stock Stock Stock Stock</p>	<p>C D D D D</p>	<p>A A A A A</p>
<p>Check here <input type="checkbox"/> if continued on attached sheet.</p>			

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

Last Name HARRELL	First BRUCE	Middle Initial A.	DATE 04/10/2019
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- A OFFICE HELD, BUSINESS INTERESTS:** Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents
- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
 - (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
- Legal Name: Report name used on legal documents establishing the entity.
 - Trade or Operating Name: Report name used for business purposes if different from the legal name.
 - Position or Percent of Ownership: The office, title and/or percent of ownership held.
 - Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
 - Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
 - Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$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.

ENTITY NO. 1 Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: **UNIVERSITY OF WASHINGTON** POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **UNIVERSITY OF WASHINGTON** **Regent, No Ownership**

ADDRESS: **139 Gerberding Hall
 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 if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

Name

ENTITY NO. 2

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

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

Purpose of payments

Amount (actual dollars)

\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

Customer name:

Purpose of payment (amount not required)

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

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)
Check here <input type="checkbox"/> if continued on attached sheet		

C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, 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)
Check here <input type="checkbox"/> if continued on attached sheet			\$	

Information Continued

F-1 Supplement

Name

ENTITY NO.

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

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

Purpose of payments

Amount (actual dollars)

\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

Customer name:

Purpose of payment (amount not required)

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

B LOBBYING: (Continued)

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

C FOOD TRAVEL SEMINARS (continued)

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



Bruce Harrell, Council President
Seattle City Councilmember, District 2

DATE FILED PDC

APR 15 2018

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:

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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

City Hall, 600 Fourth Avenue, Floor 2, PO Box 34025, Seattle, Washington 98124-4025
(206) 684-8804, Fax: (206) 684-8587, TTY: (206) 233-0025

E-mail Address: bruce.harrell@seattle.gov Web: <http://www.seattle.gov/council/harrell>

An EEO employer. Accommodations for people with disabilities provided upon request.

Refer to instruction manual for detailed assistance and examples. Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position. SEND REPORT TO PUBLIC DISCLOSURE COMMISSION	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DOLLAR CODE</th> <th style="text-align: left;">AMOUNT</th> </tr> <tr> <td>A</td> <td>\$1 to \$3,999</td> </tr> <tr> <td>B</td> <td>\$4,000 to \$19,999</td> </tr> <tr> <td>C</td> <td>\$20,000 to \$39,999</td> </tr> <tr> <td>D</td> <td>\$40,000 to \$99,999</td> </tr> <tr> <td>E</td> <td>\$100,000 or more</td> </tr> </table>	DOLLAR CODE	AMOUNT	A	\$1 to \$3,999	B	\$4,000 to \$19,999	C	\$20,000 to \$39,999	D	\$40,000 to \$99,999	E	\$100,000 or more
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E	\$100,000 or more												

Last Name HARRELL	First BRUCE	Middle Initial A.	Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.
Mailing Address (Use PO Box or Work Address) * 5846 Seward Park Avenue South			(SP) Bruce A. Harrell
City Seattle	County King	Zip + 4 98118	

Filing Status (Check only one box.) <input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature	Office Held or Sought Office title: <u>City Councilmember</u> County, city, district or agency of the office, name and number: <u>Seattle</u> Position number: <u>2</u> Term begins: <u>01/01/2016</u> ends: <u>12/31/2019</u>
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Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation City of Seattle, 600 4th Avenue, Floor 2, Seattle, WA 98124 Microsoft Corporation, One Microsoft Way, Redmond, WA 98052 Check Here <input type="checkbox"/> if continued on attached sheet	Occupation or How Compensation Was Earned City Councilmember General Manager	Amount: (Use Code) E E	(S) (SP)

2	REAL ESTATE	List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$10,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)		
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Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received		
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current
All Other Property Entirely or Partially Owned 5846 Seward Park Ave. So., Sea, WA 98118 10617 NE 10 th Bellevue, WA 98004 Check here <input type="checkbox"/> if continued on attached sheet	E E	Wells Fargo, PO Box 10445 Des Moines, IA 50306-0335 Wells Fargo, PO Box 10445 Des Moines, IA 50306-0335	25% down, 3.25% for 15 yrs. 20% down, 4.3% for 20 yrs.	Mortgage Mortgage	E E E E

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Wells Fargo, 420 Montgomery Street, San Francisco, California 94163	Checking and Savings Accounts	D	A
Bank of America, 4th & Madison, Seattle, WA 98101	Checking and Savings Accounts	C	A
Charles Schwab, Inc., Phoenix Operations Center, PO Box 52114, Phoenix AZ 85072-2114	Retirement / Investment Account	E	B
Comcast Corporation, PO Box 770003, Cincinnati, OH 45277 (managed by Comcast)	Retirement / Investment Account	E	C
Fidelity Investments, PO Box 145421, Cincinnati, OH 45250 (managed by Fidelity)	Retirement / Investment Account	E	D
Janus Capital Group, P.O. Box 173375, Denver, CO 80217 (Managed by Janus)	Retirement / Investment Account	E	B
Morgan Stanley Smith Barney, 601 Union Street, #5200, Seattle, WA 98101	Retirement / Investment Accounts	E	E
Prudential Investment Management Services LLC (PIMS), 655 Broad Street, 19th Floor, Newark, NJ	Retirement / Investment Account	D	A
B. Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$20,000 during the period.			
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.			

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List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

AMOUNT (USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
Alaska USA Federal Credit Union, P.O. Box 196613 Anchorage, AK 99519-6613	5 years, 2.25%	Vehicle	C	C
First Tech Federal Credit Union	5 years, 2.15%	Vehicle	D	B

Check here if continued on attached sheet.

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

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

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? Yes If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? 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.

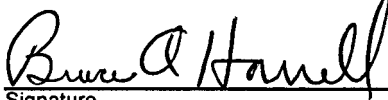
ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.

I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

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

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

 April 12, 2018
 Signature Date
 Contact Telephone: (206) 650-0495 (cell)
 Email: _____ (work) *
 Email: bruce210@msn.com (Home)
 Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS
Continued

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

A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
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 Hewlett Packard, 3000 Hanover St., MS 1050, Palo Alto, CA 94304 U.S. Bank, N.A., 800 Nicollet 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, One Comcast Center, Philadelphia, PA 19103-2838 AT&T 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 A B B A
Costco, 999 Lake Drive, Issaquah, WA 98027 Facebook, 6101 Willow Road, Menlo Park, CA 94025 Starbucks, 2401 Utah Ave South, Seattle, Washington 98134 Bank of America, 100 N. Tryon Street, Charlotte, NC 28255 Wells Fargo, 420 Montgomery Street, San Francisco, California 94163 Visa, International, 900 Metro Center Boulevard, Foster City, California 94404 Amazon.com Inc., 410 Terry Avenue North, Seattle, WA 98109	Stock Stock Stock Stock Stock Stock Stock	C C C B C B D	A A B A A A A
Check here <input type="checkbox"/> if continued on attached sheet.			

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

Last Name HARRELL	First BRUCE	Middle Initial A.	DATE 04/12/2018
-----------------------------	-----------------------	-----------------------------	---------------------------

- A OFFICE HELD, BUSINESS INTERESTS:** Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents
- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
 - (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
- Legal Name: Report name used on legal documents establishing the entity.
 - Trade or Operating Name: Report name used for business purposes if different from the legal name.
 - Position or Percent of Ownership: The office, title and/or percent of ownership held.
 - Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
 - Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
 - Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$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.

ENTITY NO. 1 Reporting For: Self Spouse
 Registered Domestic Partner Dependent
LEGAL NAME: UNIVERSITY OF WASHINGTON POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: UNIVERSITY OF WASHINGTON **Regent, No Ownership**

ADDRESS: 139 Gerberding Hall
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):

Name
HARRELL, BRUCE A.

ENTITY NO. 2

Reporting For: Self Spouse

Registered Domestic Partner Dependent

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

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)

Check here if continued on attached sheet

C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, 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)
			\$	

Check here if continued on attached sheet

Information Continued

F-1 Supplement

Name
HARRELL, BRUCE A.

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

B LOBBYING: (Continued)

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

C FOOD TRAVEL SEMINARS (continued)

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



Bruce Harrell, Council President
Seattle City Councilmember, District 2

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.

Sincerely,

Bruce A. Harrell

Seattle City Council President
Chair: Education, Equity & Governance Committee
Vice-Chair: Human Services & Public Health
206-684-8804

Refer to instruction manual for detailed assistance and examples.

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

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

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

Last Name HARRELL	First BRUCE	Middle Initial A.	Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.
----------------------	----------------	----------------------	---

Mailing Address (Use PO Box or Work Address) *
 5846 Seward Park Avenue South

City Seattle	County King	Zip + 4 98118	(SP) Bruce A. Harrell
-----------------	----------------	------------------	-----------------------

Filing Status (Check only one box.)

An elected or state appointed official filing annual report

Final report as an elected official. Term expired:

Candidate running in an election: month _____ year _____

Newly appointed to an elective office

Newly appointed to a state appointive office

Professional staff of the Governor's Office and the Legislature

Office Held or Sought

Office title: City Councilmember

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

Position number: 2

Term begins: 01/01/2016 ends: 12/31/2019

1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,000 or more during the period. 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)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
(S)	City of Seattle, 600 4th Avenue, Floor 2, Seattle, WA 98124	City Councilmember	E
(SP)	Microsoft Corporation, One Microsoft Way, Redmond, WA 98052	General Manager	E

Check Here if continued on attached sheet

2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$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 Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received		
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current
All Other Property Entirely or Partially Owned		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current
5846 Seward Park Ave. So., Sea, WA 98118	E	Wells Fargo, PO Box 10445 Des Moines, IA 50306-0335	25% down, 3.25% for 15 yrs.	Mortgage	E E
10617 NE 10 th Bellevue, WA 98004	E	Wells Fargo, PO Box 10445 Des Moines, IA 50306-0335	20% down, 4.3% for 20 yrs.	Mortgage	E E

Check here if continued on attached sheet

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Wells Fargo, 420 Montgomery Street, San Francisco, California 94163	Checking and Savings Accounts	D	A
Bank of America, 4th & Madison, Seattle, WA 98101	Checking and Savings Accounts	C	A
Charles Schwab, Inc., Phoenix Operations Center, PO Box 52114, Phoenix AZ 85072-2114	Retirement / Investment Account	E	B
Comcast Corporation, PO Box 770003, Cincinnati, OH 45277 (managed by Comcast)	Retirement / Investment Account	E	C
Fidelity Investments, PO Box 145421, Cincinnati, OH 45250 (managed by Fidelity)	Retirement / Investment Account	E	D
Janus Capital Group, P.O. Box 173375, Denver, CO 80217 (Managed by Janus)	Retirement / Investment Account	E	B
Morgan Stanley Smith Barney, 601 Union Street, #5200, Seattle, WA 98101	Retirement / Investment Accounts	E	E
Prudential Investment Management Services LLC (PIMS), 655 Broad Street, 19th Floor, Newark, NJ	Retirement / Investment Account	D	A
B. Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$20,000 during the period.			
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.			

Check here if continued on attached sheet.

4 CREDITORS

List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

AMOUNT (USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
Alaska USA Federal Credit Union, P.O. Box 196613 Anchorage, AK 99519-6613	5 years, 2.25%	Vehicle	C	C
First Tech Federal Credit Union	5 years, 2.15%	Vehicles	D	D

Check here if continued on attached sheet.

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

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

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? Yes If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? 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.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

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

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

Bruce D. Harrell April 12, 2017
 Signature Date
 Contact Telephone: (206) 650-0495 (cell)
 Email: _____ (work) *
 Email: bruce210@msn.com (Home)
 Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS
Continued

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

A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
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 Hewlett Packard, 3000 Hanover St., MS 1050, Palo Alto, CA 94304 U.S. Bank, N.A., 800 Nicollet 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, One Comcast Center, Philadelphia, PA 19103-2838 AT&T Corporation, 208 S. Akard St., Dallas, TX 75202	Stock Stock Stock Stock Stock Stock Stock Stock Stock	E E A C D D C D	C A A A A B B A
Costco, 999 Lake Drive, Issaquah, WA 98027 Facebook, 6101 Willow Road, Menlo Park, CA 94025 Starbucks, 2401 Utah Ave South, Seattle, Washington 98134 Bank of America, 100 N. Tryon Street, Charlotte, NC 28255 Wells Fargo, 420 Montgomery Street, San Francisco, California 94163 Sanofi, USA, 55 Bridgewater Drive, Bridgewater, NJ 08807 Visa, International, 900 Metro Center Boulevard, Foster City, California 94404 Umpqua Holdings, 1 SW Columbia St Ste 1200, Portland, OR 97258	Stock Stock Stock Stock Stock Stock Stock Stock	C C C B C B B B	A A B A A A A A
Check here <input type="checkbox"/> if continued on attached sheet.			



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

PDC FORM
F-1
 SUPPLEMENT
 (1/15)

SUPPLEMENT PAGE
 PERSONAL FINANCIAL AFFAIRS STATEMENT

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

Last Name HARRELL	First BRUCE	Middle Initial A.	DATE 04/12/2017
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A OFFICE HELD, BUSINESS INTERESTS: Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents

- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
- (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.

- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$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.

ENTITY NO. 1 Reporting For: Self Spouse
 Registered Domestic Partner Dependent
LEGAL NAME: UNIVERSITY OF WASHINGTON POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: UNIVERSITY OF WASHINGTON **Regent, No Ownership**

ADDRESS: 139 Gerberding Hall
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):

Name
 HARRELL, BRUCE A.

ENTITY NO. 2

Reporting For: Self Spouse

Registered Domestic Partner Dependent

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

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)
Check here <input type="checkbox"/> if continued on attached sheet		

C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, 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)
			\$	

Check here if continued on attached sheet

Information Continued

F-1 Supplement

Name
HARRELL, BRUCE A.

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

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):

B LOBBYING: (Continued)

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

C FOOD TRAVEL SEMINARS (continued)

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



Bruce Harrell
Seattle City Council President

DATE FILED PDC
APR 19 2016

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,

A handwritten signature in black ink, appearing to read "B. Harrell".

Bruce A. Harrell
Seattle City Council President
Chair: Education, Equity & Governance Committee
Vice-Chair: Human Services & Public Health
206-684-8804

City Hall, 600 Fourth Avenue, Floor 2, PO Box 34025, Seattle, Washington 98124-4025
(206) 684-8804, Fax: (206) 684-8587, TTY: (206) 233-0025
E-mail Address: bruce.harrell@seattle.gov Web: <http://www.seattle.gov/council/harrell>
An EEO employer. Accommodations for people with disabilities provided upon request.

Refer to instruction manual for detailed assistance and examples.

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

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

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

Last Name HARRELL	First BRUCE	Middle Initial A.	Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.
-----------------------------	-----------------------	-----------------------------	---

Mailing Address (Use PO Box or Work Address) *

5846 Seward Park Avenue South

(SP) Joanne R. Harrell

City Seattle	County King	Zip + 4 98118	
-----------------	----------------	------------------	--

Filing Status (Check only one box.)

An elected or state appointed official filing annual report

Final report as an elected official. Term expired:

Candidate running in an election: month _____ year _____

Newly appointed to an elective office

Newly appointed to a state appointive office

Professional staff of the Governor's Office and the Legislature

Office Held or Sought

Office title: City Councilmember

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

Position number: _____

Term begins: 01.01.2016 ends: 12.31.19

1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,000 or more during the period. 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)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
(S)	City of Seattle, 600 4th Avenue, Floor 2, Seattle, WA 98124	City Councilmember	E
(SP)	Microsoft Corporation, One Microsoft Way, Redmond, WA 98052	General Manager	E

Check Here if continued on attached sheet

2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$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 Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms
		Security Given	Mortgage Amount - (Use Code) Original Current
All Other Property Entirely or Partially Owned		Creditor's Name/Address	Payment Terms
5846 Seward Park Ave. So., Sea, WA 98118	E	Wells Fargo, PO Box 10445 Des Moines, IA 50306-0335	25% down, 3.25% for 15 yrs.
		Security Given	Mortgage Amount - (Use Code) Original Current
10617 NE 10 th Bellevue, WA 98004	E	Wells Fargo, PO Box 10445 Des Moines, IA 50306-0335	20% down, 4.3% for 20 yrs.
		Security Given	Mortgage Amount - (Use Code) Original Current
		Mortgage	E E

Check here if continued on attached sheet

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Bank of America, 4 th & Madison, Seattle, WA 98101	Checking and Savings Accounts	D	A
Citigroup Smith Barney, 601 Union Street, #5200, Seattle, WA 98101	Retirement / Investment Accounts	E	E
Wells Fargo, 420 Montgomery Street, San Francisco, California 94163	Checking account	A	A
Fidelity Investments, PO Box 145421, Cincinnati, OH 45250 (managed by Fidelity)	Retirement / Investment Account	E	C
Comcast Corporation, PO Box 770003, Cincinnati, OH 45277 (managed by Comcast)	Retirement / Investment Account	E	B
Charles Schwab, Inc., Phoenix Operations Center, PO Box 52114, Phoenix AZ 85072-2114	Retirement / Investment Account	E	B
<p>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.</p>			
<p>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.</p> <p>Check here <input checked="" type="checkbox"/> if continued on attached sheet.</p>			

4 CREDITORS

List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

AMOUNT (USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
Alaska USA Federal Credit Union, P.O. Box 196613 Anchorage, AK 99519-6613	5 years, 2.25%	Vehicle	C	C
First Tech Federal Credit Union	5 years, 2.15%	Vehicle	D	D

Check here if continued on attached sheet.

5

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

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

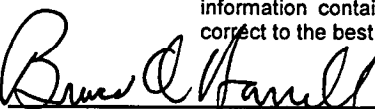
- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? Yes If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? 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.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

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

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


Signature

April 12, 2016

Date

Contact Telephone: (206) 650-0495

Email: bruce.harrell@seattle.gov

(work) *

Email: bruce210@msn.com

(Home) 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 \$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.			
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 Nicollet 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, One Comcast Center, Philadelphia, PA 19103-2838 AT&T Corporation, 208 S. Akard St., Dallas, TX 75202	Retirement / Investment Account Retirement/Investment Account Retirement/Investment /Stock Account Stock Stock Stock Stock Stock Stock Stock Stock Stock Stock	E E E E A B C D C D	B E C A A A A A A A A A
Costco, 999 Lake Drive, Issaquah, WA 98027 Facebook, 6101 Willow Road, Menlo Park, CA 94025 Starbucks, 2401 Utah Ave South, Seattle, Washington 98134 Bank of America, 100 N. Tryon Street, Charlotte, NC 28255 Wells Fargo, 420 Montgomery Street, San Francisco, California 94163 Sanofi, USA, 55 Bridgewater Drive, Bridgewater, NJ 08807 Visa, International, 900 Metro Center Boulevard, Foster City, California 94404	Stock Stock Stock Stock Stock Stock Stock	B C C B C B B	A A A A A A A

Check here if continued on attached sheet.

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

Last Name HARRELL	First BRUCE	Middle Initial A	DATE 4/12/16
-----------------------------	-----------------------	----------------------------	------------------------

- A OFFICE HELD, BUSINESS INTERESTS:** Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents
- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
 - (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
- Legal Name: Report name used on legal documents establishing the entity.
 - Trade or Operating Name: Report name used for business purposes if different from the legal name.
 - Position or Percent of Ownership: The office, title and/or percent of ownership held.
 - Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
 - Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
 - Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$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.

ENTITY NO. 1

Reporting For: Self Spouse
 Registered Domestic Partner Dependent

LEGAL NAME: **University of Washington**

POSITION OR PERCENT OF OWNERSHIP: **Regent, No ownership**

TRADE OR OPERATING NAME: **University of Washington**

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:
 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):

None

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

Name

ENTITY NO. 2

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: The Association of Governing Boards of Universities and Colleges (AGB)

POSITION OR PERCENT OF OWNERSHIP: Board Member, no ownership or compensation, term expires on 6.30.16

TRADE OR OPERATING NAME: The Association of Governing Boards of Universities and Colleges (AGB)

ADDRESS: 1133 20th Street NW, Suite 300, Washington, DC 20036

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

The Association of Governing Boards of Universities and Colleges (AGB) is the premier organization centered on governance in higher education. AGB provides leadership and counsel to member boards, chief executives, organizational staff, policy makers, and other key industry leaders to help them navigate the changing education landscape.

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 if continued on attached sheet

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)
Check here <input type="checkbox"/> if continued on attached sheet		

C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, 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)
Check here <input type="checkbox"/> if continued on attached sheet			\$	

Information Continued

F-1 Supplement

Name _____

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

LEGAL NAME: _____ POSITION OR PERCENT OF OWNERSHIP _____

TRADE OR OPERATING NAME: _____

ADDRESS: _____

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: _____

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

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

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

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

B LOBBYING: (Continued)

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

C FOOD TRAVEL SEMINARS (continued)

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

April 13, 2015

RECEIVED

APR 14 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

Refer to instruction manual for detailed assistance and examples. Deadlines: Incumbent elected and appointed officials – by April 15. Candidates and others – within two weeks of becoming a candidate or being newly appointed to a position. SEND REPORT TO PUBLIC DISCLOSURE COMMISSION	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DOLLAR CODE</th> <th style="text-align: left;">AMOUNT</th> </tr> <tr> <td>A</td> <td>\$1 to \$4,499</td> </tr> <tr> <td>B</td> <td>\$4,500 to \$23,999</td> </tr> <tr> <td>C</td> <td>\$24,000 to \$47,999</td> </tr> <tr> <td>D</td> <td>\$48,000 to \$119,999</td> </tr> <tr> <td>E</td> <td>\$120,000 or more</td> </tr> </table>	DOLLAR CODE	AMOUNT	A	\$1 to \$4,499	B	\$4,500 to \$23,999	C	\$24,000 to \$47,999	D	\$48,000 to \$119,999	E	\$120,000 or more
DOLLAR CODE	AMOUNT												
A	\$1 to \$4,499												
B	\$4,500 to \$23,999												
C	\$24,000 to \$47,999												
D	\$48,000 to \$119,999												
E	\$120,000 or more												

Last Name Harrell	First Bruce	Middle Initial A.	Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.
-----------------------------	-----------------------	-----------------------------	---

Mailing Address (Use PO Box or Work Address) *
P.O. Box 21208

City Seattle	County King	Zip + 4 98111	(SP) Joanne Harrell
------------------------	-----------------------	-------------------------	---------------------

Filing Status (Check only one box.) <input type="checkbox"/> An elected or state appointed official filing annual report <input checked="" type="checkbox"/> Final report as an elected official. Term expired: 2015 <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature	Office Held or Sought Office title: <u>Seattle City Council</u> County, city, district or agency of the office, name and number: <u>Seattle</u> Position number: <u>#3</u> Term begins: <u>01/01/12</u> ends: <u>12/31/15</u>
--	--

1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3.)

	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
(S)	City of Seattle, 600 4 th Avenue, Flr 2, Seattle, WA 98124	City Councilmember	E
(SP)	Microsoft Corporation, One Microsoft Way, Redmond, WA 98052	General Manager	E

Check Here if continued on attached sheet

2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested	Assessed Value Use Code	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received		
5719 – 42 nd Avenue S., Seattle, WA 98118	E	Heather S. Nelson 5719 – 42 nd Avenue S., Seattle, WA 98118	E		
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given ..	Mortgage Amount - (Use Code) Original Current
All Other Property Entirely or Partially Owned					
5846 Seward Park Ave S, Sea, WA 98118	E	Wells Fargo, PO Box 10445 Des Moines, IA 50306-0335	25% down, 3.25% for 15 yrs.	Mortgage	E E
10617 NE 10 th , Bellevue, WA 98004	E	Wells Fargo, PO Box 10445 Des Moines, IA 50306-0335	4.3% for 20 yrs.	Mortgage	E E

Check here if continued on attached sheet

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$24,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Bank of America, 4 th & Madison, Seattle, WA 98101 Citigroup Smith Barney, 601 Union Street, #5200, Seattle, WA 98101	Checking and Savings Account Ind. Retirement/Investment Account	D E	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 \$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.	Retirement Investment Account Retirement Investment Account Retirement Investment Account	E E E	B B B
Fidelity Investments, PO Box 145421, Cincinnati, OH 45250 (managed by Fidelity) Comcast Corporation, PO Box 770003, Cincinnati, OH 45277 (managed by Comcast) Charles Schwab, Inc., Phoenix Operations Center, PO Box 52114, Phoenix, AZ 85072-2114 (Managed by Schwab)			

Check here if continued on attached sheet.

4 CREDITORS	List each creditor you or a family member, including registered domestic partner, owed \$2,400 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.			AMOUNT (USE CODE)	
Creditor's Name and Address	Terms of Payment	Security Given	Original	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	Note Note	E E	E A	

Check here if continued on attached sheet.

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

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

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

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.

I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

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

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

Bruce D. Harrell
Signature _____ Date April 1, 2015

Contact Telephone: (206) 817-5155

Email: bruce210@msn.com (work) *


Email: _____ (Home) 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 FILED PDC APR 13 2015	
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.			
<p>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 Nicollet 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, One Comcast Center, Philadelphia, PA 19103-2838 AT&T Corporation, 208 S. Akard St., Dallas, TX 75202</p>	<p>Retirement Account Retirement/Investment Account Retirement/Investment /Stock Account Stock Stock Stock Stock Stock Stock Stock Stock</p>	<p>E E E D A B C C A A A</p>	<p>B C B A A A A A A A A</p>
<p>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</p>	<p>Stock Stock Stock Stock Stock</p>	<p>B B B B B</p>	<p>A A A A A</p>
<p>Check here <input type="checkbox"/> if continued on attached sheet.</p>			

PUBLIC DISCLOSURE COMMISSION  711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828 EMAIL: pdc@pdc.wa.gov	PDC FORM F-1 SUPPLEMENT (1/15)	APR 13 2015 SUPPLEMENT PAGE PERSONAL FINANCIAL AFFAIRS STATEMENT
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PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name Harrell	First Bruce	Middle Initial A.	DATE 04/01/2015
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- A OFFICE HELD, BUSINESS INTERESTS:** Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents
- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
 - (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
- Legal Name: Report name used on legal documents establishing the entity.
 - Trade or Operating Name: Report name used for business purposes if different from the legal name.
 - Position or Percent of Ownership: The office, title and/or percent of ownership held.
 - Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
 - Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
 - Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$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.

ENTITY NO. 1	Reporting For: Self <input type="checkbox"/> Spouse <input checked="" type="checkbox"/>
LEGAL NAME: University of Washington	Registered Domestic Partner <input type="checkbox"/> Dependent <input type="checkbox"/>
POSITION OR PERCENT OF OWNERSHIP	

TRADE OR OPERATING NAME:

ADDRESS: **139 Gerberding Hall, PO 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)

\$

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

CONTINUE PARTS B AND C ON NEXT PAGE

Name
 Bruce A. Harrell

ENTITY NO. 2

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

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

Purpose of payments

Amount (actual dollars)

\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

Customer name:

Purpose of payment (amount not required)

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

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)

Check here if continued on attached sheet

C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, 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)
			\$	

Check here if continued on attached sheet

Information Continued

Name
Bruce A. Harrell

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

LEGAL NAME: POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

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

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

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

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

B LOBBYING: (Continued)

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

C FOOD TRAVEL SEMINARS (continued)

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

Refer to instruction manual for detailed assistance and examples.

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

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

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

R
E
C
E
I
V
E
D

Last Name: Harrell
 First: Bruce
 Middle Initial: A.

Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.

Mailing Address (Use PO Box or Work Address) *
 P. O. Box 21208

City: Seattle County: King Zip + 4: 98111

(SP) Joanne 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 _____
 - Newly appointed to an elective office
 - Newly appointed to a state appointive office
 - Professional staff of the Governor's Office and the Legislature

Office Held or Sought

Office title: Seattle City Council

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

Position number: #3

Term begins: 01/01/12 ends: 12/31/15

1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,000 or more during the period. 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)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
(S)		City of Seattle, 600 4 th Avenue, Floor 2, Seattle, WA 98124	City Councilmember	E
(SP)		Microsoft Corporation, One Microsoft Way, Redmond, WA 98052	General Manager	E

Check Here if continued on attached sheet

2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$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 Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received		
4102 - 51 st Avenue S., Seattle, WA 98118	E	Bruce and Barbara Rowe 4102 - 51 st Avenue S., Seattle, WA 98118	E		
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current
All Other Property Entirely or Partially Owned		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current
5846 Seward Park Ave. So., Sea, WA 98118	E	Wells Fargo, PO Box 10445 Des Moines, IA 50306-0335	25% down, 3.25% for 15 yrs.	Mortgage	E E
5719 42 nd Ave. S., Seattle, WA 98118	E	Bank of America, 4 th & Madison, Seattle, WA 98101		Mortgage	E E
10617 NE 10 th Bellevue, WA 98004	E	Wells Fargo, PO Box 10445 Des Moines, IA 50306-0335	4.85% for 20 yrs.	Mortgage	E E
			4.3% for 20 yrs.		

Check here if continued on attached sheet

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Bank of America, 4 th & Madison, Seattle, WA 98101 Citigroup Smith Barney, 601 Union Street, #5200, Seattle, WA 98101	Checking and Savings Account Ind. Retirement/Investment Account	D E	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.			
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	B
Comcast Corporation, PO Box 770003, Cincinnati, OH 45277 (managed by Comcast)	Retirement Investment Account	E	B
Charles Schwab, Inc., Phoenix Operations Center, PO Box 52114, Phoenix AZ 85072-2114 (managed by Schwab)	Retirement Investment Account	E	B
Check here <input checked="" type="checkbox"/> if continued on attached sheet.			

4 CREDITORS

List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE)	
			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	Note Note	E E	E A
Check here <input type="checkbox"/> if continued on attached sheet.				

5

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

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

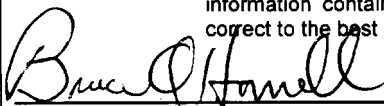
- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited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

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.

I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

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

 April 8, 2014
Signature Date

Contact Telephone: (206) 817-5155

Email: bruce210@msn.com (work) *

Email: _____ (Home) Optional

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

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)
<p>DATE FILED PDC</p> <p>APR 12 2014</p>			
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.			
<p>Janus Capital Group, P.O. Box 173375, Denver, CO 80217 (Managed by Janus)</p> <p>Citigroup Smith Barney, 601 Union St, #5200, SEA, WA 98101 (Managed by Agent)</p> <p>Microsoft, One Microsoft Way, Redmond, WA 98052</p> <p>Google Inc., 1600 Amphitheatre Parkway, Mountain View, CA 94043</p> <p>Hewlett Packard, 3000 Hanover St., MS 1050, Palo Alto, CA 94304</p> <p>U.S. Bank, N.A., 800 Nicollet Mall, Minn., MN 55402</p> <p>The Boeing Company, 100 N. Riverside, Chicago, IL 60606-1596</p> <p>Johnson & Johnson, One Johnson & Johnson Plaza, New Brunswick, NJ 08933</p> <p>Comcast Corporation, One Comcast Center, Philadelphia, PA 19103-2838</p> <p>AT&T Corporation, 208 S. Akard St., Dallas, TX 75202</p>	<p>Retirement Account</p> <p>Retirement/Investment Account</p> <p>Retirement/Investment /Stock Account</p> <p>Stock</p> <p>Stock</p> <p>Stock</p> <p>Stock</p> <p>Stock</p> <p>Stock</p> <p>Stock</p> <p>Stock</p>	<p>E</p> <p>E</p> <p>E</p> <p>D</p> <p>A</p> <p>B</p> <p>C</p> <p>C</p> <p>A</p> <p>A</p>	<p>B</p> <p>C</p> <p>B</p> <p>A</p> <p>A</p> <p>A</p> <p>A</p> <p>A</p> <p>A</p> <p>A</p>
<p>Costco, 999 Lake Drive, Issaquah, WA 98027</p> <p>Facebook, 6101 Willow Road, Menlo Park, CA 94025</p> <p>Marchex, Suite 2000, 520 Pike Street, Seattle, WA 98101</p> <p>Twitter, Suite 900, 1355 Market Street, San Francisco, CA 94103</p> <p>Symetra Finance Corp., P.O. Box 34690, Seattle, WA 98124</p>	<p>Stock</p> <p>Stock</p> <p>Stock</p> <p>Stock</p> <p>Stock</p>	<p>B</p> <p>B</p> <p>B</p> <p>B</p> <p>B</p>	<p>A</p> <p>A</p> <p>A</p> <p>A</p> <p>A</p>
<p>Check here <input type="checkbox"/> if continued on attached sheet.</p>			



PUBLIC DISCLOSURE COMMISSION

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

DATE FILED PDC

APR 12 2014

PDC FORM

F-1

SUPPLEMENT
(1/12)

SUPPLEMENT PAGE
PERSONAL FINANCIAL AFFAIRS STATEMENT

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

Last Name Harrell	First Bruce	Middle Initial A.	DATE 04/08/2014
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A

**OFFICE HELD,
BUSINESS
INTERESTS:**

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

- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
 - (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
- Legal Name: Report name used on legal documents establishing the entity.
 - Trade or Operating Name: Report name used for business purposes if different from the legal name.
 - Position or Percent of Ownership: The office, title and/or percent of ownership held.
 - Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
 - Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
 - Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$10,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
 - Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: **University of Washington**

POSITION OR PERCENT OF OWNERSHIP

Regent

TRADE OR OPERATING NAME:

ADDRESS:

139 Gerberding Hall, PO 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)

\$

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

Agency name:

Purpose of payment (amount not required)

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

Customer name:

Purpose of payment (amount not required)

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

Check here if continued on attached sheet

Name

ENTITY NO. 2 Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

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

Purpose of payments	Amount (actual dollars)
	\$

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

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

Customer name:	Purpose of payment (amount not required)
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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

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)

Check here if continued on attached sheet

C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, 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 Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
			\$	

Check here if continued on attached sheet

Information Continued

Name APR 12 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 IN WHICH YOU SEEK/HOLD OFFICE:
 Purpose of payments Amount (actual dollars)
\$

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

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

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

B LOBBYING: (Continued)

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

C FOOD TRAVEL SEMINARS (continued)

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

Amendment

PDC OFFICE USE
 P O S T M A R K
 R E C E I V E D
DATE FILED PDC
FEB 27 2013

Refer to instruction manual for detailed assistance and examples.

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

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

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name Harrell	First Bruce	Middle Initial A.	Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.
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Mailing Address (Use PO Box or Work Address) * P. O. Box 221005		
City Seattle	County King	Zip + 4 98122

(SP) Joanne 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 _____

Newly appointed to an elective office

Newly appointed to a state appointive office

Professional staff of the Governor's Office and the Legislature

Office Held or Sought

Office title: Mayor

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

Position number: _____

Term begins: 01/01/13 ends: 12/31/17

1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,000 or more during the period. 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)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
(S)	City of Seattle, 600 4 th Avenue, Floor 2, Seattle, WA 98124	City Councilmember	E
(SP)	Microsoft Corporation, One Microsoft Way, Redmond, WA 98052	General Manager	E
(SP)	Recreational Equipment, Inc., 222 Yale Avenue N., Seattle, WA 98101	Director	D
(SP)	AAA of Washington, 1745 – 114 th Avenue SE, Bellevue, WA 98004	Director	B

Check Here if continued on attached sheet

2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$10,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received		
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current
All Other Property Entirely or Partially Owned		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current
5846 Seward Park Ave. So., Sea, WA 98118	E	Wells Fargo, PO Box 10445 Des Moines, IA 50306-0335	25% down, 3.45 for 30 yrs.	Mortgage	E E
4102 51 ST Ave. S., Seattle, WA 98118	E	Bank of America, 4 th & Madison, Seattle, 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 98101	4.85% for 20 yrs.	Mortgage	E E
10617 NE 10 th Bellevue, WA 98004	E	Wells Fargo, PO Box 10445 Des Moines, IA 50306-0335	4.3% for 20 yrs.	Mortgage	E E

Check here if continued on attached sheet

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.

A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Bank of America, 4 th & Madison, Seattle, WA 98101 Citigroup Smith Barney, 601 Union Street, #5200, Seattle, WA 98101	Checking and Savings Account Ind. Retirement/Investment Account	D E	A C
DATE FILED PDC			
FEB 27 2013			
<p>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.</p> <p>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.</p> <p>Fidelity Investments, PO Box 145421, Cincinnati, OH 45250 (managed by Fidelity) Comcast Corporation, PO Box 770003, Cincinnati, OH 45277 (managed by Comcast) Charles Schwab, Inc., Phoenix Operations Center, PO Box 52114, Phoenix AZ 85072-2114 (managed by Schwab)</p>	<p>Retirement Investment Account Retirement Investment Account Retirement Investment Account</p>	<p>E E E</p>	<p>B B B</p>

4 CREDITORS List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
Bank of America, 4 th & Madison, Seattle, WA 98101 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	Note Note Note	E E E	E A E

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

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

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? Yes If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? 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.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.

I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

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

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

Bruce A. Hanel January 17, 2013
 Signature Date

Contact Telephone: (206) 817-5155

Email: bruce210@msn.com (work) *

Email: _____ (Home) Optional

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

Last Name Harrell	First Bruce	Middle Initial A.	DATE 01/17/2013
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A OFFICE HELD, BUSINESS INTERESTS: Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents

- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
- (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.

- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$10,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1 Reporting For: Self Spouse

LEGAL NAME: **Recreational Equipment, Inc.** Registered Domestic Partner Dependent

TRADE OR OPERATING NAME: **Board 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 YOU SEEK/HOLD OFFICE:
 Purpose of payments Amount (actual dollars)
\$

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

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

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

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

Name
 Bruce A. Harrell

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 - 114th Avenue SE, Bellevue, WA 98004

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Automobile towing and highway safety services.

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

Purpose of payments

Amount (actual dollars)

\$

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

Agency name:

Purpose of payment (amount not required)

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

Customer name:

Purpose of payment (amount not required)

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

Check here if continued on attached sheet

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)
Check here <input type="checkbox"/> if continued on attached sheet		

C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, 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 Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
			\$	
Check here <input type="checkbox"/> if continued on attached sheet				

Information Continued

DATE FILED PDC

F-1 Supplement

Name **Bruce A. Harrell** FEB 27 2013

ENTITY NO. Reporting For: Self Spouse
 LEGAL NAME: **University of Washington** Registered Domestic Partner Dependent
 TRADE OR OPERATING NAME: POSITION OR PERCENT OF OWNERSHIP
Regent
 ADDRESS: **139 Gerberding Hall, PO 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)
\$

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

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

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

B LOBBYING: (Continued)

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

C FOOD TRAVEL SEMINARS (continued)

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

FEB 27 2013

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS
Continued

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

A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
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			
Janus Capital Group, P.O. Box 173375, Denver, CO 80217 (Managed by Janus)	Retirement Account	D	B
Citigroup Smith Barney, 601 Union St, #5200, Sea, WA 98101 (Managed by Agent)	Retirement Account/ Investment Account	E	C
Microsoft, One Microsoft Way, Redmond, WA 98052	Retirement Account/ Investment Acct/Stock	E	B
Pioneer Investments, P.O. Box 55014, Boston, MA 02205 (Managed by Pioneer)	Retirement Account	B	A
Google Inc., 1600 Amphitheatre Parkway, Mountain View, CA 94043	Stock	D	A
Hewlett Packard, 3000 Hanover Street, MS 1050, Palo Alto, CA 94304	Stock	B	A
U.S. Bank, N.A., 800 Nicollett Mall, Minneapolis, MN 55402	Stock	B	A
Starbucks Corporation, P O Box 34067, 2401 Utah Ave S, Sea, WA 98134	Stock	B	A
The Allstate Corporation, 2775 Sanders Road, Northbrook, IL 60062	Stock	A	A
The Boeing Company, 100 N. Riverside, Chicago, IL 60606-1596	Stock	B	A
Johnson & Johnson, One Johnson & Johnson Plaza, New Brunswick, New Jersey 08933	Stock	B	A
Comcast Corporation, One Comcast Center, Phil, PA 19103-2838	Stock	A	A
AT&T Corporation, 208 S. Akard St, Dallas TX, 75202	Stock	A	A

Refer to instruction manual for detailed assistance and examples.

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

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

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name Harrell	First Bruce	Middle Initial A.
Mailing Address (Use PO Box or Work Address) * P. O. Box 221005		
City Seattle	County King	Zip + 4 98122

Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.

(SP) Joanne 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 _____

Newly appointed to an elective office

Newly appointed to a state appointive office

Professional staff of the Governor's Office and the Legislature

Office Held or Sought

Office title: Mayor

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

Position number: _____

Term begins: 01/01/13 ends: 12/31/17

1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,000 or more during the period. Include stock options received during the reporting period that had a value of \$2,000 or more. (Report interest and dividends in Item 3.)

	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
(S)	City of Seattle, 600 4 th Avenue, Floor 2, Seattle, WA 98124	City Councilmember	E
(SP)	Microsoft Corporation, One Microsoft Way, Redmond, WA 98052	General Manager	E
(SP)	Recreational Equipment, Inc., 222 Yale Avenue N., Seattle, WA 98101	Director	D
(SP)	AAA of Washington, 1745 – 114 th Avenue SE, Bellevue, WA 98004	Director	B

Check Here if continued on attached sheet

2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$10,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms
5846 Seward Park Ave. So., Sea, WA 98118	E	Wells Fargo, PO Box 10445 Des Moines, IA 50306-0335	25% down, 3.45 for 30 yrs.
4102 51 ST Ave. S., Seattle, WA 98118	E	Bank of America, 4 th & Madison, Seattle, WA 98101	20% down, 4.3% for 15 yrs.
5719 42 ND Ave. S., Seattle, WA 98118	E	Bank of America, 4 th & Madison, Seattle, WA 98101	4.85% for 20 yrs.
10617 NE 10 th Bellevue, WA 98004	E	Wells Fargo, PO Box 10445 Des Moines, IA 50306-0335	4.3% for 20 yrs.
All Other Property Entirely or Partially Owned			
Check here <input type="checkbox"/> if continued on attached sheet			

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Bank of America, 4 th & Madison, Seattle, WA 98101	Checking and Savings Account	D	A
Citigroup Smith Barney, 601 Union Street, #5200, Seattle, WA 98101	Ind. Retirement/Investment Account	E	C
DATE FILED PDC			
JAN 22 2013			
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.			
Fidelity Investments, PO Box 145421, Cincinnati, OH 45250 (managed by Fidelity)	Retirement Investment Account	E	B
Comcast Corporation, PO Box 770003, Cincinnati, OH 45277 (managed by Comcast)	Retirement Investment Account	E	B
Charles Schwab, Inc., Phoenix Operations Center, PO Box 52114, Phoenix AZ 85072-2114 (managed by Schwab)	Retirement Investment Account	E	B

Check here if continued on attached sheet.

4 CREDITORS

List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

AMOUNT (USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
Bank of America, 4 th & Madison, Seattle, WA 98101	Interest only/open ended	Note	E	E
Wells Fargo, PO Box 10335, Des Moines, IA 50306-0335	Interest only/open ended	Note	E	A
UNICO Properties, 1215 4 th Ave., Ste 600, Seattle, WA 98101	6-yr monthly lease	Note	E	E

Check here if continued on attached sheet.

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

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

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? Yes If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? 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.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

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

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

Bruce D. Farrell January 17, 2013
 Signature Date
 Contact Telephone: (206) 817-5155
 Email: bruce210@msn.com (work) *
 Email: _____ (Home) Optional

JAN 22 2013

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

Last Name Harrell	First Bruce	Middle Initial A.	DATE 01/17/2013
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- A OFFICE HELD, BUSINESS INTERESTS:** Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents
- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
 - (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
- Legal Name: Report name used on legal documents establishing the entity.
 - Trade or Operating Name: Report name used for business purposes if different from the legal name.
 - Position or Percent of Ownership: The office, title and/or percent of ownership held.
 - Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
 - Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
 - Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$10,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
 - Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self Spouse
 Registered Domestic Partner Dependent

LEGAL NAME: **Recreational Equipment, Inc.**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

Board 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 YOU SEEK/HOLD OFFICE:
 Purpose of payments

Amount (actual dollars)

\$

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

Purpose of payment (amount not required)

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

Purpose of payment (amount not required)

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

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

JAN 22 2013

Name
Bruce A. Harrell

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 - 114th Avenue SE, Bellevue, WA 98004

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Automobile towing and highway safety services.

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

Purpose of payments Amount (actual dollars)
\$

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

Agency name: Purpose of payment (amount not required)

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

Customer name: Purpose of payment (amount not required)

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

Check here if continued on attached sheet

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)
Check here <input type="checkbox"/> if continued on attached sheet		

C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, 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 Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
Check here <input type="checkbox"/> if continued on attached sheet				

Information Continued

JAN 22 2013

Name
Bruce A. Harrell

ENTITY NO.

Reporting For: Self Spouse
Registered Domestic Partner Dependent

LEGAL NAME: **University of Washington**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

Regent

ADDRESS: **139 Gerberding Hall, PO 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)

\$

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

Agency name:

Purpose of payment (amount not required)

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

Customer name:

Purpose of payment (amount not required)

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

B LOBBYING: (Continued)

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

C FOOD TRAVEL SEMINARS (continued)

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

JAN 22 2013

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS
Continued

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

A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
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			
Janus Capital Group, P.O. Box 173375, Denver, CO 80217 (Managed by Janus)	Retirement Account	D	B
Citigroup Smith Barney, 601 Union St, #5200, Sea, WA 98101 (Managed by Agent)	Retirement Account/ Investment Account	E	C
Microsoft, One Microsoft Way, Redmond, WA 98052	Retirement Account/ Investment Acct/Stock	E B	B A
Pioneer Investments, P.O. Box 55014, Boston, MA 02205 (Managed by Pioneer)	Retirement Account		
Google Inc., 1600 Amphitheatre Parkway, Mountain View, CA 94043	Stock	D	A
Hewlett Packard, 3000 Hanover Street, MS 1050, Palo Alto, CA 94304	Stock	B	A
U.S. Bank, N.A., 800 Nicollet Mall, Minneapolis, MN 55402	Stock	B	A
Starbucks Corporation, P O Box 34067, 2401 Utah Ave S, Sea, WA 98134	Stock	B	A
The Allstate Corporation, 2775 Sanders Road, Northbrook, IL 60062	Stock	A	A
The Boeing Company, 100 N. Riverside, Chicago, IL 60606-1596	Stock	B	A
Johnson & Johnson, One Johnson & Johnson Plaza, New Brunswick, New Jersey 08933	Stock	B	A
Comcast Corporation, One Comcast Center, Phil, PA 19103-2838	Stock	A	A
AT&T Corporation, 208 S. Akard St, Dallas TX, 75202	Stock	A	A



Seattle City Council
Bruce A. Harrell, Councilmember

April 2, 2012

RECEIVED

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 -4 2012

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

An equal opportunity employer
600 Fourth Avenue, Floor 2, PO Box 34025, Seattle, Washington 98124-4025
Office: (206) 684-8804 Fax: (206) 684-8587 TTY: (206) 233-0025
email: bruce.harrell@seattle.gov
<http://www.seattle.gov/council/harrell/>

Refer to instruction manual for detailed assistance and examples.

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

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

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name Harrell	First Bruce	Middle Initial A.	Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.
Mailing Address (Use PO Box or Work Address) * P. O. Box21208			(SP) Joanne Harrell
City Seattle	County King	Zip + 4 98111	

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 _____

Newly appointed to an elective office

Newly appointed to a state appointive office

Professional staff of the Governor's Office and the Legislature

Office Held or Sought

Office title: City Councilmember

County, city, district or agency of the office, name and number: Seattle City Council

Position number: #3

Term begins: 01/01/12 ends: 12/31/15

1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,000 or more during the period. Include stock options received during the reporting period that had a value of \$2,000 or more. (Report interest and dividends in Item 3.)

	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
(S)	City of Seattle, 600 4 th Avenue, Floor 2, Seattle, WA 98124	City Councilmember	E
(SP)	Microsoft Corporation, One Microsoft Way, Redmond, WA 98052	General Manager	E
(SP)	Recreational Equipment, Inc., 222 Yale Avenue N., Seattle, WA 98101	Director	D
(SP)	AAA of Washington, 1745 - 114 th Avenue SE, Bellevue, WA 98004	Director	B

Check Here if continued on attached sheet

2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$10,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms
5846 Seward Park Ave. So., Sea, WA 98118	E	Wells Fargo, PO Box 10445 Des Moines, IA 50306-0335	25% down, 3.45 for 30 yrs.
4102 51 ST Ave. S., Seattle, WA 98118	E	Bank of America, 4 th & Madison, Seattle, WA 98101	20% down, 4.3% for 15 yrs.
5719 42 nd Ave. S., Seattle, WA 98118	E	Bank of America, 4 th & Madison, Seattle, WA 98101	4.85% for 20 yrs.
10617 NE 10 th Bellevue, WA 98004	E	Wells Fargo, PO Box 10445 Des Moines, IA 50306-0335	4.3% for 20 yrs.

All Other Property Entirely or Partially Owned
 Check here if continued on attached sheet

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Bank of America, 4 th & Madison, Seattle, WA 98101 Citigroup Smith Barney, 601 Union Street, #5200, Seattle, WA 98101	Checking and Savings Account Ind. Retirement/Investment Account	D E	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.			
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	B
Comcast Corporation, PO Box 770003, Cincinnati, OH 45277 (managed by Comcast)	Retirement Investment Account	E	B
Charles Schwab, Inc., Phoenix Operations Center, PO Box 52114, Phoenix AZ 85072-2114 (managed by Schwab)	Retirement Investment Account	E	B

Check here if continued on attached sheet.

4 CREDITORS

List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

AMOUNT (USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
Bank of America, 4 th & Madison, Seattle, WA 98101 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	Note Note Note	E E E	E A E

Check here if continued on attached sheet.

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

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

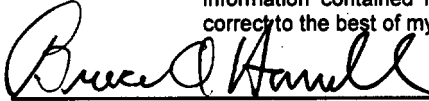
- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? Yes If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? 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.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

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

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

 April 02, 2012
 Signature _____ Date _____
 Contact Telephone: (206) 817-5155
 Email: bruce210@msn.com (work) *
 Email: _____ (Home) Optional

APR - 4 2012

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS
Continued

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

A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
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			
Janus Capital Group, P.O. Box 173375, Denver, CO 80217 (Managed by Janus)	Retirement Account	D	B
Citigroup Smith Barney, 601 Union St, #5200, Sea, WA 98101 (Managed by Agent)	Retirement Account/ Investment Account	E	C
Microsoft, One Microsoft Way, Redmond, WA 98052	Retirement Account/ Investment Acct/Stock	E	B
Pioneer Investments, P.O. Box 55014, Boston, MA 02205 (Managed by Pioneer)	Retirement Account	B	A
Google Inc., 1600 Amphitheatre Parkway, Mountain View, CA 94043	Stock	D	A
Hewlett Packard, 3000 Hanover Street, MS 1050, Palo Alto, CA 94304	Stock	B	A
U.S. Bank, N.A., 800 Nicollet Mall, Minneapolis, MN 55402	Stock	B	A
Starbucks Corporation, P O Box 34067, 2401 Utah Ave S, Sea, WA 98134	Stock	B	A
The Allstate Corporation, 2775 Sanders Road, Northbrook, IL 60062	Stock	A	A
The Boeing Company, 100 N. Riverside, Chicago, IL 60606-1596	Stock	B	A
Johnson & Johnson, One Johnson & Johnson Plaza, New Brunswick, New Jersey 08933	Stock	B	A
Comcast Corporation, One Comcast Center, Phil, PA 19103-2838	Stock	A	A
AT&T Corporation, 208 S. Akard St, Dallas TX, 75202	Stock	A	A

PUBLIC DISCLOSURE COMMISSION

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

PDC FORM
F-1
 SUPPLEMENT
 (1/12)

SUPPLEMENT PAGE
 PERSONAL FINANCIAL AFFAIRS STATEMENT

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

Last Name Harrell	First Bruce	Middle Initial A.	DATE 04/02/2012
----------------------	----------------	----------------------	--------------------

- A OFFICE HELD, BUSINESS INTERESTS:** Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents
- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
 - (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
- Legal Name: Report name used on legal documents establishing the entity.
 - Trade or Operating Name: Report name used for business purposes if different from the legal name.
 - Position or Percent of Ownership: The office, title and/or percent of ownership held.
 - Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
 - Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
 - Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$10,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
 - Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: **Recreational Equipment, Inc.**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

Board 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 YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

\$

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

Agency name:

Purpose of payment (amount not required)

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

Customer name:

Purpose of payment (amount not required)

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

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

Name
Bruce A. Harrell

ENTITY NO. 2

Reporting For: Self Spouse
 Registered Domestic Partner Dependent

LEGAL NAME: **AAA of Washington**
 TRADE OR OPERATING NAME:
 ADDRESS: **1745 - 114th Avenue SE, Bellevue, WA 98004**

POSITION OR PERCENT OF OWNERSHIP
Board of Directors

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Automobile towing and highway safety services.

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

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

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

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

Check here if continued on attached sheet

B LOBBYING: List persons for whom you, or any immediate family member, including registered domestic partner, 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. lobbied or

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code)
Check here <input type="checkbox"/> if continued on attached sheet		

C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, 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 Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
Check here <input type="checkbox"/> if continued on attached sheet				

Information Continued

Name **Bruce A. Harrell** APR - 4 2012

ENTITY NO. Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: **University of Washington** POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **Regent**

ADDRESS: **139 Gerberding Hall, PO 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)

\$

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

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

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

B LOBBYING: (Continued)

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

C FOOD TRAVEL SEMINARS (continued)

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



Seattle City Council
Bruce A. Harrell, Councilmember

April 26, 2011

RECEIVED

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
Vice Chair: Seattle Public Utilities and Neighborhoods Committee
206-684-8804

An equal opportunity employer
600 Fourth Avenue, Floor 2, PO Box 34025, Seattle, Washington 98124-4025
Office: (206) 684-8804 Fax: (206) 684-8587 TTY: (206) 233-0025
email: bruce.harrell@seattle.gov
<http://www.seattle.gov/council/harrell/>

COPY
P M PDC OFFICE USE
O A
S R
T K

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

PDC FORM
F-1
(11/08)

PERSONAL FINANCIAL AFFAIRS STATEMENT

DATE FILED PDC
R
E
C
E
I
V
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D
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P
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27
2011

Refer to instruction manual for detailed assistance and examples.

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

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

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name: Harrell
First: Bruce
Middle Initial: A.

Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.

Mailing Address (Use PO Box or Work Address) *
P.O. Box 21208

City: Seattle
County: King
Zip + 4: 98111

(SP) Joanne Harrell

- Filing Status (Check only one box.)
- An elected or state appointed official filing annual report
 - Final report as an elected official. Term expired: _____
 - Candidate running in an election: month 11 year 2011
 - Newly appointed to an elective office
 - Newly appointed to a state appointive office
 - Professional staff of the Governor's Office and the Legislature

Office Held or Sought
Office title: City Councilmember
County, city, district or agency of the office, name and number: Seattle City Council
Position number: #3
Term begins: 01/01/12 ends: 12/31/15

1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,000 or more during the period. (Report interest and 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 Was Earned	Amount: (Use Code)
(S) City of Seattle, 600 4 th Avenue, Floor 2, Seattle, WA 98124	City Councilmember	E
(SP) Microsoft Corporation, One Microsoft Way, Redmond, WA 98052	General Manager	E
(SP) Recreational Equipment, Inc., 222 Yale Ave N., Seattle, WA 98101	Director	D
(SP) AAA of Washington, 1745 - 114 th Avenue SE, Bellevue, WA 98004	Director	B

Check Here if continued on attached sheet

2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$10,000 in which you or a family member, including registered domestic partner, held 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 ode)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Receive
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms
All Other Property Entirely or Partially Owned			Security Given
			Mortgage Amount - (Use Code)
			Original
			Current
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
5719 42 nd Ave. S. Seattle, WA 98118	E	Bank of America, 4 th & Madison, Seattle, WA 98101	4.8% for 20 yrs
10617 NE 10 th , Bellevue, WA 98004	E	Wells Fargo PO Box 10335 Des Moines, IA 50306-0335	4.3% for 20 yrs

Check here if continued on attached sheet

3

ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

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)
<u>Bank of America, 4th & Madison, Seattle, WA 98101</u> Citigroup Smith Barney, 601 Union Street, #5200, Seattle, WA 98101	<u>Checking and Savings Account</u> Ind. Retirement/Investment Account	D E	A C
DATE FILED PDC			
APR 27 2011			
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, 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.	Retirement Investment Account	E	B
Fidelity Investments, P.O. Box 145421, Cincinnati, OH 45250 (managed by Fidelity)	Retirement Investment Account	E	B
Comcast Corporation, P.O. Box 770003, Cincinnati, OH 45277 (managed by Comcast)	Retirement Investment Account	E	B
Charles Schwab, Inc., Phoenix Operations Center, PO Box 52114, Phoenix AZ 85072-2114 (managed by Schwab)	Retirement Investment Account	E	B

Check here if continued on attached sheet.

4 CREDITORS List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2. **AMOUNT (USE CODE)**

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
Bank of America, 4 th & Madison, Seattle, WA 98101	Interest only/open ended	Note	E	E
Wells Fargo, PO Box 10335, Des Moines, IA 50306-0335	Interest only/open ended	Note	E	D
UNICO Properties, 1215 4 th Ave., Ste 600, Seattle, WA 98101	6-yr monthly lease	Note	E	E

Check here if continued on attached sheet.

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

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? Yes If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? 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.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.

I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

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

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

Bruce D. Howell April 12, 2011

Signature _____ Date _____

Contact Telephone: (206) 817-5155

Email: bruce210@msn.com (work) *

Email: _____ (Home) Optional

Information Continued

F-1

Name
Bruce A. Harrell

1 INCOME (continued)

1	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
Show Self (S) Spouse (SP/DP) Dependent (D) (SP)	University of Washington, 139 Gerberding Hall, Box 351264 Seattle, WA 98195-1264	Regent	DATE FILED FDC APR 27 2011

2 REAL ESTATE (continued)

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

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS (continued)

A. Name and address of each bank or financial institution	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
B. Name and address of each insurance company			
C. Name and address of each company, association, government agency			
Janus Capital Group, P.O. Box 173375, Denver, CO 80217 (Managed by Janus)	Retirement Account	D	B
Citigroup Smith Barney, 601 Union St, #5200, Sea, WA 98101 (Managed by Agent)	Retirement Account/Investment Account	E	C
Microsoft, One Microsoft Way, Redmond, WA 98052	Retirement Acct/Investment Acct/Stock	E	B
Pioneer Investments, P.O. Box 55014, Boston, MA 02205 (Managed by Pioneer)	Retirement Account	B	A
Google Inc., 1600 Amphitheatre Parkway, Mountain View, CA 94043	Stock	D	A
Hewlett Packard, 3000 Hanover Street, MS 1050, Palo Alto, CA 94304	Stock	B	A
U.S. Bank, N.A., 800 Nicollet Mall, Minneapolis, MN 55402	Stock	B	A
Starbucks Corporation, P O Box 34067, 2401 Utah Ave S, Sea, WA 98134	Stock	B	A
The Allstate Corporation, 2775 Sanders Road, Northbrook, IL 60062	Stock	A	A
The Boeing Company, 100 N. Riverside, Chicago, IL 60606-1596	Stock	B	A
Johnson & Johnson, One Johnson & Johnson Plaza, New Brunswick, New Jersey 08933	Stock	B	A
Comcast Corporation, One Comcast Center, Phil, PA 19103-2838	Stock	A	A
AT&T Corporation, 208 S.Akard St, Dallas TX, 75202	Stock	A	A

4 CREDITORS (continued)

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

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

Last Name Harrell	First Bruce	Middle Initial A.	DATE April 12, 2011
----------------------	----------------	----------------------	------------------------

- A OFFICE HELD, BUSINESS INTERESTS:** Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents
- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
 - (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
- Legal Name: Report name used on legal documents establishing the entity.
 - Trade or Operating Name: Report name used for business purposes if different from the legal name.
 - Position or Percent of Ownership: The office, title and/or percent of ownership held.
 - Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
 - Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
 - Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$10,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
 - Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1 Reporting For: Self Spouse
Registered Domestic Partner Dependent
 LEGAL NAME: **Recreational Equipment, Inc.** POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **Board 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 YOU SEEK/HOLD OFFICE:
 Purpose of payments Amount (actual dollars)
\$

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

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

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

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

Name **Bruce A. Harrell** DATE **APR 27 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 - 114th Avenue SE, Bellevue, WA 98004**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Automobile towing and highway safety services.

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

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

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

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

Check here if continued on attached sheet

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)
Check here <input type="checkbox"/> if continued on attached sheet		

C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, 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 Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
			\$	
Check here <input type="checkbox"/> if continued on attached sheet				

Information Continued

DATE FILED **F-1** Supplement

Name
 Bruce A. Harrell

APR 27 2011

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

LEGAL NAME: **University of Washington** POSITION OR PERCENT OF OWNERSHIP
 TRADE OR OPERATING NAME: **Regent**

ADDRESS: **139 Gerberding Hall, PO 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)
 \$

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

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

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

B LOBBYING: (Continued)

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

C FOOD TRAVEL SEMINARS (continued)

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

Refer to instruction manual for detailed assistance and examples.

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

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

R
E
C
E
I
V
E
D

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name: Harrell
 First: Bruce
 Middle Initial: A.

Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.

Mailing Address (Use PO Box or Work Address) *
 P.O. Box 21208

City: Seattle County: King Zip + 4: 98111

(SP) Joanne Harrell

Filing Status (Check only one box.)

An elected or state appointed official filing annual report

Final report as an elected official. Term expired: _____

Candidate running in an election: month 11 year 2011

Newly appointed to an elective office

Newly appointed to a state appointive office

Professional staff of the Governor's Office and the Legislature

Office Held or Sought

Office title: City Councilmember

County, city, district or agency of the office, name and number: Seattle City Council

Position number: #3

Term begins: 01/01/12 ends: 12/31/15

1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse)

	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
(S)	City of Seattle, 600 4 th Avenue, Floor 2, Seattle, WA 98124	City Councilmember	E
(SP)	Microsoft Corporation, One Microsoft Way, Redmond, WA 98052	General Manager	E
(SP)	Recreational Equipment, Inc., 222 Yale Ave N., Seattle, WA 98101	Director	D
(SP)	AAA of Washington, 1745 - 114 th Avenue SE, Bellevue, WA 98004	Director	B

Check Here if continued on attached sheet

2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$10,000 in which you or a family member, including registered domestic partner, held 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 ode)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Receive
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms
All Other Property Entirely or Partially Owned			Security Given
			Mortgage Amount - (Use Code)
			Original
			Current
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
5719 42 nd Ave. S. Seattle, WA 98118	E	Bank of America, 4 th & Madison, Seattle, WA 98101	4.8% for 20 yrs
10617 NE 10 th , Bellevue, WA 98004	E	Wells Fargo PO Box 10335 Des Moines, IA 50306-0335	4.3% for 20 yrs

Check here if continued on attached sheet

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

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

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)
Bank of America, 4 th & Madison, Seattle, WA 98101 Citigroup Smith Barney, 601 Union Street, #5200, Seattle, WA 98101	Checking and Savings Account Ind. Retirement/Investment Account	E	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.			
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 Account	E	B
Comcast Corporation, P.O. Box 770003, Cincinnati, OH 45277 (managed by Comcast)	Retirement Investment Account	E	B
Charles Schwab, Inc., Phoenix Operations Center, PO Box 52114, Phoenix AZ 85072-2114 (managed by Schwab)	Retirement Investment Account	E	B

DATE FILED PDC

APR 14 2011

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

List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

AMOUNT (USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
Bank of America, 4 th & Madison, Seattle, WA 98101	Interest only/open ended	Note	E	E
Wells Fargo, PO Box 10335, Des Moines, IA 50306-0335	Interest only/open ended	Note	E	D
UNICO Properties, 1215 4 th Ave., Ste 600, Seattle, WA 98101	6-yr monthly lease	Note	E	E

Check here if continued on attached sheet.**5**

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

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

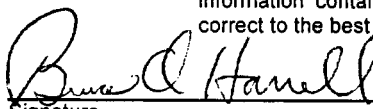
- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? Yes If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? 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.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

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

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



April 12, 2011

Signature

Date

Contact Telephone: (206) 817-5155

Email: bruce210@msn.com (work) *

Email: _____ (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

Information Continued

FILED
DATE FILED PDC

Name
Bruce A. Harrell APR 14 2011

1 INCOME (continued)

Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
(SP)	University of Washington, 139 Gerberding Hall, Box 351264 Seattle, WA 98195-1264	Regent	B

2 REAL ESTATE (continued)

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

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS (continued)

A. Name and address of each bank or financial institution	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
B. Name and address of each insurance company			
C. Name and address of each company, association, government agency			
Janus Capital Group, P.O. Box 173375, Denver, CO 80217 (Managed by Janus)	Retirement Account	D	B
Citigroup Smith Barney, 601 Union St, #5200, Sea, WA 98101 (Managed by Agent)	Retirement Account/Investment Account	E	C
Microsoft, One Microsoft Way, Redmond, WA 98052	Retirement Acct/Investment Acct/Stock	E	B
Pioneer Investments, P.O. Box 55014, Boston, MA 02205 (Managed by Pioneer)	Retirement Account	B	A
Google Inc., 1600 Amphitheatre Parkway, Mountain View, CA 94043	Stock	D	A
Hewlett Packard, 3000 Hanover Street, MS 1050, Palo Alto, CA 94304	Stock	B	A
U.S. Bank, N.A., 800 Nicollet Mall, Minneapolis, MN 55402	Stock	B	A
Starbucks Corporation, P O Box 34067, 2401 Utah Ave S, Sea, WA 98134	Stock	B	A
The Allstate Corporation, 2775 Sanders Road, Northbrook, IL 60062	Stock	A	A
The Boeing Company, 100 N. Riverside, Chicago, IL 60606-1596	Stock	B	A
Johnson & Johnson, One Johnson & Johnson Plaza, New Brunswick, New Jersey 08933	Stock	B	A
Comcast Corporation, One Comcast Center, Phil, PA 19103-2838	Stock	A	A
AT&T Corporation, 208 S.Akard St, Dallas TX, 75202	Stock	A	A

4 CREDITORS (continued)

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

RECEIVED

JAN 12 2010

Public Disclosure Commission

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

DATE FILED PDC

JAN 11 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

DATE FILED PDC

JAN 11 2010

R
E
C
E
I
V
E
D

Refer to instruction manual for detailed assistance and examples.

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

DOLLAR
CODE

AMOUNT

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

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name First Middle Initial
 Harrell Bruce A.

Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.

Mailing Address (Use PO Box or Work Address) *

P.O. Box 21208

City County Zip + 4
 Seattle King 98111

(SP) Joanne Harrell

Filing Status (Check only one box.)

- An elected or state appointed official filing annual report
- Final report as an elected official. Term expired: _____
- Candidate running in an election: month 11 year 2011
- Newly appointed to an elective office
- Newly appointed to a state appointive office
- Professional staff of the Governor's Office and the Legislature

Office Held or Sought

Office title: City Councilmember

County, city, district or agency of the office,
 name and number: Seattle City Council

Position number: #3

Term begins: 1/1/12 ends: 12/31/15

1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,000 or more during the period. (Report interest and 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 Was Earned	Amount: (Use Code)
(S) City of Seattle, 600 4 th Avenue, Floor 2, Seattle, WA 98124	City Councilmember	E
(SP) Microsoft Corporation, One Microsoft Way, Redmond, WA 98052	General Manager	E
(SP) Recreational Equipment, Inc., 222 Yale Ave N., Seattle, WA 98101	Director	D
(SP) AAA of Washington, 1745 - 114 th Avenue SE, Bellevue, WA 98004	Director	C

Check Here if continued on attached sheet

2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$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 Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Receive	
			Security Given Mortgage	Mortgage Amount - (Use Code) Original 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, 4.8% for 15 yrs	Mortgage E E
5719 42 nd Ave. S. Seattle, WA 98118	E	Bank of America, 4 th & Madison, Seattle, WA 98101	5.6% for 30yrs	Mortgage E E
10617 NE 10 th , Bellevue, WA 98004	E	Wells Fargo, PO Box 10335, Des Moines, IA 50306-0335	4.8 for 30 yrs	Mortgage E E

Check here if continued on attached sheet

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

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

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)
Bank of America, 4 th & Madison, Seattle, WA 98101 Citigroup Smith Barney, 601 Union Street, #5200, Seattle, WA 98101	Checking and Savings Account Ind. Retirement/Investment Account	D E	A C
DATE FILED PDC JAN 11 2010			
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, 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.	Retirement Investment Account Retirement Investment Account Retirement Investment Account	E E E	A B B
Fidelity Investments, P.O. Box 145421, Cincinnati, OH 45250 (managed by Fidelity) Comcast Corporation, P.O. Box 770003, Cincinnati, OH 45277 (managed by Comcast) Charles Schwab, Phoenix Operations Center, PO Box 52114, Phoenix, AZ 85072-2114			
Check here <input checked="" type="checkbox"/> if continued on attached sheet.			

4**CREDITORS**

List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

AMOUNT (USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
Bank of America, 4 th & Madison, Seattle, WA 98101 Citigroup Smith Barney, 601 Union St., #200, Seattle, WA 98101 UNICOProperties, 1215 4 th Ave., Ste 600, Seattle, WA 98101	Interest only/open ended Interest only/open ended 6 yr monthly lease	Note Stock Note	E D E	C B E
Check here <input type="checkbox"/> if continued on attached sheet.				

5

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

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

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

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

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

Bruce D. Farrell
Signature _____ Date 01/08/10

Contact Telephone: (206) 817-5155

Email: bruce210@msn.com (work) *

Email: _____ (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

Information Continued

DATE FILED PDC

F-1

JAN 11 2010

Name
Bruce A. Harrell

1 INCOME (continued)

Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)

2 REAL ESTATE (continued)

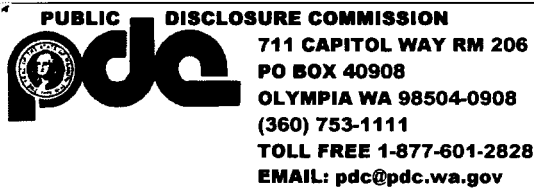
Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser		Nature and Amount (Use Code) of Payment or Consideration Received	
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current
All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

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS (continued)

A. Name and address of each bank or financial institution	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
B. Name and address of each insurance company			
C. Name and address of each company, association, government agency			
Janus Capital Group, P.O. Box 173375, Denver, CO 80217 (Managed by Janus)	Retirement Account	D	A
Citigroup Smith Barney, 601 Union St, #5200, Sea, WA 98101 (Managed by Agent)	Retirement Account/Investment Account	E	C
Microsoft, One Microsoft Way, Redmond, WA 98052	Retirement Acct/Investment Acct/Stock	E	B
Pioneer Investments, P.O. Box 55014, Boston, MA 02205 (Managed by Pioneer)	Retirement Account	B	A
Dell Inc. P.O. Box 80409, Austin, TX 78708	Stock	A	A
Adobe Systems, 345 Park Avenue, San Jose, CA 95110	Stock	B	A
Precision Cast Parts, 4650 SW Macadam Ave., #440, Portland, OR 97239	Stock	B	A
Safeco Corp., 4333 Brooklyn Avenue NE., Seattle, WA 98185	Stock	B	A
Fedex Corp., 942 South Shady Grove road, Memphis, TN 38120	Stock	B	A
Citigroup Inc., 399 Park Avenue, New York, NY 10043	Stock	A	A
Google Inc., 1600 Amphitheatre Parkway, Mountain View, CA 94043	Stock	C	A
Hewlett Packard, 3000 Hanover Street, MS 1050, Palo Alto, CA 94304	Stock	A	A
McDonald's Corporation, One McDonald's Plaza, Oak Brook, IL 60523	Stock	B	A
Qwest Corporation, 1801 California Street, Denver, Colorado 80202	Stock	A	A
U.S. Bank, N.A., 800 Nicollett Mall, Minneapolis, MN 55402	Stock	B	A
Starbucks Corporation, P O Box 34067, 2401 Utah Ave S, Sea, WA 98134	Stock	B	A
The Allstate Corporation, 2775 Sanders Road, Northbrook, IL 60062	Stock	A	A
Amgen Inc., One Amgen Center Drive, Thousand Oaks, CA 91320-1799	Stock	B	A
The Boeing Company, 100 N. Riverside, Chicago, IL 60606-1596	Stock	B	A
E.I. du Pont de Nemours and Company ("DuPont"), 1107 Market Street, Wilmington, DE 19898	Stock	A	A
Johnson & Johnson, One Johnson & Johnson Plaza, New Brunswick, New Jersey 08933	Stock	C	A
Comcast Corporation, One Comcast Center, Phil, PA 19103-2838	Stock	A	A

4 CREDITORS (continued)

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



PDC FORM
F-1
SUPPLEMENT
(11 /08)

JAN 11 2010
SUPPLEMENT PAGE
PERSONAL FINANCIAL AFFAIRS STATEMENT

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

Last Name Harrell	First Bruce	Middle Initial A.	DATE April 13, 2009
----------------------	----------------	----------------------	------------------------

- A OFFICE HELD, BUSINESS INTERESTS:** Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents
- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
 - (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
- Legal Name: Report name used on legal documents establishing the entity.
 - Trade or Operating Name: Report name used for business purposes if different from the legal name.
 - Position or Percent of Ownership: The office, title and/or percent of ownership held.
 - Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
 - Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
 - Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$10,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
 - Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: **Recreational Equipment, Inc.**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

Board 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 YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

\$

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

Agency name:

Purpose of payment (amount not required)

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

Customer name:

Purpose of payment (amount not required)

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

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

Name
Bruce A. Harrell
JAN 11 2010

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: **AAA**

Board of Directors

ADDRESS: **1745 - 114th Avenue SE, Bellevue, WA 98004**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Automobile towing and highway safety services.

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

Purpose of payments

Amount (actual dollars)

\$

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

Agency name:

Purpose of payment (amount not required)

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

Customer name:

Purpose of payment (amount not required)

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

Check here if continued on attached sheet

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)
Check here <input type="checkbox"/> if continued on attached sheet		

C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, 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 Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
			\$	
Check here <input type="checkbox"/> if continued on attached sheet				



Bruce A. Harrell
Seattle City Councilmember

RECEIVED

APR 14 2009

**Public Disclosure
Commission**

April 13, 2009

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

DATE FILED PDC

APR 13 2009

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

APR 13 2009

Refer to instruction manual for detailed assistance and examples.

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

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

R
E
C
E
I
V
E
D

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name First Middle Initial
 Harrell Bruce A.

Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.

Mailing Address (Use PO Box or Work Address) *
 P.O. Box 34025

City County Zip + 4
 Seattle King 98124-4025

(SP) Joanne Harrell

Filing Status (Check only one box.)

An elected or state appointed official filing annual report

Final report as an elected official. Term expired: _____

Candidate running in an election: month _____ year _____

Newly appointed to an elective office

Newly appointed to a state appointive office

Professional staff of the Governor's Office and the Legislature

Office Held or Sought

Office title: City Councilmember

County, city, district or agency of the office, name and number: Seattle City Council

Position number: 3

Term begins: January 2008 ends: December 2012

1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,000 or more during the period. (Report interest and 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 Was Earned	Amount: (Use Code)
(S)	City of Seattle, 600 4 th Avenue, Floor 2, Seattle, WA 98124	City Councilmember	E
(SP)	Microsoft Corporation, One Microsoft Way, Redmond, WA 98052	General Manager	E
(SP)	Recreational Equipment, Inc., 222 Yale Ave N., Seattle, WA 98101	Director	D
(SP)	AAA of Washington, 1745 - 114 th Avenue SE, Bellevue, WA 98004	Director	C

Check Here if continued on attached sheet

2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$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 Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Receive
Property Purchased or Interest Acquired 10617 NE 10 th , Bellevue, WA 98004	E	Creditor's Name/Address Wells Fargo PO Box 10335 Des Moines, IA 50306-0335	Payment Terms 5% for 30 yrs Security Given Mortgage Mortgage Amount - (Use Code) Original Current E E
All Other Property Entirely or Partially Owned 4102 51 st Ave. S., Seattle, WA 98118 5719 42 nd Ave. S. Seattle, WA 98118 Check here <input type="checkbox"/> if continued on attached sheet	E E	Bank of America, 4 th & Madison, Sea, WA 98101 Bank of America, 4 th & Madison, Seattle, WA 98101	20% down, 5.14% for 15 yrs 5.6% for 30yrs Mortgage Mortgage E E E E

3

ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

A. Name and address of each bank or financial institution in which you, 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)
Bank of America, 4 th & Madison, Seattle, WA 98101 Citigroup Smith Barney, 601 Union Street, #5200, Seattle, WA 98101	Checking and Savings Account Ind. Retirement/Investment Account	D E	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.			
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 Account	E	A
Comcast Corporation, P.O. Box 770003, Cincinnati, OH 45277 (managed by Comcast)	Retirement Investment Account	E	B

Check here if continued on attached sheet.

4

CREDITORS

List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

AMOUNT (USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
Bank of America, 4 th & Madison, Seattle, WA 98101	Interest only/open ended	Note	E	E
Citigroup Smith Barney, 601 Union St., #200, Seattle, WA 98101	Interest only/open ended	Stock	D	A
Seattle Metro Credit Union, P.O. Box 780, Seattle, WA 98111	5 yrs @ 5.45%	Note	C	B
Aud. Fin. Services, PO Box 60144, City of Industry, CA 91716	5.9% for 48 mos.	Note	C	B
UNICOProperties, 1215 4 th Ave., Ste 600, Seattle, WA 98101	6 yr monthly lease	Note	E	E

Check here if continued on attached sheet.

5

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

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? Yes. If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? 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.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

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

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

Bruce Harrell 04/12/09
Signature Date

Contact Telephone: (206) 684-8804

Email: bruce.harrell@seattle.gov (work) *

Email: _____ (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

Information Continued

DATE FILED PDC F-1

Name **Bruce A. Harrell** **APR 13 2009**

1 INCOME (continued)

Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)

2 REAL ESTATE (continued)

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

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS (continued)


A. Name and address of each bank or financial institution	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
B. Name and address of each insurance company			
C. Name and address of each company, association, government agency			
Janus Capital Group, P.O. Box 173375, Denver, CO 80217 (Managed by Janus)	Retirement Account	D	A
Citigroup Smith Barney, 601 Union St, #5200, Sea, WA 98101 (Managed by Agent)	Retirement Account/Investment Account	E	C
Microsoft, One Microsoft Way, Redmond, WA 98052	Retirement Acct/Investment Acct/Stock	E	B
Pioneer Investments, P.O. Box 55014, Boston, MA 02205 (Managed by Pioneer)	Retirement Account	B	A
Dell Inc. P.O. Box 80409, Austin, TX 78708	Stock	A	A
Adobe Systems, 345 Park Avenue, San Jose, CA 95110	Stock	B	A
Precision Cast Parts, 4650 SW Macadam Ave., #440, Portland, OR 97239	Stock	B	A
Safeco Corp., 4333 Brooklyn Avenue NE., Seattle, WA 98185	Stock	B	A
Fedex Corp., 942 South Shady Grove road, Memphis, TN 38120	Stock	B	A
Citigroup Inc., 399 Park Avenue, New York, NY 10043	Stock	A	A
Google Inc., 1600 Amphitheatre Parkway, Mountain View, CA 94043	Stock	C	A
Hewlett Packard, 3000 Hanover Street, MS 1050, Palo Alto, CA 94304	Stock	A	A
McDonald's Corporation, One McDonald's Plaza, Oak Brook, IL 60523	Stock	B	A
Qwest Corporation, 1801 California Street, Denver, Colorado 80202	Stock	A	A
U.S. Bank, N.A., 800 Nicollett Mall, Minneapolis, MN 55402	Stock	B	A
Starbucks Corporation, P O Box 34067, 2401 Utah Ave S, Sea, WA 98134	Stock	B	A
The Allstate Corporation, 2775 Sanders Road, Northbrook, IL 60062	Stock	A	A
Amgen Inc., One Amgen Center Drive, Thousand Oaks, CA 91320-1799	Stock	B	A
The Boeing Company, 100 N. Riverside, Chicago, IL 60606-1596	Stock	B	A
E.I. du Pont de Nemours and Company ("DuPont"), 1107 Market Street, Wilmington, DE 19898	Stock	A	A
Johnson & Johnson, One Johnson & Johnson Plaza, New Brunswick, New Jersey 08933	Stock	B	A
Comcast Corporation, One Comcast Center, Phil, PA 19103-2838	Stock	A	A

4 CREDITORS (continued)

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

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APR 13 2009

PUBLIC DISCLOSURE COMMISSION

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

PDC FORM
F-1
 SUPPLEMENT
 (11 /08)

SUPPLEMENT PAGE
 PERSONAL FINANCIAL AFFAIRS STATEMENT

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

Last Name Harrell	First Bruce	Middle Initial A.	DATE April 13, 2009
----------------------	----------------	----------------------	------------------------

- A OFFICE HELD, BUSINESS INTERESTS:** Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents
- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
 - (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
- Legal Name: Report name used on legal documents establishing the entity.
 - Trade or Operating Name: Report name used for business purposes if different from the legal name.
 - Position or Percent of Ownership: The office, title and/or percent of ownership held.
 - Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
 - Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
 - Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$10,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
 - Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self Spouse Registered Domestic Partner Dependent LEGAL NAME: **Recreational Equipment, Inc.**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

Board of DirectorsADDRESS: **222 Yale Avenue, Seattle, WA 98101**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Seller of recreational equipmetn

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

Purpose of payments

Amount (actual dollars)

\$

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

Agency name:

Purpose of payment (amount not required)

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

Customer name:

Purpose of payment (amount not required)

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

Check here if continued on attached sheet**CONTINUE PARTS B AND C ON NEXT PAGE**

Name
Bruce A. Harrell

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

LEGAL NAME: **AAA of Washington**
TRADE OR OPERATING NAME: **AAA**
ADDRESS: **1745 – 114th Avenue SE, Bellevue, WA 98004**
POSITION OR PERCENT OF OWNERSHIP
Board of Directors

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Automobile towing and highway safety services.

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

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

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

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

Check here if continued on attached sheet

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)

Check here if continued on attached sheet

C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, 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 Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
			\$	

Check here if continued on attached sheet

Information Continued

Name

ENTITY NO.

Reporting For: Self Spouse Registered Domestic Partner Dependent

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

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

Purpose of payments

Amount (actual dollars)

\$

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

Agency name:

Purpose of payment (amount not required)

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

Customer name:

Purpose of payment (amount not required)

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

B LOBBYING: (Continued)

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

C FOOD TRAVEL SEMINARS (continued)

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



Bruce A. Harrell
Seattle City Councilmember

DATE FILED PDC
APR 23 2008

RECEIVED

APR 24 2008

Public Disclosure
Commission

April 23, 2008

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



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

DATE FILED PDC
APR 28 2008

PDC FORM
F-1
 SUPPLEMENT
 (1/08)

SUPPLEMENT PAGE
 PERSONAL FINANCIAL AFFAIRS STATEMENT

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

Last Name Harrell	First Bruce	Middle Initial A.	DATE March 27, 2008
----------------------	----------------	----------------------	------------------------

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

- were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
- were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.

- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$10,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1 Reporting For: Self Spouse Dependent

LEGAL NAME: Harrell, Connell, Cordova, Hunter & Pauley, P.L.L.C. POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: Member of P.L.L.C.

ADDRESS: 1325 4TH Avenue, Suite 1500, Seattle, WA 98101

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Law Firm

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

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

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

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):
 None

Check here if continued on attached sheet *Bruce A Harrell* 4-23-08



Bruce A. Harrell
Seattle City Councilmember

DATE FILED PDC
APR 01 2008

March 28, 2008

RECEIVED

APR 02 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

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

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 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,

Bruce A. Harrell
City Councilmember

DATE FILED PDC
APR 01 2008

Refer to instruction manual for detailed assistance and examples.

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

SEND REPORT TO PDC and a COPY TO SEATTLE CITY CLERK, PO BOX 94728, SEATTLE, WA 98124-4728

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

RECEIVED

Last Name Harrell	First Bruce	Middle Initial A.
----------------------	----------------	----------------------

Names of immediate family members. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse. See F-1 manual for details.

Mailing Address (Use PO Box or Work Address)
 P.O. Box 34025

City Seattle	County King	Zip + 4 98124-4025
-----------------	----------------	-----------------------

(SP) Joanne R. Harrell

Filing Status (Check only one box.)

- An elected or state appointed official filing annual report
- Final report as an elected official. Term expired: _____ year
- Candidate running in an election: month _____ year
- Newly appointed to an elective office
- Newly appointed to a state appointive office
- Professional staff of the Governor's Office and the Legislature

Office Held or Sought

Office title: City Council Member

County, city, district or agency of the office,

name and number: Seattle City Council

Position number: 3

Term begins: Jan. 2008 ends: Dec. 2012

1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse)

Show Self (S) Spouse (SP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
(S)	Harrell, Connell, Cordova, Hunter & Pauley, P.L.L.C. 1325 4 th Avenue, Suite 1500, Seattle, WA 98101	Attorney	D
(SP)	(SP) Microsoft Corporation One Microsoft Way, Redmond, WA 98052	General Manager	E
(SP)	(SP) Recreational Equipment, Inc. 222 Yale Avenue N., Seattle, WA 98101	Director	D
(SP)	(SP) AAA of Washington 1745 - 114 th Ave SE, Bellevue, WA 98004	Director	B

Check Here if continued on attached sheet

2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$10,000 in which you or a family member held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms
		Security Given	Mortgage Amount - (Use Code) Original Current
All Other Property Entirely or Partially Owned 4102 51 st Ave. South, Seattle, WA 98118 5719 42 nd Ave. South, Seattle, WA 98118 Check here <input type="checkbox"/> if continued on attached sheet	E E	Bank of America, 4 th & Madison, Sea, WA 98101 N/A	20% down, 5.14% for 15 yrs Mortgage

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

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

A. Name and address of each bank or financial institution in which you or a family member had an account over \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Bank of America, 4 th & Madison, Seattle, WA 98101	Checking and Savings Account	D	A
US Bank, 1301 5 th Ave, Seattle, WA 98101	Checking Account	E	A
Citigroup Smith Barney, 601 Union Street, #5200, Seattle, WA 98101	Ind. Retirement/Investment Acct.	E	D
DATE FILED PDC APR 01 2008			
B. 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.			
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 (managed by Fidelity)	Retirement Investment Account	E	C
Comcast Corporation, P.O. Box 770003, Cincinnati, Ohio 45277 (managed by Comcast)	Retirement Investment Account	E	D

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

List each creditor you or a family member owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

AMOUNT (USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE)	
			Original	Present
Bank of America, 4 th and Madison, Seattle, WA 98101	Interest only/open ended	Note	E	E
Citigroup Smith Barney, 601 Union St., #200, Seattle, WA 98101	Interest only/open ended	Stock	E	E
Seattle Metro Credit Union, P.O. Box 780, Seattle, WA 98111	5 yrs @ 5.45%	Note	C	B
Unico Properties, 1215 4 th Ave., Suite 600, Seattle, WA 98101	6 yr monthly lease	Note	E	E

Check here if continued on attached sheet.**5**

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

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

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

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

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

Bruce Harrell 3-31-08
Signature Date

Contact Telephone: (206) 684-8804

Email: bruce.harrell@seattle.gov (work)

Email: _____ (Home)

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

Information Continued

Name
Bruce A. Harrell

1 INCOME (continued)

Show Self (S) Spouse (SP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)

2 REAL ESTATE (continued)

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

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS (continued)

A. Name and address of each bank or financial institution	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
B. Name and address of each insurance company			
C. Name and address of each company, association, government agency			
Janus Capital Group, P.O. Box 173375, Denver, CO 80217 (Managed by Janus)	Retirement Account	D	B
Citigroup Smith Barney, 601 Union Street, #5200, Seattle, WA 98101 (Managed by Agent)	Retirement/Investment Account	E	C
Microsoft, One Microsoft Way, Redmond, WA 98052	Retirement/Investment Account/Stock	E	D
Pioneer Investments, P.O. Box 55014, Boston, MA 02205 (Managed by Pioneer)	Retirement Account	C	A
Dell Inc. P.O. Box 80409, Austin, Texas 78708	Stock	A	A
Adobe Systems, 345 Park Avenue, San Jose, CA 95110	Stock	B	A
Precision Cast Parts, 4650 SW, Macadam Ave, #440, Portland, OR 97239	Stock	B	A
Safeco Corp., 4333 Brooklyn Ave. N.E., Seattle, WA 98185	Stock	B	A
Fedex Corp., 942 South Shady Grove Road, Memphis, TN 38120	Stock	B	A

4 CREDITORS (continued)

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

03/14/2020				
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PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 900
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 753-1111
 TOLL FREE 1-877-601-2828
 EMAIL: pdc@pdc.wa.gov

DATE FILED PDC
APR 01 2008
 PDC FORM
F-1
 SUPPLEMENT
 (1/08)

SUPPLEMENT PAGE
 PERSONAL FINANCIAL AFFAIRS STATEMENT

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

Last Name Harrell	First Bruce	Middle Initial A.	DATE March 27, 2008
----------------------	----------------	----------------------	------------------------

A 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-profit organization, union, partnership, joint venture or other entity; and/or
- (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.

- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$10,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1 Reporting For: Self Spouse Dependent

LEGAL NAME: **Harrell, Connell, Cordova, Hunter & Pauley, P.L.L.C.** POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **Member of P.L.L.C.**

ADDRESS: **1325 4TH Avenue, Suite 1500, Seattle, WA 98101**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Law Firm

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

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

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

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

Name
Bruce A. Harrell

ENTITY NO. 2
Reporting For: Self Spouse Dependent

LEGAL NAME: **Recreational Equipment, Inc.** POSITION OR PERCENT OF OWNERSHIP
Board of Directors

TRADE OR OPERATING NAME:

ADDRESS: **222 Yale Avenue N., Seattle, WA 98101**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Seller of recreational equipment

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

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

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

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

Check here if continued on attached sheet

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

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

Check here if continued on attached sheet

C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

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

Check here if continued on attached sheet

Information Continued

DATE FILED PDC
APR 01 2008

F-1 Supplement

Name
Bruce A. Harrell

ENTITY NO. _____ Reporting For: Self Spouse Dependent

LEGAL NAME: **AAA of Washington** POSITION OR PERCENT OF OWNERSHIP
Board of Directors

TRADE OR OPERATING NAME: **AAA**

ADDRESS: **1745 – 114th Avenue SE, Bellevue, WA 98004**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Automobile towing and highway safety services.

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

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

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

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

B LOBBYING: (Continued)

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

C FOOD TRAVEL SEMINARS (continued)

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

Information Continued

F-1 Supplement

Name _____

ENTITY NO. _____ Reporting For: Self Spouse Dependent

LEGAL NAME: _____ POSITION OR PERCENT OF OWNERSHIP _____

TRADE OR OPERATING NAME: _____

ADDRESS: _____

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: _____

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

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

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

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

B LOBBYING: (Continued)

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

C FOOD TRAVEL SEMINARS (continued)

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

Refer to instruction manual for detailed assistance and examples.

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

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

RECEIVED
 JAN 05 2007

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name Harrell	First Bruce	Middle Initial A.	Names of immediate family members. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse. See F-1 manual for details.
Mailing Address (Use PO Box or Work Address) 1325 4 th Ave, Suite #1500			(SP) Joanne R. Harrell
City Seattle	County King	Zip + 4 98101-2539	

Filing Status (Check only one box.) <input type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input checked="" type="checkbox"/> Candidate running in an election: month <u>November</u> year <u>2007</u> <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office	Office Held or Sought Office title: <u>City Council Member</u> County, city, district or agency of the office, name and number: <u>Seattle City Council</u> Position number: _____ Term begins: <u>Jan. 2008</u> ends: <u>Dec. 2012</u>
---	---

1 INCOME List each employer, or other source of income (pension, social security, legal judgment) from which you or a family member received \$1,500 or more during the period. (Report interest and dividends in Item 3 on reverse)

Show Self (S) Spouse (SP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
	(S) Harrell, Connell, Cordova, Hunter & Pauley, P.L.L.C. 1325 4 th Ave, Suite 1500, Seattle, WA 98101	Attorney	E
	(SP) Microsoft Corporation One Microsoft Way, Redmond, WA 98052	General Manager	E
	(SP) Recreational Equipment, Inc. 222 Yale Ave N., Seattle, WA 98101	Director	D
	(SP) AAA of Washington 1745 114 th Ave SE, Bellevue, WA 98004	Director	B
Check Here <input type="checkbox"/> if continued on attached sheet			

2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$7,500 in which you or a family member held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received		
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current
All Other Property Entirely or Partially Owned		Bank of America . 4 th and Madison. Seattle, WA 98101	20% down, 5.14% for 15 years.	Mortgage	E E
4102 51 st Ave South, Seattle, WA 98118	E	WA 98101			
5719 42 nd Ave South, Seattle, WA 98118	E	N/A			
Check here <input type="checkbox"/> if continued on attached sheet					

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

A. Name and address of each bank or financial institution in which you or a family member had an account over \$15,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Bank of America, 4 th and Madison, Seattle, WA 98101 U S 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 Acct.	D E E	A A D
B. Name and address of each insurance company where you or a family member had a policy with a cash or loan value over \$15,000 during the period.			
C. Name and address of each company, association, government agency, etc. in which you or a family member owned or had a financial interest worth over \$1,500. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property.			
Fidelity Investments, P.O. Box 145421, Cincinnati, Ohio 45250 (managed by Fidelity)	Retirement Investment Account	E	C
Comcast Corporation, P.O. Box 770003, Cincinnati, Ohio 45277 (managed by Comcast)	Retirement Investment Plan	E	D

Check here if continued on attached sheet.

DATE FILED PDC
JAN 05 2007

4 CREDITORS

List each creditor you or a family member owed \$1,500 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

AMOUNT (USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE)	
			Original	Present
Bank of America, 4 th and Madison, Seattle, WA 98101	Interest only/open ended	Note	E	E
Citigroup Smith Barney, 601 Union St, #200, Seattle, WA 98101	Interest only/open ended	Stock	E	E
Seattle Metro Credit Union, P.O. Box 780, Seattle, WA 98111	5 yrs @ 5.45%	Note	C	C
Unico Properties, 1215 4 th Ave, Suite 600, Seattle, WA 98101	6 yr monthly lease	Note	E	E

Check here if continued on attached sheet.

5

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

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

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

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- I hold a state elected office or am an executive state officer. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

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

Bruce D. Farrell Signature
1-5-07 Date

Contact Telephone: (206) 583-0050
Email: bharrell@seattlecounsel.com (work)
Email: _____ (Home)

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

Information Continued

Name

1 INCOME (continued)			
Show Self (S) Spouse (SP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)

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

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS (continued)			
A. Name and address of each bank or financial institution	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
B. Name and address of each insurance company			
C. Name and address of each company, association, government agency			
Janus Capital Group, P.O. Box 173375, Denver, CO 80217 (Managed by Janus)	Retirement Account	D	B
Citigroup Smith Barney, 601 Union Street, #5200, Seattle, WA 98101 (Managed by Agent)	Retirement/Investment Account	E	C
Microsoft, One Microsoft Way, Redmond, WA 98052	Retirement/Investment Account/Stock	E	D
Pioneer Investments, P.O. Box 55014, Boston, MA 02205 (Managed by Pioneer)	Retirement Account	C	A
Dell Inc. P.O. Box 80409, Austin, Texas 78708	Stock	A	A
Adobe Systems, 345 Park Ave. San Jose, CA 95110	Stock	B	A
Precision Cast Parts, 4650 SW, Macadam Ave, #440, Port. OR, 97239	Stock	B	A
Safeco Corp., 4333 Brooklyn Ave NE, Seattle, WA 98185	Stock	B	A
Fedex corp., 942 South Shady Grove Road, Memphis, TN 38120	Stock	B	A

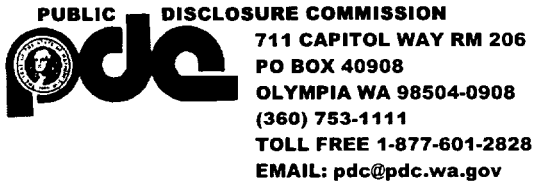
4 CREDITORS (continued)	AMOUNT (USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
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DATE FILED PDC

JAN 05 2007

JAN 05 2007



PDC FORM
F-1
 SUPPLEMENT
 (10/06)

SUPPLEMENT PAGE
 PERSONAL FINANCIAL AFFAIRS STATEMENT

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

Last Name Harrell	First Bruce	Middle Initial A.	DATE January 5, 2007
A	<p>OFFICE HELD, BUSINESS INTERESTS:</p> <p>Provide the following information if, during the reporting period, you, your spouse or dependents</p> <p>(1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or</p> <p>(2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.</p> <ul style="list-style-type: none"> • Legal Name: Report name used on legal documents establishing the entity. • Trade or Operating Name: Report name used for business purposes if different from the legal name. • Position or Percent of Ownership: The office, title and/or percent of ownership held. • Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered. • Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received. • Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$7,500 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation. • Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met. 		

ENTITY NO. 1

LEGAL NAME: Harrell, Connell, Cordova, Hunter & Pauley, P.L.L.C.

Reporting For: Self Spouse Dependent

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

Member of P.L.L.C.

ADDRESS: 1325 4th Ave, Suite 1500, Seattle WA 98101

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Law Firm

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

Purpose of payments

Amount (actual dollars)

\$

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

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$15,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

Name **Bruce A. Harrell**

ENTITY NO. 2

Reporting For: Self Spouse Dependent

LEGAL NAME: Recreational Equipment, Inc.

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

Board of Directors

ADDRESS: 222 Yale Ave, N. Seattle, WA 98101

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Seller of recreational equipment

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

Purpose of payments

Amount (actual dollars)

\$

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

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$15,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here if continued on attached sheet

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

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code)
Check here <input type="checkbox"/> if continued on attached sheet		

C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
			\$	
Check here <input type="checkbox"/> if continued on attached sheet				

Information Continued

Name Bruce A. Harrell

JAN 05 2007

ENTITY NO. 3

Reporting For: Self Spouse Dependent

LEGAL NAME: AAA of Washington

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: AAA

Board of Directors

ADDRESS: 1745 114th Ave SE, Bellevue, WA 98004

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Automobile towing and highway safety services.

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

Purpose of payments

Amount (actual dollars)

\$

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

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$15,000. List street address, assessor parcel number, or legal description and county for each parcel):

B LOBBYING: (Continued)

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

C FOOD TRAVEL SEMINARS (continued)

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

JAN 05 2007

F-1 Supplement

Information Continued

Name **Bruce A. Harrell**

ENTITY NO. 4 Reporting For: Self Spouse Dependent

LEGAL NAME: **Hardscript, Inc.** POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **100%**

ADDRESS: **1325 4th Ave, Suite 1500**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Manufacture, market and sell memorial plaques.

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

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

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$15,000. List street address, assessor parcel number, or legal description and county for each parcel):

B LOBBYING: (Continued)

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

C FOOD TRAVEL SEMINARS (continued)

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