

** Amended **

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 (11/18)	PERSONAL FINANCIAL AFFAIRS STATEMENT	P M PDC OFFICE USE O A S R T K DATE FILED PDC
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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.

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

APR 09 2019
DATE FILED
 JAN 07 2022
DATE FILED PDC

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name	First	Middle Initial
Inslee	Jay	R

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) *

501 13th Avenue SW

City	County	Zip + 4
Olympia	Thuston	98501

Trudi Inslee, SP

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: Governor

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

Position number: NA

Term begins: 1/16/2017 ends: 16/2021

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.)

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)
	State of Washington PO BOX 40002 Olympia, WA 98504-0002	Governor	E
	Office of Personnel Management Retirement Operations PO BOX 45 Boyers, PA 16017-0045	Congressman	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 \$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	
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		DiTech Financial PO Box 94710 Palatine IL 60094-4710		E	E

*1197 Hawley Way NE
Bainbridge Island, WA*

Check here if continued on attached sheet

98110

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)
3105 20 107 Congressional Federal Credit Union PO Box 2408 Merrifield, VA 22116-2408	Checking and Savings Account	E	A
WA State Employee Credit Union 330 Union Avenue SE Olympia, WA 98501	Checking and Savings Account	A	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 \$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
Check here <input type="checkbox"/> 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? **NO** 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? **YES** 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.

Signature: _____ Date: _____

Contact Telephone: (360) *902-4109

Email: stacey.tichenor@gov.wa.gov (Work)

Email: _____ (Home)*

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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.

Name and Address:

Thrift Savings Plan-Investments Fund-Individual Funds
PO Box 385021
Birmingham, AL 35268

Type of Account or Description	Asset Value	Income Amount
F Fund - Fixed Income Index	E	N/A

Name and Address:

Morgan Stanley Smith Barney
PO Box 608
New York, NY 10013-0502

Type of Account or Description	Asset Value	Income Amount
MS Liquid Asset Fund	B	A
IShares TIP Bond	C	A
Costco Wholesale Corp	B	A
Starbucks	B	A
Zumiez, Inc.	B	0
Dow Jones	C	A
Microsoft	B	0
Expeditors International	B	0
Boeing	C	0
Alaska Air	B	0
DocuSign	B	0
T-Mobile	B	0
Expedia	B	0
Amazon	B	0

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

Last Name Inslee	First Jay	Middle Initial R	DATE January 7, 2022
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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: **Democratic Governors Association**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **Democratic Governors Association (DGA)**

Chair

ADDRESS: **1225 Eye St. NW, Suite 1100, Washington DC 20005**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

The Democratic Governors Association is a Washington, D.C.-based 527 organization founded in 1983, consisting of U.S. state and territorial governors affiliated with the Democratic Party.

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 \$12,000 OR MORE:

Agency name:	Purpose of payment (amount not required)
None	

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 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 \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

N/A

Check here if continued on attached sheet

Name
Jay Inslee

ENTITY NO. 2

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: **National Governors Association**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **National Governors Association (NGA)**

Member

ADDRESS: **444 North Capitol Street, Suite 267, Washington, D.C. 20001**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

The National Governors Association is the nonpartisan voice of the leaders of 55 states, territories, and commonwealths.

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

Purpose of payments

Amount (actual dollars)

Office of the Governor pays annual NGA dues.

\$153,100

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

Agency name:

Purpose of payment (amount not required)

Governor's Offices from other states for annual dues.

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

Customer name:

Purpose of payment (amount not required)

N/A

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

N/A

Check here if continued on attached sheet

Information Continued

F-1 Supplement

Name
Jay Inslee

ENTITY NO. 3

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: **Western Governors Association**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **Western Governors Association (WGA)**

Member

ADDRESS: **1600 BROADWAY, SUITE 1700, DENVER, CO 80202, U.S**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

The Western Governors' Association is a non-partisan organization of all 22 United States Governors that are considered to be part of the Western region of the nation.

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

Purpose of payments

Amount (actual dollars)

Office of the Governor pays annual WGA dues.

\$ 36,000

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

Agency name:

Purpose of payment (amount not required)

Governor's Offices from Western states for annual dues.

Annual Dues

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 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 \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

N/A

Information Continued

F-1 Supplement

Name

Jay Inslee

ENTITY NO. 4

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: **Governor's Coalition on Wind and Solar Energy**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **Governor's Coalition on Wind and Solar Energy Member**

ADDRESS: **2200 Wilson Blvd, Suite 102-22, Arlington, VA 22201-3324**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Bipartisan group of the nation's governors who are dedicated to the development of the nation's wind and solar energy resources to meet America's domestic energy demands in an environmentally responsible manner.

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 \$12,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

None

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 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 \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

N/A

Information Continued

F-1 Supplement

Name
Jay Inslee

ENTITY NO. 5

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: **Governors for K-12 Computer Science**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **Governors for K-12 Computer Science**

Co-Chair

ADDRESS: **No street address. <https://www.governorsforcs.org/>**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

The Governors' Partnership for K-12 Computer Science is a group of bi-partisan state leaders committed to advancing policy and funding to expand access to, and increase equity in, K-12 computer science (CS) education.

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 \$12,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

NONE

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 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 \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

N/A

Information Continued

F-1 Supplement

Name
Jay Inslee

ENTITY NO. 6

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: **Pacific Coast Collaborative**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **Pacific Coast Collaborative**

Member

ADDRESS: **No street address. <https://pacificcoastcollaborative.org/>**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Through the Pacific Coast Collaborative, British Columbia, Washington, Oregon, California, and the cities of Vancouver, Seattle, Portland, San Francisco, Oakland, and Los Angeles are working together to build the low carbon economy of the future.

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 \$12,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

None

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 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 \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

N/A

Information Continued

F-1 Supplement

Name
Jay Inslee

ENTITY NO. 7

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: **International alliance to combat ocean acidification**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **International alliance to combat ocean acidification (aka Ocean Acidification Alliance)** **Member**

ADDRESS: **No Street Address <https://www.oaalliance.org/>**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

The International Alliance to Combat Ocean Acidification brings together governments and organizations from across the globe dedicated to taking urgent action to protect coastal communities and livelihoods.

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 \$12,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

None

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 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 \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

N/A

Information Continued

F-1 Supplement

Name
Jay Inslee

ENTITY NO. 8

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: **West Coast Ocean Alliance**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **West Coast Ocean Alliance**

Member

ADDRESS: **No Street Address <https://westcoastcoceanalliance.org/>**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

A regional partnership focused on enhanced management and coordination for the ocean along the West Coast of the U.S.

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 \$12,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

None

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 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 \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

N/A

Information Continued

F-1 Supplement

Name
Jay Inslee

ENTITY NO. 9

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: **U.S. Climate Alliance**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **U.S. Climate Alliance**

Member

ADDRESS: **No Street Address <http://www.usclimatealliance.org/>**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

U.S. Climate Alliance states are committed to taking real, impactful, on-the-ground action that urgently addresses the climate challenge. In becoming an Alliance member, states commit to achieve the Paris Agreement's goal of keeping temperature increases below 1.5 degrees Celsius.

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 \$12,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

None

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 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 \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

N/A

Information Continued

F-1 Supplement

Name
Jay Inslee

ENTITY NO. 10 Reporting For: Self Spouse
Registered Domestic Partner Dependent

LEGAL NAME: **We Are Still In** POSITION OR PERCENT OF OWNERSHIP
TRADE OR OPERATING NAME: **We Are Still In** **Member**
ADDRESS: No Street Address. <https://www.wearestillin.com/>

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
We Are Still In is a joint declaration of support for climate action, signed by more than 3,900 CEOs, mayors, governors, tribal leaders, college presidents, faith leaders, health care executives, and others

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 \$12,000 OR MORE:
Agency name: Purpose of payment (amount not required)
None

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 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 \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):
N/A

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 \$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	First	Middle Initial
Inslee	Jay	R

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) *

501 13th Avenue SW

City	County	Zip + 4
Olympia	Thuston	98501

Trudi Inslee, SP

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: Governor

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

Position number: NA

Term begins: 1/16/2017 ends: 16/2021

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.)

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)
	State of Washington PO BOX 40002 Olympia, WA 98504-0002	Governor	E
	Office of Personnel Management Retirement Operations PO BOX 45 Boyers, PA 16017-0045	Congressman	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 \$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		
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		DiTech Financial PO Box 94710 Palatine IL 60094-4710			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)
9105 DP 197 Congressional Federal Credit Union PO Box 2408 Merrifield, VA 22116-2408	Checking and Savings Account	E	A
WA State Employee Credit Union 330 Union Avenue SE Olympia, WA 98501	Checking and Savings Account	A	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 \$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
Check here <input type="checkbox"/> 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.

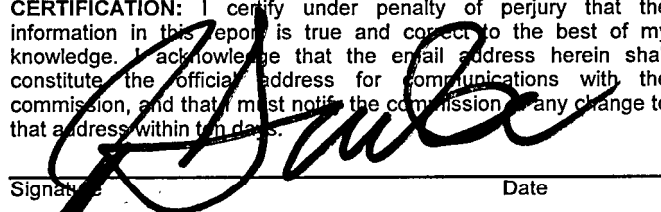
- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? **NO** 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? **YES** 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.

Signature:  Date: _____
Contact Telephone: (360) *902-4109
Email: stacey.hohen@gov.wa.gov (Work)
Email: _____ (Home)*

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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.

Name and Address:

Thrift Savings Plan-Investments Fund-Individual Funds
PO Box 385021
Birmingham, AL 35268

Type of Account or Description	Asset Value	Income Amount
F Fund - Fixed Income Index	E	N/A

Name and Address:

Morgan Stanley Smith Barney
PO Box 608
New York, NY 10013-0502

Type of Account or Description	Asset Value	Income Amount
MS Liquid Asset Fund	B	A
IShares TIP Bond	C	A
Costco Wholesale Corp	B	A
Starbucks	B	A
Zumiez, Inc.	B	0
Dow Jones	C	A
Microsoft	B	0
Expeditors International	B	0
Boeing	C	0
Alaska Air	B	0
DocuSign	B	0
T-Mobile	B	0
Expedia	B	0
Amazon	B	0

2018 Calendar Year Section C: Food, Travel and Seminars

Date Received:	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
1/19/2018 – 1/21/2018	Democratic Governors Association	DGA Policy Meeting – Big Sky	Hotel: \$558.00 Flights: \$516.60	A
2/26/2018 – 2/27/2018	Democratic Governors Association	Meetings / Events: NY	Hotel: \$273.51 Flights: \$346.6	A
3/23/2018 – 3/25/2018	Democratic Governors Association	DGA Policy Meeting, Seattle	Hotel: \$318.91	A
3/28/2018 – 3/29/2018	Democratic Governors Association	Meetings / Events: San Francisco	Hotel: \$331.12 Flights: \$657.5	A
4/19/2018 – 4/21/2018	Democratic Governors Association	Meetings / Events: Las Vegas, LA	Hotel: \$641.29 Flights: \$535.95	A
4/23/2018 – 4/24/2018	Democratic Governors Association	Meetings / Events: Chicago	Hotel: \$386.25 Flights: \$441	A
5/08/2018 – 5/10/2018	Democratic Governors Association	DGA Policy Meeting - Hawaii	Hotel: \$1235.7 Flights: \$1270.61	A
5/14/2018 – 5/17/2018	Democratic Governors Association	Meetings / Events: WA DC,	Hotel: \$1,564.41 Flights: \$848.40 Rail: \$427	A
5/24/2018 – 5/26/2018	Democratic Governors Association	Meetings / Events: Denver/ Telluride	Hotel: \$0 Flights: \$872.60	A
6/18/2018	Democratic Governors Association	Meetings / Events: SF	Flights: \$342.40	A
6/21/2018 – 6/24/2018	Democratic Governors Association	Meetings / Events: Iowa	Hotel: \$563.85 Flights: \$1189.40	A
6/30/2018 – 7/01/2018	Democratic Governors Association	Meetings / Events: Miami	Hotel: Flights: \$1798.4	A
7/10/2018 – 7/15/2018	Democratic Governors Association	Meetings / Events: NY, ME, MA	Hotel: \$3067.75 Flights: \$1086.6	A
8/02/2018- 8/04/2018	Democratic Governors Association	Meetings / Events: New Orleans	Hotel: \$591.22 Flights: \$650.8	A
8/10/2018 – 8/11/2018	Democratic Governors Association	Meetings / Events: Aspen	Hotel: \$1400.16 Flights: \$1367.51	A
8/20/2018	Democratic Governors Association	Meetings / Events: Oregon	Flights: \$2823	A
9/11/2018 – 9/18/2018	Democratic Governors Association	Meetings / Events: SF, Boston, Washington DC	Hotel: \$1464.21 Flights: \$2596.88	A
9/30/2018 – 10/03/2018	Democratic Governors Association	Meetings / Events: Chicago/NY	Hotel: \$607.59 Flights: \$882.8	A
10/05/2018	Democratic Governors Association	Meetings / Events: Las Vegas	Flights: \$377.39	A
10/13/2018- 10/15/2018	Democratic Governors Association	Meetings / Events: Denver	Hotel: \$256.70 Flights: \$668.60	A
10/26/2018 – 10/29/2018	Democratic Governors Association	Meetings / Events: Detroit	Hotel: \$720.31 Flights: \$2005.23	A

2018 Calendar Year Section C: Food, Travel and Seminars

11/02/2018 – 11/08/2018	Democratic Governors Association	Meetings / Events: Washington DC	Hotel: \$1715.58 Flights: \$2678.43	A
11/16/2018 – 11/18/2018	National Governor's Association	New Governor's Seminar	Hotel: \$599.18 Flights: \$358.35	A
11/26/2018 – 11/27/2018	Vision PAC	Meetings / Events: San Francisco	Hotel: \$146.42 Flights: \$577.40	A
11/30/2018 – 12/02/2018	Democratic Governors Association	DGA Policy Meeting, New Orleans	Hotel: \$692.90 Flights: 641.59	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.

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

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	First	Middle Initial
Inslee	Jay	R

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) *

501 13th Avenue SW

City	County	Zip + 4
Olympia	WA	98501

Trudi Anne Inslee, SP

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: Governor

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

Position number: NA

Term begins: 1/16/2017 ends: 1/16/2021

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.)

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)
	State of Washington PO Box 40002 Olympia, WA 98504-0002	Governor	E
	Office of Personal Management Retirement Operations PO BOX 45 Boyers, PA 16017-0045	Congressman	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 \$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		
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 1197 Hawley Way NE Bainbridge Island WA Check here <input type="checkbox"/> if continued on attached sheet		DiTech Financial PO Box 94710 Palatine IL 60094-4710			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 \$24,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Congressional Federal Credit Union PO Box 2408 Merrifield, VA 22116-2408	Checking and Savings Account	E	A
WA State Employee Credit Union 330 Union Avenue SE, Olympia 98501	Checking and Savings Account	B	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 \$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 <input type="checkbox"/> 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.

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE)	
			Original	Present
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? NO 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? YES 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

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

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.

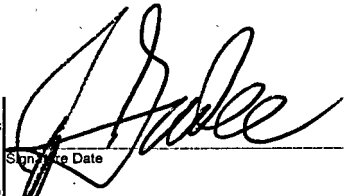
*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.

Signature Date

Contact Telephone: () *

Email: __ (work) *

Email: __ (Home) Optional



REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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.

Name and Address:

Thrift Savings Plan-Investments Fund-Individual Funds
PO Box 385021
Birmingham, AL 35268

Type of Account or Description Asset Value Income Amount

F Fund - Fixed Income Index	B	N/A
C Fund - Common Stock Index	E	N/A
S Fund - Small Capital Stock Index	E	N/A

Name and Address:

Morgan Stanley Smith Barney
PO Box 608
New York, NY 10013-0502

Type of Account or Description Asset Value Income Amount

MS Liquid Asset Fund	B	A
IShares Russell 1000 GR Index	D	A
IShares Russell 2000 Growth FD	D	A
IShares S&P Mid Cap 400 Growth.	C	A
IShares S&P Mid Cap 400 Value	B	A
Costco Wholesale Corp	B	A
Starbucks	B	A
Zumies, Inc.	B	0
Dow Jones	C	

2017 Calendar Year Section C: Food, Travel and Seminars

Date Received:	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
1/13/2017 – 1/14/2017	Inslee for Washington	Democratic National Committee Forum - Keynote Address	Hotel: Flights: \$513.40	A
2/27/2017 – 2/28/2017	Democratic Governors Association	Personal Meetings: NYC	Hotel: Flights:	
5/11/2017 – 5/12/2017	Democratic Governors Association	Personal Meetings: San Francisco	Hotel: \$309.30 Flights: \$201.20	A
5/18/2017 – 5/20/2017	Host Fund of Washington (non-profit)	Mexico Trade Mission	Hotel: \$225.00 Flights: \$854.70	A
5/20/2017 – 5/22/2017	Democratic Governors Association	Personal Meetings in Miami and Orlando	Hotel: \$529.00 Flights: \$303.88 SEA to MIA	A
5/21/2017	Democratic Governors Association	Personal Meeting: Orlando	Hotel: 285.75 Flight: \$89.20 MIA-MCO	A
8/03/2017 – 8/06/2017	Democratic Governors Association	DGA Meetings in LA and Aspen	Hotel: DGA (Still tracking down) Flights: Return Flight \$828.80	A
9/16/2017 – 9/17/2017	Democratic Governors Association	DGA 2017 Chairman's Board Retreat, Opening Reception in LA	Hotel: DGA Flights: \$118.20 (SEA to LA	A
10/19/2017 – 10/21/2017	Democratic Governors Association	Personal Meetings: Chicago	Hotel: \$831.18 Flights: \$227 SEA to CHI, \$133.20 ORD to CMH.	A
10/21/2017 – 10/22/2017	Democratic Governors Association	Personal Meetings: Ohio	Hotel: \$186.83 Flights: \$471.80 CMH to SEA	A
10/25/2017 – 10/26/2017	Democratic Governors Association	Personal Meetings: San Francisco	Hotel: \$440.19 Flights: \$467.41	A
11/04/2017 – 11/11/2017	Seattle Chamber of Commerce	Switzerland Trade Mission: Apprenticeship	Hotel: Flights: \$3547.96	A or B depending on hotel
11/11/2017 - 11/15/2017-	US State Dept. / Georgetown University	Bonn Trade Mission: Climate Alliance	Hotel: Flights:	A
11/15/2017 – 11/16/2017	Seattle Chamber (Flights) Host Fund of WA (Hotel)	Italy Trade Mission: Aerospace	Hotel: Flights:	
11/29/2017 – 11/30/2017	Democratic Governors Association	Personal Meetings: San Francisco	Hotel: \$258.48 Flights: \$58.20	A
11/30/2017 – 12/01/2017	Democratic Governors Association	Personal Meetings: Washington DC	Hotel: \$320.29 Flights: \$	A
12/01/2017	Democratic Governors Association	Personal Meetings: Philadelphia	Train: \$123	A

2017 Calendar Year Section C: Food, Travel and Seminars

12/03/2017 – 12/05/2017	Democratic Governors Association	Democratic Governors Association Holiday Party, New Orleans	Hotel: DGA (Still tracking down) Flights:\$134.80 (NO to Seattle) \$499.20 (PHL to NO)	A
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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

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: Inslee First: Jay Middle Initial: R	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) *

501 13th Avenue SW

City: Olympia	County: Thurston	Zip + 4: 98501
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Trudi Anne Inslee, SP

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: Governor

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

Position number: NA

Term begins: 1/16/2017 ends: 1/16/2021

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.)

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)
	State of Washington PO Box 40002 Olympia, WA 98504-0002	Governor	E
	Office of Personnel Management Retirement Operations PO Box 45 Boyers, PA 16017-0045 Check Here <input type="checkbox"/> if continued on attached sheet	Congressman	C

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		
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 1197 Hawley Way, NE Bainbridge Island, WA Check here <input type="checkbox"/> if continued on attached sheet	E	New York Community Bank 1801 E 9 th Street Cleveland, Ohio 44114	30 year loan	House and property	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 \$24,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Congressional Federal Credit Union PO Box 2408 Merrifield, VA 22116-2408	Checking and Savings accounts	E	A
WA State Employee Credit Union 330 Union Avenue SE, Olympia 98501	Checking	B	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 \$24,000 during the period.			
None			
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. See attached sheet (no changes from 2015).			

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
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.

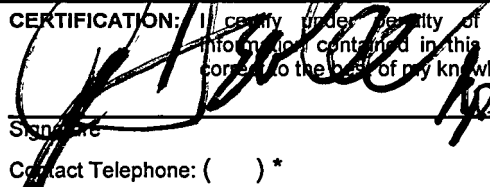
Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- 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? NO 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? YES 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.

Signature:  Date: April 17, 2017

Contact Telephone: () *

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

Email: _____ (work) *
Email: _____ (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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.

Name and Address:

Thrift Savings Plan-Investments Fund-Individual Funds
PO Box 385021
Birmingham, AL 35268

Type of Account or Description	Asset Value	Income Amount
F Fund - Fixed Income Index	B	N/A
C Fund - Common Stock Index	E	N/A
S Fund - Small Capital Stock Index	E	N/A

Name and Address:

Morgan Stanley Smith Barney
PO Box 608
New York, NY 10013-0502

Type of Account or Description	Asset Value	Income Amount
MS Liquid Asset Fund	B	A
IShares Russell 1000 GR Index	D	A
IShares Russell 2000 Growth FD	B	A
IShares S&P Mid Cap 400 Growth	C	A
IShares S&P Mid Cap 400 Value	B	A
Costco Wholesale Corp	B	A
Starbucks	B	A
Zumies, Inc.	B	O

2016 Calendar Year Section C: Food, Travel and Seminars

Date Received:	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
4/28/2016 – 4/29/2016	Democratic Governors Association	DGA Western Policy Conference, Oregon	Hotel: \$353.81	A
8/11/2016 – 8/13/2016	Democratic Governors Association	Democratic Governors Association Chair's Retreat, Aspen	Flight: \$794.20 Hotel: \$1018.00	A A
12/04/2016 – 12/06/2016	Democratic Governors Association	Democratic Governors Association Holiday, New Orleans	Flight: *Will send amendment once we get the dollar amount. Confirmation code: NVLXTZ Hotel: \$507.98	A A

DATE FILED PDC

AUG 08 2016

August 5, 2016

To: Washington State Public Disclosure Commission

From: Stacey Tichenor, Executive Assistant for Governor Jay Inslee
Governor's Office

Re: F-1 Supplemental filed on April 2013

Attached is an amendment for the F-1 Supplement filed by Governor Inslee on April 2013.

AMEND the F1 Supplemental filed on April 2013.

Morgan Stanley Smith Barney
P.O. Box 608
New York, NY 10013-0502

	Asset Value	Income Amount
MS Liquid Asset Fund	B	A
IShares Russell 1000 GR Index	D	A
IShares Russell 2000 Growth FD	B	A
IShares S&P Mid Cap 400 Growth	B	A
IShares S&P Mid Cap 400 Value	B	A
Powershares DB Comm Trk	C	None
SPDR Gold TR Gold SHS	C	None
Costco Wholesale Corp	B	B
Starbucks	B	B
Zumies, INC	B	None
110 Totally Green INC	A	None
IShares Russell 2000 Value FD	B	B
IShares Russell Microcap	B	B
IShares Russell EAFE Sector	B	B
Dupont El De Nemours & Co	B	B
Advanced Micro Devices	A	A
Amazon	B	B
SunPower Corp.	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.
SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

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: **Inslee** First: **Jay** Middle Initial: **R**

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) *
501 13th Avenue SW

Trudi Anne Inslee, SP

City: **Olympia** County: **Thurston** Zip + 4: **98501**

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: Governor
 County, city, district or agency of the office, name and number: Office of the Governor
 Position number: NA
 Term begins: 01-16-2013 ends: 1-16-2017

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)
State of Washington PO Box 40002 Olympia, WA	Governor	E
U.S. House of Representatives United States Capitol Washington, DC	Congressman	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 \$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			
300 Nelson Lane Lopez Island, WA 98261 Parcel 251012004000	E	David and Margaret Enslow 734 20 th Avenue E Seattle, WA 98112	Property Purchase 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 1197 Hawley Way, NE Bainbridge Island, WA	E	NYCB Mortgage CO PO Box 790376 St. Louis, MO 63179-0376	30 Year Loan	House and Property	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)
Congressional Federal Credit Union PO Box 2408 Merrifield, VA 22116-2408	Checking and savings accounts	E	A
B. Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$24,000 during the period.			
None			
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.			
See Attached Sheet			

Check here if continued on attached sheet.

4 CREDITORS List each creditor you or a family member, including registered domestic partner, owed \$2,400 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
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? NO ___ 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? YES ___ 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.

[Signature] _____ Date: April 14, 2016

Contact Telephone: () *
 Email: _____ (work) *
 Email: _____ (Home) Optional

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

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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.

Name and Address:

Thrift Savings Plan-Investments Fund-Individual Funds
PO Box 385021
Birmingham, AL 35268

Type of Account or Description	Asset Value	Income Amount
F Fund - Fixed Income Index	B	N/A
C Fund - Common Stock Index	E	N/A
S Fund - Small Capital Stock Index	E	N/A

Name and Address:

Morgan Stanley Smith Barney
PO Box 608
New York, NY 10013-0502

Type of Account or Description	Asset Value	Income Amount
MS Liquid Asset Fund	B	A
IShares Russell 1000 GR Index	D	A
IShares Russell 2000 Growth FD	B	A
IShares S&P Mid Cap 400 Growth	C	A
IShares S&P Mid Cap 400 Value	B	A
Costco Wholesale Corp	B	A
Starbucks	B	A
Zumies, Inc.	B	0

F1 Supplemental Section C: Food, Travel and Seminars

Date Received:	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
4/19/2015 – 4/20/2015	Democratic Governors Association	Democratic Governors Association Conference, Los Angeles	Airfare: \$443.20 Hotel: \$357.10	A A
5/03/2015 – 5/04/2015	Democratic Governors Association	Democratic Governors Annual Meeting, Washington, New York	Airfare: \$ 1085.20 Hotel \$231.85	A A
8/28/2015 – 9/05/2015	Washington Host Fund C/O Trade Development Alliance of Greater Seattle	Korea/Japan Trade Mission	Airfare: \$7181.30 Hotel: \$ 1682.92 Train: \$ 394.54	B A A
9/04/2015 – 9/20/2015	Democratic Governors Association	Democratic Governors Association Chair's Retreat, Montana	Hotel \$672.66 Airfare: \$	A
10/12/2015 – 10/13/2015	Democratic Governors Association	DGA: Western Policy Conference in Walla Walla	Hotel \$534.99 Airfare: \$133.10	A A
10/23/2015 – 10/25/2015	Democratic Governors Association	Democratic Governors Association, Rhode Island	Hotel \$1285.94 Airfare: \$1502.57	A A
12/04/2015 – 12/09/2015	Georgetown University Climate Center	UN's 21 st Session of the Conference of Parties (COP21) in Paris	Airfare: \$1674.80 Hotel \$ 1232.77	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

PDC FORM

F-1A
(1/15)

PERSONAL FINANCIAL AFFAIRS STATEMENT
Short Form

P M PDC OFFICE USE
 O A
 S R
 T RECEIVED

The F-1A form is designed to simplify reporting for persons who have no changes or only minor changes to an F-1 report previously filed.
A complete F-1 form must be filed at least every four years; an F-1A form may be used for no more than three consecutive reports.
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 \$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

APR 15 2015
 RECEIVED
 Public Disclosure Commission

Last Name First Middle Initial
 Inslee Jay R.
 Mailing Address (Use PO Box or Work Address) *
 501 13th Avenue SW
 City County Zip + 4
 Olympia Thurston 98501-3373

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.
 Trudi Inslee

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: Governor
 County, city, district or agency of the office, name and number: _____
 Position number: _____
 Term begins: 1-16-2013 ends: 1-16-2017

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.

- NO CHANGE REPORT.** I have reviewed my last complete F-1 report dated _____ and F-1A reports (if any) dated (1) _____ and (2) _____. The information disclosed on those reports is accurate for the current reporting period.
- MINOR CHANGES REPORT.** I have reviewed my last complete F-1 report dated 4-03-2014. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers and describe changes. Provide all information required on F-1 report.

Section 1 – Income: Please remove Trudi Inslee Consulting.

Check here if continued on attached sheet

FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC 390-20-020A, L-2 Reporting Guide; 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)
	See attachment.			

Check here if continued on attached sheet

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.

Signature _____ Date _____
 Contact Telephone: (360) 902-4109 *
 Email: Stacey.tichenor@gov.wa.gov (work) *
 Email: _____ (Home) Optional

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

Information Continued

F-1A

Name _____

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.

- NO CHANGE REPORT.** I have reviewed my last complete F-1 report dated _____ and F-1A reports (if any) dated (1) _____ and (2) _____. The information disclosed on those reports is accurate for the current reporting period.
- MINOR CHANGES REPORT.** I have reviewed my last complete F-1 report dated _____. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers and describe changes. Provide all information required on F-1 report.

**FOOD
TRAVEL
SEMINARS** (Continued)

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

RECEIVED

APR 15 2015

2015 Section C: Food, Travel and Seminars

Public Disclosure Commission

Date Received:	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
3/21/2014 – 3/23/2014	Flight One: Paid for by Democratic Governors Association, Washington DC Flight Two: Paid for by Inslee for Governor	Democratic Governors Association Conference, Bozeman, MT	Flight 1: \$497.50 Flight 2: \$227.00 Lodging: <i>pending</i>	A
6/27/2014 – 6/29/2014	Democratic Governors Association, Washington DC	Democratic Governors Association, Nantucket, MA	Flight: \$1355.00 Lodging: <i>pending</i>	A
8/15/2014	Democratic Governors Association, Washington DC	Democratic Governors Association in Seattle, Overnight stay in Seattle	Lodging: <i>pending</i>	A
8/23/2014	Washington Senate Democratic Campaign Committee	Annual SDCC Event, Orcas Island	Flight: <i>pending</i>	A
9/18/2014 – 9/19/2014	Flight: Inslee for Governor Lodging: Democratic Governors Association, Washington DC	Democratic Governors Association, San Francisco, California	Flight: \$224.20 Lodging: \$369.69	A
11/04/2014	Inslee for Governor	Overnight at the Westin Hotel	Lodging: <i>pending</i>	A
12/08/2014 – 12/09/2014	Flight one: Democratic Governors Association, Washington DC Flight two: Inslee for Governor	Democratic Governors Annual Meeting, Los Angeles	Flight one : \$330.20 Flight two: Lodging: \$356.10	A

PERSONAL FINANCIAL AFFAIRS STATEMENT

P M PDC OFFICE USE
 O A
 S R
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RECEIVED

APR -3 2014

R E C E I V E D
 Public Disclosure Commission

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: Inslee
 First: Jay
 Middle Initial: R

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) *
 501 13th Avenue SW
 City: Olympia County: Thurston Zip + 4: 98501-3373

Trudi Inslee

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: Governor
 County, city, district or agency of the office, name and number: _____
 Position number: _____
 Term begins: 1-16-2013 ends: 1-16-2017

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	State of Washington	Governor	E
SP	Trudi Inslee Consulting	Consultant	A

Check Here if continued on attached sheet

2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$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		
None					
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current
None					
All Other Property Entirely or Partially Owned 1197 Hawley Way, NE Bainbridge Island, WA 98110 Kitsap County #1518208 Check here <input type="checkbox"/> if continued on attached sheet	E	NYCB Mortgage CO. P.O. Box 790376, St. Louis, MO 63179-0376	30 yr. loan. Monthly payment	House and property	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)
Congressional Federal Credit Union P.O. Box 2408 Merrifield, VA 22116-2408	Checking and savings accounts	C	A
B. Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$20,000 during the period. None			
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. Thrift Savings Plan – Investment Funds – Individual Funds P.O. Box 385021 Birmingham, AL 35238	F Fund – Fixed Income Index C Fund – Common Stock Index S Fund – Small Capital Stock Index	B E E	N/A N/A N/A

Check here if continued on attached sheet.

4

CREDITORS

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

AMOUNT (USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
None				

Check here if continued on attached sheet.

5

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

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

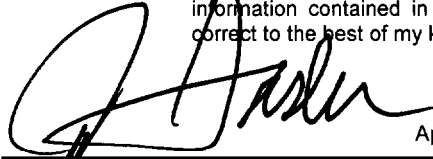
- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited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

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

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

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

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



April 2, 2014

Signature

Date

Contact Telephone: (360-902-0610) *

Email: lisa.vanderlugt@gov.wa.gov (work) *

Email: _____ (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

RECEIVED

APR -3 2014

Public Disclosure Commission

Information Continued

F-1

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


RECEIVED

APR -3 2014

Morgan Stanley Smith Barney
P.O. Box 608
New York, NY 10013-0502

Public Disclosure Commission

	Asset Value	Income Amount
MS Liquid Asset Fund	B	A
IShares Russell 1000 GR Index	D	A
IShares Russell 2000 Growth FD	B	A
IShares S&P Mid Cap 400 Growth	B	A
IShares S&P Mid Cap 400 Value	B	A
Powershares DB Comm Trk	C	None
SPDR Gold TR Gold SHS	C	None
Costco Wholesale Corp.	B	A
Starbucks	B	A
Zumiez, Inc	B	None
110 Totally Green INC	A	None

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: pdcc@pdcc.wa.gov

PDC FORM
F-1
 SUPPLEMENT
 (1/12)

APR -3 2014
SUPPLEMENT PAGE
 Public Disclosure Commission
 PERSONAL FINANCIAL AFFAIRS STATEMENT

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

Last Name Inslee	First Trudi	Middle Initial A.	DATE 04/02/2013
---------------------	----------------	----------------------	--------------------

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: Trudi Inslee Consulting **POSITION OR PERCENT OF OWNERSHIP**
TRADE OR OPERATING NAME: Same
ADDRESS: 1197 Hawley WAY NE, Bainbridge Island, WA 98110
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Consultation Services
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 \$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

CONTINUE PARTS B AND C ON NEXT PAGE

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APR -3 2014

F-1 Supplement

Public Disclosure Commission

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)

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

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 \$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
APR 15 2013
 Public Disclosure Commission

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name First Middle Initial
 Inslee Jay R.

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) *
 1197 Hawley Way, NE
 City County Zip + 4
 Bainbridge Island Kitsap 98110

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: Governor
 County, city, district or agency of the office, name and number:
 Position number:
 Term begins: 1-16-2013 ends: 1-16-2017

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)
U.S. House of Representatives	Congressman	C
Trudi Inslee Consulting	Consultant	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 Received		
None					
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current
None					
All Other Property Entirely or Partially Owned 1197 Hawley Way, NE Bainbridge Island, WA 98110 Kitsap County #1518208 Check here <input type="checkbox"/> if continued on attached sheet	E	NYCB Mortgage CO P.O. Box 790376 St. Louis, MO 63179-0376	30 yr loan. Monthly payment	House and property	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)
Congressional Federal Credit Union P.O. Box 2408 Merrifield, VA 22116-2408	Checking and savings accounts	C	A
B. Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$20,000 during the period. None			
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. Thrift Savings Plan-Investment Funds-Individual Funds P.O. Box 385021 Birmingham, AL 35238	F Fund – Fixed Income Index C Fund-Common Stock Index S Fund –Small Capital Stock Index	B E E	N/A N/A N/A

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APR 15 2013
Public Disclosure Commission

Check here if continued on attached sheet.

4 CREDITORS	List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.		AMOUNT (USE CODE)	
Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
None				

Check here if continued on attached sheet.

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

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

A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? No 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? Yes 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.

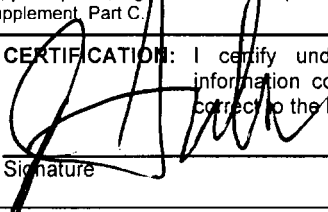
E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing 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

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

Apr. 15 2013 Date

regarding the use of public facilities in campaigns.

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

Contact Telephone: (603) 902-0600

Email: USA.Vanderhugt@gov.nh.gov (work) *

Email: _____ (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

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APR 15 2013

Public Disclosure Commission

RECEIVED



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

Public Disclosure Commission

PDC FORM

APR 15 2013

F-1

SUPPLEMENT PAGE
PERSONAL FINANCIAL AFFAIRS STATEMENT

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

Last Name: Inslee, First: Trudi, Middle Initial: A, DATE: 04/01/13

- A OFFICE HELD, BUSINESS INTERESTS: Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents... (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation... (2) were a partner or member of a limited partnership... Legal Name, Trade or Operating Name, Position or Percent of Ownership, Brief Description of the Business/Organization, Payments from Governmental Unit, Payments from Business Customers and Other Government Agencies, Washington Real Estate.

ENTITY NO. 1 Reporting For: Self [] Spouse [X] Registered Domestic Partner [] Dependent []

LEGAL NAME: Trudi Inslee Consulting POSITION OR PERCENT OF OWNERSHIP 100%

TRADE OR OPERATING NAME: Same

ADDRESS: 1197 Hawley Way NE, Bainbridge Island, WA 98110
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: Consultation services

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 \$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: Island Press Purpose of payment (amount not required) Consultation service

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

Check here [] if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

APR 15 2013

Name

Public Disclosure Commission

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)

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)
None		

Check here if continued on attached sheet

C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, 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)
	None		\$	

Check here if continued on attached sheet


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APR 15 2013

Public Disclosure Commission

Morgan Stanley Smith Barney
P.O. Box 608
New York, NY 10013-0502

	Asset Value	Income Amount
MS Liquid Asset Fund	B	A
IShares Russell 1000 GR Index	D	A
IShares Russell 2000 Growth FD	B	A
IShares S&P Mid Cap 400 Growth	B	A
IShares S&P Mid Cap 400 Value	B	A
Powershares DB Comm Trk	C	None
SPDR Gold TR Gold SHS	C	None
Costco Wholesale Corp.	B	A
Starbucks	B	A
Zumiez, Inc	B	None
110 Totally Green INC	A	None

I 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 JUN 29 2011	P M D C O F F I C E U S E 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 Inslee Jay R		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. Trudi A. Inslee			
Mailing Address (Use PO Box or Work Address) * 1197 Hawley Way NE					
City County Zip + 4 Bainbridge Island Kitsap 98110-1932					
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>Nov</u> year <u>2012</u> <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>Governor</u> County, city, district or agency of the office, name and number: _____ Position number: _____ Term begins: <u>2013</u> ends: <u>2017</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 \$2,000 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	US House of Representatives WA., D.C. 20515	Member of Congress	E		
SP	Trudi Inslee Consulting 1197 Hawley Way NE Bainbridge Island, WA 98110	Consultant	C		
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 \$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 none	Assessed Value (Use Code) E	Name and Address of Purchaser Met Life PO Box 71093 Charlotte, NC 28272-1093	Payment Terms 30 yr fixed loan	Nature and Amount (Use Code) of Payment or Consideration Received property	Mortgage Amount - (Use Code) Original Current E E
Property Purchased or Interest Acquired none		Creditor's Name/Address	Security Given		
All Other Property Entirely or Partially Owned 1197 Hawley Way NE Bainbridge Island, WA 98110 Kitsap County Tax parcel #4115-003-006-0002 Check here <input type="checkbox"/> if continued on attached sheet					

Continuation of Section 3 – C

ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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)
Congressional Federal Credit Union PO Box 2408 Merrifield, VA 22116-2408	checking DATE FILED PDC JUN 29 2011	C	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. New York Life Ins. Co. 51 Madison Ave Rm 551-WL New York, NY 10010	20 yr convertible term life insurance	E	
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.			
Thrift Savings Plan-Investment Funds- Individual Funds PO Box 385021 Birmingham, AL 35238	F Fund- Fixed Income Index C Fund-Common Stock Index S Fund-Small Capital Stock Index	B D D	N/A N/A N/A
	I Fund-International Stock Index	D	N/A

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.

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE)	
			Original	Present
Chase PO Box 78036 Phoenix, AZ 85062-8035	monthly (home equity line of credit)	Property (home)	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 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? no 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? yes 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. **CERTIFICATION:** I certify under penalty of perjury that the information contained in this report is true and

JUN 29 2011

MorganStanley Smith Barney
 PO Box 608
 New York, N. Y. 10013-0502

IRA Acct.

	asset value	income amount
Stocks:		
Amazon	A	none
Advanced Micro Systems	A	none
Costco	B	
Dreyfus Liquid Assets Money Market	B	none
I Shares Russell 1000 Value	D	A
I Shares Russell 2000 Growth	B	A
I Shares Russell 2000 Value	B	A
I Shares Russell MicroCap	B	A
I Shares S&P 400 Value	B	A
Powershares Commodity Index	C	A
S&P Energy Sector	B	A
Starbucks	B	none
Street Tracks Gold Sector	C	none
SunPower Corp	B	none
Zumiez	B	none
I Shares 1-3 yr Treasury	B	A
I Shares 1000 Growth	B	A
I Shares EAFE Sector	B	A

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.

Signature

Date

Contact

Telephone: (206) 7805626

Email: trudiinslee@msn.com (work)

Email: _____ (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

DATE FILED PDC

JUN 29 2011



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
 JUN 29 2011

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 Inslee	First Trudi	Middle Initial A	DATE 6-29-11
---------------------	----------------	---------------------	-----------------

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

JUN 29 2011

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: **Trudi Inslee Consulting**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **same**

100%

ADDRESS: 1197 Hawley Way NE – Bainbridge Island, WA 98110

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: consultation services

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 \$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)

Island Press

Consultation service

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

none

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

Name JUN 29 2011

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)

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)
none		

Check here if continued on attached sheet

C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, 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)
	none		\$	

Check here if continued on attached sheet