

PUBLIC DISCLOSURE COMMISSION PDC FORM PDC OFFICE USE 711 CAPITOL WAY RM 206 o PERSONAL FINANCIAL PO BOX 40908 S OLYMPIA WA 98504-0908 AFFAIRS STATEMENT (360) 753-1111 ATE FILED PDC (11/18)**TOLL FREE 1-877-601-2828** DOLLAR Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** Deadlines: Incumbent elected and appointed officials -- by April 15. \$1 to \$4,499 Candidates and others -- within two weeks of becoming a В \$4,500 to \$23,999 candidate or being newly appointed to a position. C \$24,000 to \$47,999 D \$48,000 to \$119,999 SEND REPORT TO PUBLIC DISCLOSURE COMMISSION E \$120,000 or more Last Name Middle Initial Names of immediate family member domestic partner. If there is no repo disclose for dependent children, or other dependents living Inslee Jay R 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 Inslee, SP City County Zip + 4 Thuston Olympia 98501 Filing Status (Check only one box.) Office Held or Sought An elected or state appointed official filing annual report Office title: Governor Final report as an elected official. Term expired: County, city, district or agency of the office, Candidate running in an election: month \_ year name and number: Office of the Governor Newly appointed to an elective office Position number: Newly appointed to a state appointive office Term begins: 1/16/2017 ends: 16/2021 Professional staff of the Governor's Office and the Legislature List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family 1 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) Spause (SP/DP) Dependent (D) Name and Address of Employer or Source of Compensation Occupation or How Compensation Amount: Was Earned (Use Code) State of Washington Governor PO BOX 40002 Olympia, WA 98504-0002 Office of Personnel Management Congressman Retirement Operations PO BOX 45 Boyers, PA 16017-0045 Check Here I if continued on attached sheet List street address, assessor's parcel number, or logal description AND county for each parcel of Washington 2 real estate with value of over \$12,000 in which you or a family member, including registered domestic partner, REAL ESTATE held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.) Property Sold or Interest Divested Assessed Name and Address of Purchaser Nature and Amount (Use Code) of Payment or Value Consideration Received (Use Code) Property Purchased or Interest Acquired Creditor's Name/Address Payment Security Given Mortgage Amount - (Use Code) Terms Orlginal Current All Other Property Entirely or Partially Owned 197 Hawley Way Ve Burtanage | Lland Wif Check here | If continued on attached sheet DITech Financial Е E PO Box 94710 Palatine IL 60094-

3	3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS List bank and savings accounts, Insurance policies, stock, bonds and other intangible property (Including but not limited to stock options) held during the reporting period.					
	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 / (Use C	
	gressional Federal Credit Union	Checking and Savings Accoun		E	Α	
	Box 2408 rifield, VA 22116-2408	**	÷			
330	State Employee Credit Union Union Avenue SE mpia, WA 98501	Checking and Savings Accoun	ı	A	A	
1	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.	R¥1 ¥1				
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.			*		
-	ck here ☐ If continued on attached sheet.  List each creditor you or a family member,	Including registered domestic	partner, ov	ved \$2,400 or	AMO	
4	CREDITORS more any time during the period. Do mortgages or real estate reported in Item 2  Creditor's Name and Address	Terms of Payment		rity Given	(USE (	Present
	t Creditor's Name and Address	Tellio or raymon	0000	,		
0.		*		¥		
Check here I if continued on attached sheet.  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 filling an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.  At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or furstee of any						
A.	corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability company or similar entity including but not limited to a professional limited liability company? NO If yes, complete Supplement, Part A.					
В.	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.						rt A. ed
D.	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.	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) Old 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.					

1		
'AL	EFILERS EXCEPT CANDIDATES. Check the appropriate box.	CERTIFICATION: 1 certify under penalty of perjury that the information in this epon is true and correct to the best of my
×	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.	knowledge. acknowledge that the entail address herein shall constitute the official address for communications with the commission, and that must notify the commission any change to
	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.	that address within the days.  Signature Date
	NDIDATES: Do not use public agency addresses or telephone numbers for tact information.	Copy of Telephone: (360) *902 -409  Email: Stacey-tichenal gov.wa.gu(Work)  Email: (Home)*
	3	Citiali(Hoffle)

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	g.	Asset Value	°ig ⊕	Income Amount
F Fund - Fixed Income Index	A s	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	В	Α
IShares TIP Bond	С	Α
Costco Wholesale Corp	В	Α
Starbucks	В	Α
Zumiez, Inc.	В	0
Dow Jones	С	Α
Microsoft	В	0
Expeditors International	В	0
Boeing	С	0
Alaska Air	В к к	0 '
Docusign	B	0
T-Mobile .	В	0
Expedia	В	0
Amazon	В	0



Check here [ ] if continued on attached sheet

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

PDC FORM SUPPLEMENT (1/15)

# SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

CONTINUE PARTS B AND C ON NEXT PAGE

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

YOUR HOU		TOR TOURSELT, STOUSE, REGISTERED	BOMESTIC FARTILEN, DEFENDENT CHIED	NEW AND OTHER DEPENDENTS IN	
Last Name		First	Middle Initial	DATE	
Inslee		Jay	R	January 7, 2022	
A	OFFICE HEI BUSINESS INTERESTS	LD, Provide the following information dependents  (1) were an officer, director, organization, union, partn  (2) were a partner or members similar entity, including but the partner or operating Name: Report name used on legal document of Operating Name: Report name used on Position or Percent of Ownership: The office Brief Description of the Business/Organization Payments from Governmental Unit: If the entity concerning which you're reporting, should be a support of the province of the province of the payments from Governmental Unit: If the entity concerning which you're reporting, should be a support of the payments of the paymen	if, during the reporting period, you, your spongereal partner, trustee, or 10 percent or movership, joint venture or other entity; and/or open of a limited partnership, limited liability pays the professional limited liability concuments establishing the entity.	ouse, registered domestic partner or one owner of a corporation, non-profit rtnership, limited liability company or impany.  gal name.  service(s) rendered.  office made payments to the business amount received.	
		seek/hold office) which paid compensation services or other consideration was given or	s or other commercial entity and each governing of \$12,000 or more during the period to the entry or performed for the compensation. e owned by the business entity if the qualification	tity. Briefly say what property, goods,	
		Tradining for real Estate. Identify real estate.	e owned by the basiness chary it the qualification	nis relevances selow are met.	
ENTITY NO	). 1		Reporting For: Self [	Spouse	
			Registered Domesti	c Partner Dependent	
LEGAL NAM	ME: <b>Dem</b>	ocratic Governors Association		ERCENT OF OWNERSHIP	
TRADE OR	OPERATING I	NAME: Democratic Governors Asso	ociation (DGA) Chair		
ADDRESS:	1225 Ey	e St. NW, Suite 1100, Washington	DC 20005		
BRIEF DES	SCRIPTION OF	THE BUSINESS/ORGANIZATION:			
The Democratic Governors Association is a Washington, D.Cbased 527 organization founded in 1983, consisting of U.S. state and territorial governors affiliated with the Democratic Party.					
PAYMENTS		EIVED FROM GOVERNMENTAL UNIT IN W se of payments		ıt (actual dollars)	
None			\$		
PAYMENTS		EIVED FROM OTHER GOVERNMENT AGE		ee of payment (amount not required)	
None					
PAYMENTS		EIVED FROM BUSINESS CUSTOMERS OF omer name:		of payment (amount not required)	
None					
assessed v	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					

Jay Inslee		
ENTITY NO. 2	Reporting For: Self X 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. 2000	1	
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:		
The National Governors Association is the nonpartisan voice o commonwealths.	f the leaders of 55 states, territories, and	
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOL Purpose of payments	.D OFFICE: Amount (actual dollars)	
Office of the Governor pays annual NGA dues.	\$153,100	
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OF Agency name:	R MORE: 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		

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 considered to be part of the Western region of the nation.	n of all 22 United States Governors that are	
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOL Purpose of payments	.D OFFICE: Amount (actual dollars)	
Office of the Governor pays annual WGA dues.	\$ 36,000	
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF\$12,000 OR Agency name:	MORE: 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		

Name		
Jay Inslee		
ENTITY NO. 4 Reporting F	for: Self 🛛 Spouse 🗌	
Registere	ed Domestic Partner Dependent Dependent	
LEGAL NAME: Governor's Coalition on Wind and Solar Energy POSIT	ION OR PERCENT OF OWNERSHIP	
TRADE OR OPERATING NAME: Governor's Coalition on Wind and Solar Energy	lember	
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 governors who are dedicated to the development of the nation's governors who are dedicated to the development of the nation's governors who are dedicated to the development of the nation's governors who are dedicated to the development of the nation's governors who are dedicated to the development of the nation's governors who are dedicated to the development of the nation's governors who are dedicated to the development of the nation's governors who are dedicated to the development of the nation's governors who are dedicated to the development of the nation's governors who are dedicated to the development of the nation's governors who are dedicated to the development of the nation's governors.	ment of the nation's wind and solar ntally responsible manner.	
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE: Purpose of payments None	Amount (actual dollars) \$	
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		

Name		
Jay Inslee		
ENTITY NO. 5	eporting For: Self 🗵 Spouse 🗌	
	Registered Domestic Partner Dependent D	
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 advancing policy and funding to expand access to, and increase equity in	of bi-partisan state leaders committed to n, K-12 computer science (CS) education.	
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD C Purpose of payments	OFFICE: Amount (actual dollars)	
NONE	\$	
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF\$12,000 OR MO Agency name:	ORE: 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		

Name		
Jay Inslee		
ENTITY NO. 6 Reportin	g For: Self 🗵 Spouse 🗌	
Regist	tered Domestic Partner Dependent	
LEGAL NAME: Pacific Coast Collaborative PO	SITION 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		

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 OWNERSH		
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		

Name		
Jay Inslee		
ENTITY NO. 8 Reporting	For: Self Spouse	
Registe	ered Domestic Partner Dependent D	
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://westcoastoceanalliance.org/		
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION;		
A regional partnership focused on enhanced management and coordination for the U.S.	or the ocean along the West Coast of	
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		

Name	
Jay Inslee	
ENTITY NO. 9 Reporting	ng For: Self 🛛 Spouse 🗌
Regis	stered 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-the climate challenge. In becoming an Alliance member, states commit to keeping temperature increases below 1.5 degrees Celsius.	ground action that urgently addresses achieve the Paris Agreement's goal of
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE Purpose of payments	E: 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 assessed value of property is over \$24,000. List street address, assessor parcel number, or legal described.	•
N/A	

Reporting For: Sel	f 🛛 Spouse 🔲					
Registered Dom	estic Partner Depe	ndent 🗌				
POSITION OF	R PERCENT OF OWNE	RSHIP				
Membe	er					
n.com/						
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)						
\$						
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF\$12,000 OR MORE:  Agency name: Purpose of payment (amount not required)						
None						
RS OF \$12,000 OR MORE	ose of payment (amount	not required)				
		10% or more and				
Description of Legislation, Rules, Etc.	Compensation (	Use Code)				
C FOOD TRAVEL (continued)						
Brief Description	Actual Dollar Amount	Value (Use Code)				
	Registered Dome POSITION OF Member  Tort for climate action, signed by moth leaders, health care executives, and IN WHICH YOU SEEK/HOLD OFFICE:  Am: \$ TAGENCIES OF\$12,000 OR MORE:  Purposes Pu	ort for climate action, signed by more than 3,900 CE h leaders, health care executives, and others  FIN WHICH YOU SEEK/HOLD OFFICE:  Amount (actual dollars)  \$ FAGENCIES OF\$12,000 OR MORE:  Purpose of payment (amount  Purpose of payment (amount)  ECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is assessor parcel number, or legal description and county for each parcel):  Description of Legislation, Rules, Etc.  Compensation (  Brief Description  Actual Dollar Amount				

PUBLIC	DISCLOSURE CO	MMISSION APITOL WAY RM 206	PDC FORM					OFFICE USE
	РО ВО	X 40908	F <sub>-</sub> 1			INANCIAL	O A S R	
	A	PIA WA 98504-0908 753-1111	(11/18)	AFFAI	RS STA	TEMENT	CATE FIL	ED PDC
	TOLL I	FREE 1-877-601-2828	(11/10)	DOLLAR				
Refer to inst	ruction manual for de	tailed assistance and ex	xamples.	DOLLAR CODE		MOUNT	EAPR 09	2019
Deadlines:		d and appointed offici		Α		to \$4,499	EAFIL	
		others within two we		B		,500 to \$23,999 4,000 to \$47,999	\	
OEND DE		· ,	•	D	\$4	8,000 to \$119,999	, E D	
Last Name	ORT TO PUBLIC	DISCLOSURE COM First		E Initial		20,000 or more	members, including	registered
		1 1100	maa	o mada	domestic p	oartner. If there is	no reportable inform	nation to
Inslee		Jay	R				ren, or other depend entify them.  Do iden	
							tic partner. See F-1	
Mailing Addr	ress (Use PO Box or V	Work Address) *		•	uetails.			
FO4 40th A								*
501 13 <sup>41</sup> A	venue SW	County	Zip +		Trudi Ins	slee, SP		
Olympia		Thuston	9850					
Filing Status	(Check only one box	(1)			Office Held	d or Sought		
_	-				Office title:	_		
_		l official filing annual rep			Office title.	Governor		
☐ Final rep	oort as an elected offi	cial. Term expired:	<del></del>		County, cit	y, district or agen	cy of the office,	
☐ Candida	ite running in an elect	tion: month	year		-	-	_	
☐ Newly a	ppointed to an electiv	e office			Position nu	imber:	ce of the Govern	or
☐ Newly a	ppointed to a state ap	pointive office			Term begir	ns: <u>NA</u>	ends:	
Profess	ional staff of the Gove	ernor's Office and the L	egislature		J	1/16/2017	<u>16/2021</u>	<del></del>
1	List ea	ch employer, or other	source of income (per	ision, social	security, le	gal judgment, et	c.) from which you	or a family
1			ed domestic partner, in period that had a value					
Show Self (S) Spouse (SP/DP)		of Employer or Source		Occi	upation or Ho	w Compensation	Amount:	1 3.)
Dependent (D)	State of Washin	aton		_	as Earned rernor		(Use Code) E	
	PO BOX 40002	gion	•		Cilioi		-	
	Olympia, WA 9	8504-0002			•			
	Office of Person	inel Management		Cone	gressman		С	
	Retirement Ope			0011	groodman		Ü	
	PO BOX 45							
	Boyers, PA 160 Check Here □ if co	017-0045 Intinued on attached sh	eet					
		List street address,	assessor's parcel num	ber, or lega	ıl descriptio	n AND county fo	or each parcel of V	Vashington
2	REAL ESTATE	real estate with value held a personal fina	ie of over \$12,000 in w ncial interest during th	hich you or e reportina	a family me	ember, including now partnership.	registered domest	tic partner, I estate on
Droporty Cold	as Interest Diseased	F-1 supplement.)			·			
Property Sold	or Interest Divested	Assessed Value		t Purchaser		Consideration Re	unt (Use Code) of Pay eceived	yment or
` '		(Use Code	e)					
		.				-		
Property Puro	hased or Interest Acqu	uired	Creditor's Name/Add	I .	ayment	Security Given	Mortgage Amount -	
				.   1	Terms		Original	Current
						<u> </u>		
All 0" =								
All Other Prop	comu Emirolu er Destiell		1					
	perty Entirely or Partiall	ly Owned	DiTech Financial				F	=
	if continued on attacl		DiTech Financial PO Box 94710 Palatine IL 60094-			,	Е	E

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS	intar	bank and savings accounts, gible property (including but rting period.	insurance not limited	policies, stock to stock optio	k, bonds a ns) held d	uring the
•'	Name; and address, of each bank or financial institution in which y a family member, including registered domestic partner, had account over \$24,000 any time during the report period.		Type of Account or Description	of Asset	Asset Value (Use Code)	Income ( Use (	
	୍ଟିମ୍ବର ଓଡ଼ି igressional Federal Credit Union Box 2408		Checking and Savings Accoun	it	E	A	A
Mer	rifield, VA 22116-2408		-		:		
330	State Employee Credit Union Union Avenue SE npia, WA 98501		Checking and Savings Accoun	it	Α	F	A
	Name and address of each insurance company where you, a fan member, including registered domestic partner, had a policy with cash or loan value over \$24,000 during the period.						
	Name and address of each company, association, governm agency, etc. in which you, a family member, including registe domestic partner, owned or had a financial interest worth o \$2,400. Include stocks, bonds, ownership, retirement plan, If notes, stock options, and other intangible property. If you, y spouse, registered domestic partner and/or dependents had decis making authority regarding individual assets/investments list easset or investment, the value and any income amount. EXAMPI f you self-directed an investment account identify each stock other asset in that account.	ered over RA, your sion ach PLE:			•		
Chec	ck here		·				
4	List each creditor you or a family meml CREDITORS more any time during the period. mortgages or real estate reported in Ite	Don	i't include retail charge acc	partner, ov ounts, cred	ved \$2,400 or lit cards, or	AMO (USE (	OUNT CODE)
	Creditor's Name and Address		Terms of Payment	Secur	ity Given	Original	Present
Che	ck here 🗌 if continued on attached sheet.						
5	Filers answer questions A thru D below. If the answer is a part of this report. If all answers are NO and you are a cand executive officer filing your initial report, no F-1 Supplemental annual financial affairs report also must answer question Equestions A thru E are NO.	didat ent is E. A	e for state or local office, an a required. Incumbent elected in F-1 Supplement is required	ppointee to officials and of these of	a vacant elect d state executi fficeholders ur	tive office, ive officers aless all ar	or a state filing an
A.	At any time during the reporting period were you, your spouse, registered d corporation, company, union, association, joint venture or other entity or (2) company or similar entity including but not limited to a professional limited to	) a pa	rtner or member of any limited partne	rship, limited li	ability partnership	istee of any , limited liabili	ty
В.	Did you, your spouse, registered domestic partner or dependents have an obusiness at any time during the reporting period? NO If yes, complete Supplementary	pplem	ent, Part A.				
C.	Did you, your spouse, registered domestic partner or dependents own a bu						
D.	Did you, your spouse, registered domestic partner or dependents prepare, properties of the compensation (other than pay for a currently-held public office) at any time of the compensation (other than pay for a currently-held public office) at any time of the compensation (other than pay for a currently-held public office) at any time of the compensation (other than pay for a currently-held public office) at any time of the compensation (other than pay for a currently-held public office) at any time of the compensation (other than pay for a currently-held public office) at any time of the compensation (other than pay for a currently-held public office) at any time of the compensation (other than pay for a currently-held public office).	during	g the reporting period? NO If yes,	complete Sup	plement, Part B.		
Ε.	Only for Persons Filing Annual Report. Regarding the receipt of items no you, your spouse, registered domestic partner or dependents (or any combined any source other than your governmental agency provide or pay in who attend a seminar or other training?  YES  If yes to either or both que	inatio de or i	n thereof) accept a gift of food or beve	erages costing	over \$50 per occa	asion? NO	or 2)

· · · · · · · · · · · · · · · · · · ·	
ALLFILERS EXCEPT CANDIDATES. Check the appropriate box.	CERTIFICATION: I certify under penalty of perjury that the
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.	information in this epon is true and correct to the best of my knowledge. I acknowledge that the enfail address herein shall constitute the official address for communications with the commission, and that must notify the commission. The commission can be change to
☐ 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.	that address within ton does.  Signature  Date
*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.	Con at Telephone: (360) *902 -4109  Estail: Stacey-11 chenne giv.wa.gv(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	В	Α
IShares TIP Bond	С	Α
Costco Wholesale Corp	В	Α
Starbucks	В	Α
Zumiez, Inc.	В	0
Dow Jones	С	Α
Microsoft	В	0 .
Expeditors International	В	. 0
Boeing	С	0
Alaska Air	В	· · · · · · · · · · · · · · · · · · ·
Docusign	В	<b>0</b> .
T-Mobile .	В	0
Expedia	В	0
Amazon	В	0

## 2018 Calendar Year Section C: Food, Travel and Seminars

Date Received:	すうりょかしゅう モコー あるらんだけ スタック・ローバー レーバー	Brief Description	Actual Dollar	Value (Use
	State	The state of a state of the state of the state of the	Amount	Code)
1/19/2018 -	Democratic Governors	DGA Policy Meeting – Big Sky	Hotel: \$558.00	Α
1/21/2018	Association		Flights: \$516.60	
2/26 /2018 –	Democratic Governors	Meetings / Events: NY	Hotel: \$273.51	A
2/27/2018	Association	)	Flights: \$346.6	
3/23/2018 –	Democratic Governors	DGA Policy Meeting, Seattle	Hotel: \$318.91	Α
3/25/2018	Association	,		
3/28/2018 –	Democratic Governors	Meetings / Events: San Francisco	Hotel: \$331.12	A
3/29/2018	Association		Flights: \$657.5	
4/19/2018 -	Democratic Governors	Meetings / Events: Las Vegas, LA	Hotel: \$641.29	Α
4/21/2018	Association		Flights: \$535.95	
4/23/2018 -	Democratic Governors	Meetings / Events: Chicago	Hotel: \$386.25	Α
4/24/2018	Association		Flights: \$441	
5/08/2018 -	Democratic Governors	DGA Policy Meeting - Hawaii	Hotel: \$1235.7	A
5/10/2018	Association	·	Flights: \$1270.61	
5/14/2018 -	Democratic Governors	Meetings / Events: WA DC,	Hotel: \$1,564.41	Α
5/17/2018	Association		Flights: \$848.40	
			Rail: \$427	
5/24/2018 -	Democratic Governors	Meetings / Events: Denver/	Hotel: \$0	Α
5/26/2018	Association	Telluride	Flights: \$872.60	
6/18/2018	Democratic Governors	Meetings / Events: SF	Flights: \$342.40	Α
	Association	<u> </u>		
6/21/2018 -	Democratic Governors	Meetings / Events: Iowa	Hotel: \$563.85	Α
6/24/2018	Association	-	Flights: \$1189.40	
6/30/2018 -	Democratic Governors	Meetings / Events: Miami	Hotel:	Α .
7/01/2018	Association		Flights: \$1798.4	
7/10/2018 -	Democratic Governors	Meetings / Events: NY, ME, MA	Hotel: \$3067.75	Α
7/15/2018	Association		Flights: \$1086.6	
8/02/2018-	Democratic Governors	Meetings / Events: New Orleans	Hotel: \$591.22	Α
8/04/2018	Association		Flights: \$650.8	
8/10/2018 -	Democratic Governors	Meetings / Events: Aspen	Hotel: \$1400.16	Α
8/11/2018	Association /		Flights: \$1367.51	-
8/20/2018	Democratic Governors	Meetings / Events: Oregon		Α
	Association	_	Flights: \$2823	
9/11/2018 -	Democratic Governors	Meetings / Events: SF, Boston,	Hotel: \$1464.21	Α
9/18/2018	Association	Washington DC	Flights: \$2596.88	
9/30/2018 –	Democratic Governors	Meetings / Events: Chicago/NY	Hotel: \$607.59	Α
10/03/2018	Association		Flights: \$882.8	,
10/05/2018	Democratic Governors	Meetings / Events: Las Vegas		Α
	Association	,	Flights: \$377.39	
10/13/2018-	Democratic Governors	Meetings / Events: Denver	Hotel: \$256.70	Α
10/15/2018	Association	<b>5</b> ·	Flights: \$668.60	
10/26/2018 -	Democratic Governors	Meetings / Events: Detroit	Hotel: \$720.31	A
10/29/2018	Association		Flights: \$2005.23	

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

PUBLIC **DISCLOSURE COMMISSION** PDC FORM M PDC OFFICE USE 711 CAPITOL WAY RM 206 0 PERSONAL FINANCIAL PO BOX 40908 **OLYMPIA WA 98504-0908** AFFAIRS STATEMENT (360) 753-1111 DATE FILED PDC TOLL FREE 1-877-601-2828 DOLLAR Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** APR 162018 \$1 to \$4,499 Incumbent elected and appointed officials -- by April 15. Deadlines: В \$4,500 to \$23,999 Candidates and others -- within two weeks of becoming a C \$24,000 to \$47,999 candidate or being newly appointed to a position. Ε D \$48,000 to \$119,999 \$120,000 or more SEND REPORT TO PUBLIC DISCLOSURE COMMISSION Middle Initial Last Name First Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living R Inslee Jay in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for Mailing Address (Use PO Box or Work Address) \* 501 13th Avenue SW City County Zip + 4Trudi Anne Inslee, SP Olympia WA 98501 Office Held or Sought Filing Status (Check only one box.) Office title: An elected or state appointed official filing annual report Governor Final report as an elected official. Term expired: County, city, district or agency of the office, Candidate running in an election: month \_ vear name and number: Office of the Governor ☐ Newly appointed to an elective office Position number: Newly appointed to a state appointive office Term begins: 1/16/2017 ends: 1/16/2021 Professional staff of the Governor's Office and the Legislature List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family INCOME member, including registered domestic partner, received \$2,400 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) Occupation or How Compensation Amount: Name and Address of Employer or Source of Compensation (Use Code) Was Earned E Governor State of Washington PO Box 40002 Olympia, WA 98504-0002 Congressman Office of Personal Management Retirement Operations PO BOX 45 Bovers, PA 16017-0045 Check Here I if continued on attached sheet List street address, assessor's parcel number, or legal description AND county for each parcel of Washington 2 real estate with value of over \$12,000 in which you or a family member, including registered domestic partner, **REAL ESTATE** held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.) Nature and Amount (Use Code) of Payment or Property Sold or Interest Divested Assessed Name and Address of Purchaser Value Consideration Received (Use Code) Security Given Mortgage Amount - (Use Code) Creditor's Name/Address **Payment Terms** Property Purchased or Interest Acquired Current Original All Other Property Entirely or Partially Owned

DiTech Financial PO Box 94710

Palatine IL 60094-

4710

E

Ε

1197 Hawley Way NE

Bainbridge Island WA

Check here if continued on attached sheet

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS intar	bank and ngible pro rting peri	d savings accounts perty (including but od.	, insurance t not limited	policies, stoc to stock optic	k, bonds a	and other luring the
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 Descriptio	n of Asset	Asset Value (Use Code)		Amount Code)
	Congressional Federal Credit Union PO Box 2408	Checkin	g and Savings Accou	nt	E	,	Δ.
	Merrifield, VA 22116-2408	Checkin	g and Savings Accou	nt	В	,	Α.
	WA State Employee Credit Union					,	
	330 Union Avenue SE, Olympia 98501						
В.	Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$24,000 during the period.						
<b>c</b> .	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.						
	,						
Che	ck here 🔲 if continued on attached sheet.			,			
4	List each creditor you or a family member, more any time during the period. Don mortgages or real estate reported in Item 2.	't includ					OUNT CODE)
	Creditor's Name and Address	Ter	ms of Payment	Securi	ty Given	Original	Present
Che	ck here ☐ if continued on attached sheet.				-		
	All filers answer questions A thru D below. If the answer is YES to of this report. If all answers are NO and you are a candidate for st cutive officer filing your initial report, no F-1 Supplement is require	ate or loc					
	umbent elected officials and state executive officers filing an annua equired of these officeholders unless all answers to questions A th			must answe	er question E.	An F-1 Su	pplement
Α.	At any time during the reporting period were you, your spouse, registered domes corporation, company, union, association, joint venture or other entity or (2) a par company or similar entity including but not limited to a professional limited liability	tner or mer	nber of any limited partne	rship, limited lia	ability partnership,		ty
В.	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	•		iod? NO	If yes, complete S	upplement, F	Part A.
D.	Did you, your spouse, registered domestic partner or dependents prepare, promo compensation (other than pay for a currently-held public office) at any time during						ed
E.	Only for Persons Filing Annual Report. Regarding the receipt of items not proyou, your spouse, registered domestic partner or dependents (or any combination Did any source other than your governmental agency provide or pay in whole or in attend a seminar or other training? YES If yes to either or both questions.	thereof) ac n part for yo	cept a gift of food or bevo u, your spouse, registere	erages costing	over \$50 per occa	sion? NO_	or 2)
AL	FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATION:		der penalty contained in th		
	I hold a state elected office, am an executive state officer or professio I have read and am familiar with RCW 42.52.180 regarding the use				best of my kno		uue and

٠,

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.

Callact Telephon Email:\_\_(work) \* , act Telephone: () \*

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

Α

IShares Russell 2000 Growth FD

D

Α

IShares S&P Mid Cap 400 Growth.

 $C \Delta$ 

IShares S&P Mid Cap 400 Value B A

Costco Wholesale Corp B A

Starbucks B A

Zumies, Inc. B C

Dow Jones (

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# 2017 Galendar Year Section C: Food, Travel and Seminars

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

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

PUBLIC	711 CAPITOL WAY PO BOX 40908 OLYMPIA WA 9850 (360) 753-1111 TOLL FREE 1-877-	7 RM 206 04-0908	PDC FORM - <b>F-1</b> (1/15)		ONAL FINANCIAL RS STATEMENT		P M PDC O O A S R T K RECEN	FFICE USE
Refer to instru	ction manual for detailed assista	ance and examples	s.	DOLLAR CODE	-	MOUNT	R	
Deadlines:	Incumbent elected and appo Candidates and others – with candidate or being newly app DRT TO PUBLIC DISCLOSU	hin two weeks of pointed to a posit	becoming a ion.	A B C D E	\$1 1 \$4,! \$24 \$48	to \$4,499	Public Disclosure Co	2017 ommission
Last Name	First	JAL COMMISSIO	Middle				nembers, including re	egistered
Inslee	Jay		R		disclose for in your hou	dependent childre sehold, do not ider	no reportable information, or other dependentify them. Do identic partner. See F-1 r	ents living ify your
Mailing Addre	ss (Use PO Box or Work Addres	ss) *			:			
501 13 <sup>th</sup> Av	renue SW	tv	Zip + 4	1	Tru	udi Anne Inslee	e, SP	
Olympia		rston	9850			,		
Filing Status	Check only one box.)				Office Held	or Sought		
An electe	d or state appointed official filing	g annual report			Office title:	Governor		
Final rep	ort as an elected official. Term e	expired:			County, city	, district or agency	y of the office,	
☐ Candidat	e running in an election: month		year _	<del></del>		nd number		
. Newly ap	pointed to an elective office					Office of the Governor Position number:		
☐ Newly ap	pointed to a state appointive offi	ce			Term begin	is: <u>1/16/2017</u>	- ends: 1/16/2	2021
Profession	onal staff of the Governor's Offic	e and the Legislatu	ıre			1/10/2011	<u></u>	2021
1	INCOME member, including	g registered dor	mestic partner, r	eceived \$2	,400 or mor	e during the per	.) from which you o riod. Include stoo I dividends in Item	k options
Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer			Occ	upation or Ho as Earned	w Compensation	Amount: (Use Code)	
Dependent (D)	State of Washington PO Box 40002	2		••	Governo	or	É	
	Olympia, WA 98504-000	2			Congres	ssman	С	
	Office of Personnel Mana Retirement Operations PO Box 45 Boyers, PA 16017-0045	,						
	Check Here  if continued on a	t address, asses	sor's parcel num	ber, or lega	al descriptio	n AND county fo	r each parcel of W	ashington
2	REAL ESTATE real estat held a pe F-1 suppl	rsonal financial i	ver \$12,000 in w nterest during th	hich you or e reporting	a family me period. (Sh	ember, including now partnership,	registered domest company, etc. real	ic partner, l estate on
Property Sold	or Interest Divested	Assessed Value (Use Code)	ame and Address o	f Purchaser		Nature and Amou Consideration Re	nt (Use Code) of Pay ceived	ment or
		· · · · · · · · · · · · · · · · · · ·	roditorle Name (A -1.4	roon Barre	mont Torres	Security Given	Mortgogo Arrayat	(Hea Code)
Property Purc	nased or Interest Acquired		reditor's Name/Add	iess Payr	ment Terms	Jecurity Given	Mortgage Amount - Original	Current
		<i>₹</i> 4						
1197, Hawl Bainbridge	erty Entirely or Partially Owned by Way, NE Island, WA If continued on attached sheet	. Ba	ew York Community ank 301 E 9 <sup>th</sup> Street leveland, Ohio 44114		year loan	House and property	E	E

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS inta	ngible pro orting peri		not limited	to stock optic	k, bonds a ons) held d	and other luring the
Α.	Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$24,000 any time during the report period.		Account or Description	n of Asset	Asset Value (Use Code)		Amount Code)
	Congressional Federal Credit Union PO Box 2408	Checkin	g and Savings accoun	its	E	,	A
	Merrifield, VA 22116-2408						
	WA State Employee Credit Union 330 Union Avenue SE, Olympia 98501	Checkin	9		В	,	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).	,					
		,					
Che	eck here 🔲 if continued on attached sheet.						
4	CREDITORS  List each creditor you or a family member more any time during the period. Do mortgages or real estate reported in Item 2	n't includ				l .	OUNT CODE)
	Creditor's Name and Address		ms of Payment	Secur	ity Given	Original	Present
Ch	eck here  if continued on attached sheet.						
	eck here in continued on attached sheet.						
All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.  Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.							
Α.	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.						
В.	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.					er	
c.							
D.	D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? NO If yes, complete Supplement, Part B.						
E.	Only for Persons Filing Annual Report. Regarding the receipt of items not pr you, your spouse, registered domestic partner or dependents (or any combination Did any source other than your governmental agency provide or pay in whole or attend a seminar or other training?  YES If yes to either or both question	on thereof) ac in part for yo	cept a gift of food or beve u, your spouse	erages costing	over \$50 per occa	asion? NO	_ or 2)
AL	L FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATION:	Conty	der entity contained in th	of perjury	that the
	I hold a state elected office, am an executive state officer or professi I have read and am familiar with RCW 42.52.180 regarding the use resources in campaigns.		San	correctio the	of py kn	wledge.	14
	I hold a local elected office. I have read and am familiar with RCW 42 regarding the use of public facilities in campaigns.	2.17A.555	Contact Telephone:	( )*		Date	7

•

	Email:	_(work) *
*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.	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	В	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	В	Α
IShares Russell 1000 GR Index	D	Α
IShares Russell 2000 Growth FD	В	Α
IShares S&P Mid Cap 400 Growth	С	Α
IShares S&P Mid Cap 400 Value	В	Α
Costco Wholesale Corp	В	Α
Starbucks	<b>B</b> .	Α
Zumies, Inc.	В	0

## 2016 Calendar Year Section C: Food, Travel and Seminars

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

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	В	Α
IShares Russell 1000 GR Index	D .	<b>A</b>
IShares Russell 2000 Growth FD	В	Α
IShares S&P Mid Cap 400 Growth	В	Α
IShares S&P Mid Cap 400 Value	В	<b>A</b> ,
Powershares DB Comm Trk	C	None
SPDR Gold TR Gold SHS	С	None
Costco Wholesale Corp	<b>B</b>	В
Starbucks	В	В
Zumies, INC	В .	None
110 Totally Green INC	Α .	None
IShares Russell 2000 Value FD	В	В
IShares Russell Microcap	В	В
IShares Russell EAFE Sector	В	В
Dupont El De Nemours & Co	В	В
Advanced Micro Devices	A	Α
Amazon	В	' <b>B</b>
SunPower Corp.	Α	Α, '

DISCLOSURE COMMISSION PDC FORM M PDC OFFICE USE 711 CAPITOL WAY RM 206 PERSONAL FINANCIAL PO BOX 40908 DATE FILED PDC **OLYMPIA WA 98504-0908** AFFAIRS STATEMENT (360) 753-1111 (1/15)TOLL FREE 1-877-601-2828 RAPR 152016 DOLLAR Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** Deadlines: Incumbent elected and appointed officials -- by April 15. Α \$1 to \$4,499 В Candidates and others - within two weeks of becoming a \$4,500 to \$23,999 candidate or being newly appointed to a position. C \$24,000 to \$47,999 D \$48,000 to \$119,999 SEND REPORT TO PUBLIC DISCLOSURE COMMISSION \$120,000 or more E Last Name Middle Initial Names of immediate family members, including registered domestic partner. If there is no reportable information to Inslee Jay R disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for Mailing Address (Use PO Box or Work Address) \* 501 13<sup>Th</sup> Avenue SW Trudi Anne Inslee, SP County Zip + 4 Thurston 98501 Olympia Office Held or Sought Filing Status (Check only one box.) Office title: An elected or state appointed official filing annual report Governor Final report as an elected official. Term expired: \_\_\_\_ County, city, district or agency of the office, Candidate running in an election: month \_\_\_\_\_ year name and number: Office of the Governor Newly appointed to an elective office Position number: Newly appointed to a state appointive office ends: 1-16-2017 Term begins: Professional staff of the Governor's Office and the Legislature List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family 1 INCOME member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3.) Show Self (S) Spouse (SP/DP) Dependent (D) Name and Address of Employer or Source of Compensation Occupation or How Compensation Amount: (Use Code) Was Earned State of Washington Governor E PO Box 40002 Olympia, WA U.S. House of Representatives Congressman C **United States Capitol** Washington, DC Check Here I if continued on attached sheet List street address, assessor's parcel number, or legal description AND county for each parcel of Washington

2 REAL

REAL ESTATE rea

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.) Name and Address of Purchaser Nature and Amount (Use Code) of Payment or Property Sold or Interest Divested Assessed Value **David and Margaret Enslow** Consideration Received 300 Nelson Lane (Use Code) 734 20<sup>th</sup> Avenue E Ε Property Purchase Lopez Island, WA 98261 Seattle, WA 98112 Parcel 251012004000 E Security Given Mortgage Amount - (Use Code) **Payment Terms** Creditor's Name/Address Property Purchased or Interest Acquired Original Current 4 All Other Property Entirely or Partially Owned Е NYCB Mortgage CO 1197 Hawley Way, NE PO Box 790376 Ε E 30 Year House and Bainbridge Island, WA St. Louis, MO Loan Property 63179-0376 Check here ☐ if continued on attached sheet

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS	List bank and intangible pro	d savings accounts, perty (including but	not limited	to stock optio	ns) held d	uring the
		reporting peri					
Α.	Name and address of each bank or financial institution in which y a family member, including registered domestic partner, had account over \$24,000 any time during the report period.		Account or Description	n of Asset	Asset Value (Use Code)	Income / (Use (	
	Congressional Federal Credit Union	Chapkin	a and acuings seesur	to.	_		
	PO Box 2408	Checkin	g and savings accoun	ts	E	Α	`
	Merrifield, VA 22116-2408						
В.	Name and address of each insurance company where you, a far member, including registered domestic partner, had a policy with cash or loan value over \$24,000 during the period.						
	None						
C.	Name and address of each company, association, governmagency, etc. in which you, a family member, including registed domestic partner, owned or had a financial interest worth of \$2,400. Include stocks, bonds, ownership, retirement plan, If notes, stock options, and other intangible property. If you, y spouse, registered domestic partner and/or dependents had decist making authority regarding individual assets/investments list exasset or investment, the value and any income amount. EXAMP If you self-directed an investment account identify each stock other asset in that account.	ered over RA, rour sion ach LE:	,				
	See Attached Sheet						
٦							
	eck here 🔯 if continued on attached sheet.  List each creditor you or a family meml	ber including	registered domestic	nartner, ov	ved \$2.400 or	AMO	LINT
4	CREDITORS more any time during the period.  mortgages or real estate reported in Ite	Don't includ				(USE C	
	Creditor's Name and Address	Те	rms of Payment	Secur	ity Given	Original	Present
Ch	eck here  if continued on attached sheet.						
5	All files engine questions A thru D below 16 the engine is N	VEC 40 000 06	4h 4h-	E 4 Cummles		- h1	-4-4
pai	All filers answer questions A thru D below. If the answer is a tof this report. If all answers are NO and you are a candidate fecutive officer filing your initial report, no F-1 Supplement is rec	or state or lo					
		•		_			
	umbent elected officials and state executive officers filing an a equired of these officeholders unless all answers to questions			must answe	er question E.	An F-1 Su	pplement
A.	At any time during the reporting period were you, your spouse, registered de corporation, company, union, association, joint venture or other entity or (2) company or similar entity including but not limited to a professional limited to	a partner or me	mber of any limited partne	rship, limited li	ability partnership,		у
В.	Did you, your spouse, registered domestic partner or dependents have an obusiness at any time during the reporting period? NO If yes, complete	ownership of 10% Supplement, Pa	or more in any company,	, corporation, p	artnership, joint ve	enture or othe	r
c.							^
	Did you, your spouse, registered domestic partner or dependents own a but	siness at any tim	e auring the reporting peri	od? NO I	f yes, complete S	upplement, Pa	an A.
D.		promote or oppos	se state legislation, rules,	rates or standa	rds for compensa	tion or deferre	
D. E.	Did you, your spouse, registered domestic partner or dependents prepare, p	promote or opposition of the control	se state legislation, rules, ing period? No If yes id for by your government coept a gift of food or the vour spouse, registered to nent, Part C	rates or standa s, complete Su al agency durin erages costing	rds for compensa pplement, Part B. ig the previous ca over \$50 per occa	tion or deferred	d I) Did or 2) Did
E.	Did you, your spouse, registered domestic partner or dependents prepare, proceedings of the compensation (other than pay for a currently-held public office) at any time of the compensation of the compensati	promote or opposition of the control	se state legislation, rules, ing period? No If yes id for by your government coept a gift of food or be our spouse, registered to nent, Part C	rates or standa s, complete Su al agency durin erages costing mestic partner	rds for compensa pplement, Part B. ig the previous cal over \$50 per occa and/or dependent	lendar year: sion? NO ts to travel or	or 2) Did or 2) Did to attend
E.	Did you, your spouse, registered domestic partner or dependents prepare, compensation (other than pay for a currently-held public office) at any time of the compensation (other than pay for a currently-held public office) at any time of the compensation of the compe	oromote or opposiduring the reportion of provided or panation thereof) a in part for you, younglete Suppler	se state legislation, rules, ing period? No If yes id for by your government occept a gift of food or be our spouse, registered to nent, Part C	rates or standa s, complete Su al agency durin erages costing mestic partner	rds for compensa pplement, Part B. ig the previous ca over \$50 per occa and/or dependent	lendar year: sion? NO ts to travel or	or 2) Did or 2) Did to attend
E.	Did you, your spouse, registered domestic partner or dependents prepare, proceedings of the compensation (other than pay for a currently-held public office) at any time of the compensation (other than pay for a currently-held public office) at any time of the compensation of the compen	oromote or opposition of provided or panation thereof) a rin part for you, yomplete Suppler essional staff. use of public	se state legislation, rules, ing period? No If yes id for by your government coept a gift of food or the vour spouse, registered to nent, Part C	rates or standa s, complete Su al agency durin erages cosing mestic partner I certily ur proprietto confect to the	rds for compensa pplement, Part B. ig the previous cal over \$50 per occa and/or dependent	lendar year: sion? NO ts to travel or	or 2) Did or 2) Did to attend
AL	Did you, your spouse, registered domestic partner or dependents prepare, procompensation (other than pay for a currently-held public office) at any time of the compensation (other than pay for a currently-held public office) at any time of the compensation (other than pay for a currently-held public office) at any time of the compensation of th	promote or opposition of provided or panation thereof) a rin part for you, younglete Suppler essional staff, use of public V 42.17A.555	se state legislation, rules, ing period? No If yes id for by your government occept a gift of food or believe our spouse, registered to nent, Part C	rates or standa s, complete Su al agency durin erages cosing mestic partner I certily ur proprietto confect to the	rds for compensa pplement, Part B. ig the previous cal over \$50 per occa and/or dependent	lendar year: sion? NO ts to travel or	or 2) Did or 2) Did to attend

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## 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	В	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	В	Α
IShares Russell 1000 GR Index	D	Α
IShares Russell 2000 Growth FD	В	Α
IShares S&P Mid Cap 400 Growth	С	Α
IShares S&P Mid Cap 400 Value	В	Α
Costco Wholesale Corp	В	Α
Starbucks	В	Α
Zumies, Inc.	В	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 –	Democratic Governors	Democratic Governors	Airfare: \$443.20	Α
4/20/2015	Association	Association Conference, Los Angeles	Hotel: \$357.10	Α
5/03/2015 -	Democratic Governors	Democratic Governors Annual	Airfare: \$ 1085.20	Α
5/04/2015	Association	Meeting, Washington, New York	Hotel \$231.85	A
8/28/2015 -	Washington Host Fund C/O	Korea/Japan Trade Mission	Airfare: \$7181.30	В
9/05/2015	Trade Development Alliance		Hotel: \$ 1682.92	Α
	of Greater Seattle		Train: \$ 394.54	Α
9/04/2015 –	Democratic Governors	Democratic Governors	Hotel \$672.66	Α
9/20/2015	Association	Association Chair's Retreat,	Airfare: \$	
		Montana		
10/12/2015 –	Democratic Governors	DGA: Western Policy Conference	Hotel\$534.99	Α
10/13/2015	Association	in Walla Walla	Airfare: \$133.10	A
10/23/2015 –	Democratic Governors	Democratic Governors	Hotel \$1285.94	Α
10/25/2015	Association	Association, Rhode Island	Airfare: \$1502.57	Α
12/04/2015 -	Georgetown University	UN's 21 <sup>st</sup> Session of the	Airfare: \$1674.80	Α
12/09/2015	Climate Center	Conference of Parties (COP21) in Paris	Hotel \$ 1232.77	А

#### DISCLOSURE COMMISSION PDC FORM PUBLIC M PDC OFFICE USE 711 CAPITOL WAY RM 206 PERSONAL FINANCIAL 0 PO BOX 40908 AFFAIRS STATEMENT **OLYMPIA WA 98504-0908** RECEIVED (360) 753-1111 **Short Form TOLL FREE 1-877-601-2828** APR 15 2015 The F-1A form is designed to simplify reporting for persons who have no **DOLLAR** changes or only minor changes to an F-1 report previously filed. CODE **AMOUNT** A complete F-1 form must be filed at least every four years; an F-1A form \$1 to \$4,499 Public Disclosure Commission may be used for no more than three consecutive reports. \$4,500 to \$23,999 В Deadlines: Incumbent elected and appointed officials - by April 15. C \$24,000 to \$47,999 E Candidates and others - within two weeks of becoming D \$48,000 to \$119,999 a candidate or being newly appointed to a position. \$120,000 or more Last Name First Middle Initial Names of immediate family members, including registered domestic partner. If there is no reportable information to R. Inslee Jav disclose for dependent children, or other dependents living Mailing Address (Use PO Box or Work Address) \* in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for 501 13th Avenue SW details. City Zip + 4County Trudi Inslee 98501-3373 Thurston Olympia Filing Status (Check only one box.) Office Held or Sought An elected or state appointed official filing annual report Office title: Governor Final report as an elected official. Term expired: County, city, district or agency of the office, Candidate running in an election: month \_\_\_\_\_ year\_ name and number: \_\_\_ Newly appointed to an elective office Position number: Newly appointed to a state appointive office Term begins: <u>1-16-2013</u> ends: <u>1-16-2017</u> Professional staff of the Governor's Office and the Legislature Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information. \_ and F-1A reports (if any) dated (1) \_\_\_\_\_and (2) \_\_\_\_. The NO CHANGE REPORT. I have reviewed my last complete F-1 report dated information disclosed on those reports is accurate for the current reporting period. $\boxtimes$ 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 I if continued on attached sheet Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the **FOOD** following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages TRAVEL costing over \$50 per occasion, excluding certain receptions as defined in WAC 390-20-020A, L-2 Reporting Guide; 2) Travel **SEMINARS** occasions; or 3) Seminars, educational programs or other training. **Brief Description** Actual Dollar Value Donor's Name, City and State Date Amount (Use Code) Received

See attachment. Check here if continued on attached sheet CERTIFICATION: ALL FILERS EXCEPT CANDIDATES. Check the appropriate box. hformati

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

certify under perpetty of perjury that the ed in this report is true and of my knowledge.

Date

ntact Telephone: (360 ) 902-4109 \*

Email:Stacey.tichenor@gov.wa.gov \_(work) \* Email:

(Home) Optional

### **Information Continued**

Name				
Select eithe	r "No Change Report" or "Minor Change Report," wh	nichever reflects your situation. Supply all the requested inform	nation.	
□ NO CHA	ANGE REPORT. I have reviewed my last complete ition disclosed on those reports is accurate for the cu	F-1 report dated and F-1A reports (if any) dated (1) _ irrent reporting period.	and (2)	The
MINOR period.	CHANGES REPORT. I have reviewed my last com Specify F-1 Form Item numbers and describe change	plete F-1 report dated The changes listed below have ges. Provide all information required on F-1 report.	e occurred during	the reporting
:	·			
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			÷	
FOOD				
TRAVEL	S (Continued)			
SEMINARS				
Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
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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	Democratic Governors Association Conference, Bozeman, MT	Flight 1: \$497.50 Fight 2:\$227.00 Lodging: perdung	A
	Flight Two: Paid for by Inslee for Governor			
6/27/2014 – 6/29/2014	Democratic Governors Association, Washington DC	Democratic Governors Association, Nantucket, MA	Flight: \$1355.00 Lodging: perding	A
8/15/2014	Democratic Governors Association, Washington DC	Democratic Governors Association in Seattle, Overnight stay in Seattle	Lodging: pendung	A
8/23/2014	Washington Senate Democratic Campaign Committee	Annual SDCC Event, Orcas Island	Flight: pendurg	А
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	Α
11/04/2014	Inslee for Governor	Overnight at the Westin Hotel	Lodging: pendung	Α
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	А

DISCLOSURE COMMISSION PDC FORM PUBLIC M PDC OFFICE USE 711 CAPITOL WAY RM 206 0 PERSONAL FINANCIAL **PO BOX 40908** S YMPIA WA 98504-0908 AFFAIRS STATEMENT (360) 753-1111 RECEIVED TOLL FREE 1-877-601-2828 **DOLLAR** Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** APR - 3 2014\$1 to \$3,999 Deadlines: Incumbent elected and appointed officials -- by April 15. В Candidates and others -- within two weeks of becoming a \$4,000 to \$19,999 C \$20,000 to \$39,999 candidate or being newly appointed to a position. Public Disclosure Commission ח \$40,000 to \$99,999 \$100,000 or more SEND REPORT TO PUBLIC DISCLOSURE COMMISSION Last Name First Middle Initial Names of immediate family members, including registered domestic partner. If there is no reportable information to Inslee Jay R 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 13<sup>th</sup> Avenue SW Trudi Inslee City Zip + 4County Olympia Thurston 98501-3373 Office Held or Sought Filing Status (Check only one box.) An elected or state appointed official filing annual report Office title: Governor Final report as an elected official. Term expired: \_\_\_\_\_ County, city, district or agency of the office, Candidate running in an election: month \_\_\_\_\_ year \_ name and number: Newly appointed to an elective office Position number: Term begins: 1-16-2013 ■ Newly appointed to a state appointive office ends: Professional staff of the Governor's Office and the Legislature List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family 1 INCOME member, including registered domestic partner, received \$2,000 or more during the period. Include stock options received during the reporting period that had a value of \$2,000 or more. (Report interest and dividends in Item 3.) Show Self (S) Spouse (SP/DP) Dependent (D) Occupation or How Compensation Name and Address of Employer or Source of Compensation Amount: Was Earned (Use Code) State of Washington Governor S Trudi Inslee Consulting Consultant SP Check Here I if continued on attached sheet List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$10,000 in which you or a family member, including registered domestic partner, **REAL ESTATE** held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.) Nature and Amount (Use Code) of Payment or Property Sold or Interest Divested Assessed Name and Address of Purchaser Value Consideration Received (Use Code) None Payment Terms Security Given Property Purchased or Interest Acquired Creditor's Name/Address Mortgage Amount - (Use Code) Original Current

**NYCB Mortgage** 

790376, St. Louis,

MO 63179-0376

CO. P.O. Box

Ε

30 yr. loan.

House and

property

Monthly

payment

None

All Other Property Entirely or Partially Owned

Check here I if continued on attached sheet

Bainbridge Island, WA 98110

1197 Hawley Way, NE

Kitsap County #1518208

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Ε

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS intar	bank and savings accounts, gible property (including but rting period.	insurance not limited	policies, stock to stock optio	t, bonds a ns) held di	nd other uring the
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 / (Use (	
	Congressional Federal Credit Union		·			
	P.O. Box 2408	Checking and savings ac	counts	С	Α	
	Merrifield, VA 22116-2408				,	•
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	F Fund – Fixed Income I		B	N/	
	Funds	C Fund – Common Stoc S Fund – Small Capital S		E	N/	'A
	P.O. Box 385021 Birmingham, AL 35238	Index	SIUCK	E	N	'A
Chi	eck here ⊠ if continued on attached sheet.					
4	List each creditor you or a family member, CREDITORS more any time during the period. Dor mortgages or real estate reported in Item 2	n't include retail charge acc	partner, ov counts, cred	ved \$2,000 or dit cards, or	AMC (USE 6	OUNT CODE)
	Creditor's Name and Address	Terms of Payment	Secui	rity Given	Original	Present
	None					
Ch	eck here 🗌 if continued on attached sheet.					
All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.						
Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.						
A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company?  No If yes, complete Supplement, Part A.						
В	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	• • • • • • •					
D.	compensation (other than pay for a currently-held public office) at any time during	g the reporting period? No If ye	s, complete S	upplement, Part B.	•	•
E.	Only for Persons Filing Annual Report. Regarding the receipt of items not pryou, your spouse, registered domestic partner or dependents (or any combination any source other than your governmental agency provide or pay in whole or in passeminar or other training?  No  If yes to either or both questions, compared to the provided or pay in whole or in passeminar or other training?	on thereof) accept a gift of food or bev art for you, your spouse, registered do	erages costino	over \$50 per occ	asion?	or 2) Dia

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.	CERTIFICATION: I partify under penalty of perjury that the information contained in this report is true and	
□ I hold a state elected office, am an executive state officer or professional staff.     □ have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.	correct to the best of my knowledge.	u
☐ 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.	April 2, 2014 Signal re Date	_
*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.	Corpect Telephone: (360-902-0610) * Email: <u>lisa.vanderlugt@gov.wa.gov</u> (work) *	
	Email:(Home) Optiona	l

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

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Public Disclosure Commission

### **Information Continued**

Name									
1	INCOME (continued)		j.						
Show Self (S Spouse (SP) Dependent (D	Name and Address of Employe	r or Source of C	Compensation		Occupation or Ho Was Earn	w Compensation		Amount: (Use Code)	
2	REAL ESTATE (continued	d)							
Property S	Sold or Interest Divested	Assessed Value (Use Code)	Name and Add	ress of Purc	naser	Nature and Ar Consideration	nount (Use Co Received	de) of Payn	nent or
	Purchased or Interest Acquired		Creditor's Nam	e/Address	Payment Terms	Security Giver	Mortgage Origina	Amount - (lal	Jse Code) current
All Other	Property Entirely or Partially Owned			WATER 1					
3	ASSETS / INVESTMENTS - INTERI	EST / DIVIDEN	DS (cor	ntinued)					
A. Nam	ne and address of each bank or finar	ncial institution		Type of Ac	count or Description		Asset Value (Use Code)	Income (Use	Amount Code)
B. Nan	ne and address of each insurance co	ompany							
C. Nan age	ne and address of each compar ncy	ny, association	, government						
4	CREDITORS (continued)					· —			OUNT CODE)
	Creditor's Name and A	Address	, , , , , , , , , , , , , , , , , , , ,	Term	s of Payment	Security	Given	Original	Present

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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	В	Α
IShares Russell 1000 GR Index	D	Α
IShares Russell 2000 Growth FD	В	Α
IShares S&P Mid Cap 400 Growth	В	Α
IShares S&P Mid Cap 400 Value	В	Α
Powershares DB Comm Trk	С	None
SPDR Gold TR Gold SHS	С	None
Costco Wholesale Corp.	В	Α
Starbucks	В	Α
Zumiez, Inc	В	None
110 Totally Green INC	Α	None



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

PDC FORM

SUPPLEMENT (1/12)

APR -3 2014

# SUPPLEMENT PAGE PHENIS STATEMENT

PROVIDE INFORMATION YOUR HOUSEHOLD	ON FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC	PARTNER, DEPENDENT CHILD	REN AND OTHER DEPENDENTS IN
Last Name	First	Middle Initial	DATE
Inslee	Trudi	A.	04/02/2013
A OFFICE H BUSINES INTERES	S dependents	tner, trustee, or 10 percent or m venture or other entity; and/or ted partnership, limited liability pa	ore owner of a corporation, non-profit
		•	ompany.
•		•	egal name.
•	Position or Percent of Ownership: The office, title and/or	r percent of ownership held.	
•	Brief Description of the Business/Organization: Report to	he purpose, product(s), and/or the	service(s) rendered.
•	Payments from Governmental Unit: If the governmental entity concerning which you're reporting, show the purpo		
•	Payments from Business Customers and Other Govern proprietorship, union, association, business or other conseek/hold office) which paid compensation of \$10,000 of services or other consideration was given or performed f	ommercial entity and each govern or more during the period to the er	ment agency (other than the one you
•	Washington Real Estate: Identify real estate owned by t	he business entity if the qualificati	ons referenced below are met.
ENTITY NO. 1		Reporting For: Self	Spouse 🛛
		Registered Dome	stic Partner Dependent
LEGAL NAME: Tre	udi Inslee Consulting	POSITION OR P	ERCENT OF OWNERSHIP
TRADE OR OPERATIN	G NAME: Same		
ADDRESS:	Hawley WAY NE, Bainbridge Island, WA 98110	· •	
BRIEF DESCRIPTION	OF THE BUSINESS/ORGANIZATION:		
Consultation S	ervices		
	ECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU Spose of payments		it (actual dollars)
		\$	0
	ECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$ ency name:	'	se of payment (amount not required)
None			
	ECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR stomer name:		se of payment (amount not required)
None			
WASHINGTON REAL I	ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL	INTEREST (Complete only if owr	nership 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  $\square$  if continued on attached sheet

**CONTINUE PARTS B AND C ON NEXT PAGE** 

APR -3 2014

F-1 Supplement

Name		Public Disclosure Commission		
		Sciodara Commission		
ENTITY NO. 2			: Self  Spouse	🗆
		-	ed Domestic Partner 🔲 De	
LEGAL NAME:		POSITIO	ON OR PERCENT OF OWNE	RSHIP
TRADE OR OPERATING N	IAME:			
ADDRESS:				
BRIEF DESCRIPTION OF	THE BUSINESS/ORGANIZATION:			
	EIVED FROM GOVERNMENTAL UNIT	T IN WHICH YOU SEEK/HOLD OFFICE:	Amount (actual dollars)	
			\$	
DAVMENTO ENTITY DEGI	SIVED EDOM OTHER COVERNMENT	FACENCIES OF \$40,000 OR MORE.	•	
Agency	EIVED FROM OTHER GOVERNMENT name:	AGENCIES OF \$10,000 OR MORE:	Purpose of payment (amou	nt not required)
	EIVED FROM BUSINESS CUSTOMER ner name:	RS OF \$10,000 OR MORE	Purpose of payment (amou	int not required)
	erty is over \$20,000. List street addre	RECT FINANCIAL INTEREST (Complete or ess, assessor parcel number, or legal descrip		
- Onesk here _ in serial according		any immediate family member, includin	g registered domestic par	tner. lobbied or
B LOBBYING:	prepared state legislation or state	e rules, rates, or standards for compensa ich you are an elected official or profession	ition or deferred compensa	
Person to Wh		Description of Legislation, Rules, Etc.		(Use Code)
Check here ☐ if continued on a	ttached sheet		*	
FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.				
Date Donor's Received	s Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
			\$	
Check here ☐ if continued on a	ttached sheet			

### **Information Continued**

# F-1 Supplement

Name				
ENTITY NO.	Reporting For: Se	f Spouse		
	Registered Do	tered Domestic Partner Dependent		
LEGAL NAME:	POSITION O	R PERCENT OF OWNER	RSHIP	
TRADE OR OPERATING NAME:				
ADDRESS:				
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:				
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT		ount (natural dellars)		
Purpose of payments		ount (actual dollars)		
	\$			
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT Agency name:	<u>.</u>	pose of payment (amour	nt not required)	
<b>33</b>			. ,	
DAVMENTS ENTITY DESCRIVED EDOM DUSINESS SUSTOMED	S OE \$10 000 OB MODE			
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMER:  Customer name:		rpose of payment (amou	nt not required)	
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRI	ECT FINANCIAL INTEREST (Complete only if	ownership in the ENTITY	is 10% or more	
and assessed value of property is over \$20,000. List street addres				
R LOBBYING: (Continued)				
Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (	Use Code)	
C FOOD TRAVEL				
SEMINARS (continued)		1	\(\lambda_1\)	
Date Donor's Name, City and State Received	Brief Description	Actual Dollar Amount	Value (Use Code)	
		\$		

PDC FORM PUBLIC **DISCLOSURE COMMISSION** M PDC OFFICE USE 711 CAPITOL WAY RM 206 PERSONAL FINANCIAL PO BOX 40908 **OLYMPIA WA 98504-0908** AFFAIRS STATEMENT RECEIVED (360) 753-1111 (1/12)**TOLL FREE 1-877-601-2828** DOLLAR Refer to instruction manual for detailed assistance and examples. APR 15 2013 CODE **AMOUNT** \$1 to \$3,999 Α Deadlines: Incumbent elected and appointed officials -- by April 15. Public Disclosure Commission В \$4,000 to \$19,999 Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position. C \$20,000 to \$39,999 D \$40,000 to \$99,999 \$100,000 or more SEND REPORT TO PUBLIC DISCLOSURE COMMISSION Middle Initial Names of immediate family members, including registered Last Name First domestic partner. If there is no reportable information to Insiee Jay R. disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for Mailing Address (Use PO Box or Work Address) \* 1197 Hawley Way, NE County Zip + 4 Kitsap 98110 Bainbridge Island Office Held or Sought Filing Status (Check only one box.) Office title: An elected or state appointed official filing annual report Governor County, city, district or agency of the office. Final report as an elected official. Term expired: \_\_\_\_\_ name and number: Candidate running in an election: month year \_ Position number: Newly appointed to an elective office Term begins: ends: Newly appointed to a state appointive office 1-16-2013 1-16-2017 Professional staff of the Governor's Office and the Legislature List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family INCOME member, including registered domestic partner, received \$2,000 or more during the period. Include stock options received during the reporting period that had a value of \$2,000 or more. (Report interest and dividends in Item 3.) Show Self (S) Spouse (SP/DP) Dependent (D) Occupation or How Compensation Name and Address of Employer or Source of Compensation Amount: Was Earned (Use Code) U.S. House of Representatives Congressman C Consultant C Trudi Inslee Consulting Check Here I if continued on attached sheet List street address, assessor's parcel number, or legal description AND county for each parcel of Washington **REAL ESTATE** real estate with value of over \$10,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.) Property Sold or Interest Divested Assessed Name and Address of Purchaser Nature and Amount (Use Code) of Payment or Consideration Received Value (Use Code) 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 NYCB Mortgage CO 30 yr Ioan. House and 1197 Hawley Way, NE P.O. Box 790376 Monthly property E Ε Ε Bainbridge Island, WA 98110 St. Louis, MO payment Kitsap County #1518208 63179-0376 Check here ☐ if continued on attached sheet

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS		nd savings account roperty (including beriod.				
A.	Name and address of each bank or financial institution in which y a family member, including registered domestic partner, had account over \$20,000 any time during the report period.		of Account or Descript	tion of Asset	Asset Value (Use Code)	1	Amount Code)
	Congressional Federal Credit Union	Chec	king and savings	accounts	С	,	A
	P.O. Box 2408						
	Merrifield, VA 22116-2408						
B.	Name and address of each insurance company where you, a far member, including registered domestic partner, had a policy with				RECI	EIVEC	)
	cash or loan value over \$20,000 during the period.				APR 1	5 2013	
	None			•	<b>Public</b> Disclos	ure Comm	ission
C.	Name and address of each company, association, governm agency, etc. in which you, a family member, including registe domestic partner, owned or had a financial interest worth o \$2,000. Include stocks, bonds, ownership, retirement plan, If notes, stock options, and other intangible property. If you, y spouse, registered domestic partner and/or dependents had decis making authority regarding individual assets/investments list exasset or investment, the value and any income amount. EXAMP If you self-directed an investment account identify each stock other asset in that account.	red over RA, cour sion ach LE:					
	Thrift Savings Plan-Investment Funds-Individual Fund		nd – Fixed Income		В	1	/A
	P.O. Box 385021 Birmingham, AL 35238	1	nd-Common Stoc nd –Small Capital		E	l 'N	I/A
	Bittilligham, AL 33230	Index	•	Oldon	E	l N	l/A
Che	ck here ⊠ if continued on attached sheet.  List each creditor you or a family meml	her includir	na registered domes	tic partner ov	ved \$2,000 or	0.000	DUNT
4	CREDITORS more any time during the period. mortgages or real estate reported in Ite	Don't inclum 2.	ide retail charge a	ccounts, cred	dit cards, or	(USE	CODE)
	Creditor's Name and Address	'	erms of Payment	Secui	rity Given	Original	Present
	None						
Che	ck here if continued on attached sheet.						
	All filers answer questions A thru D below. If the answer is N tof this report. If all answers are NO and you are a candidate focutive officer filing your initial report, no F-1 Supplement is requ	or state or l	· ·				
	umbent elected officials and state executive officers filing an a equired of these officeholders unless all answers to questions			so must answ	er question E.	An F-1 Su	ipplement
A.	At any time during the reporting period were you, your spouse, registered decorporation, company, union, association, joint venture or other entity or (2) company or similar entity including but not limited to a professional limited li	a partner or m	ember of any limited part	nership, limited li	iability partnership		ity
В.	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.					er	
C.	Did you, your spouse, registered domestic partner or dependents own a bus	•			• • •		
D.	D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? No If yes, complete Supplement, Part B.						
E.	Only for Persons Filing Annual Report. Regarding the receipt of items no you, your spouse, registered domestic partner or dependents (or any combin Did any source other than your governmental agency provide or pay in whol attend a seminar or other training?  No If yes to either or both questions.	nation thereof) le or in part for	accept a gift of food onbo you, your spouse registe Supplement Part C.	everages costing red domestic par	over \$50 per occa tner and/or depen	asion? No dents to trave	or 2) el or to
AL	L FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATION				
	I hold a state elected office, am an executive state officer or profe I have read and am familiar with RCW 42.52.180 regarding the resources in campaigns.				contained in the best of my known	owledge.	2013
	I hold a local elected office. I have read and am familiar with RCV	V 42.17A.55					

regarding the use of public facilities in campaigns.	Contact Telephone: Ciob 902 - Oloro
*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.	Email: 1180, VUMARY LUGT (WADV. W.C. G) V (work) *  Email: (Home) Optional

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APR 15 2013

**Public Disclosure Commission** 



Check here  $\square$  if continued on attached sheet

APR 15 2013 F-1

**SUPPLEMENT PAGE** PERSONAL FINANCIAL AFFAIRS STATEMENT

**CONTINUE PARTS B AND C ON NEXT PAGE** 

(360) 753-1111 EMAIL: pdc@pdc.wa.gov

TOLL FREE 1-877-601-2828 Public Disclosure Confinesticament

YOUR HOL					
Last Name Inslee		First Trudi	Middle Initial A		DATE 04/01/13
msiee		Trudi			04/01/13
A	<ul> <li>Trac</li> <li>Pos</li> <li>Brie</li> <li>Pay</li> <li>enti</li> <li>Pay</li> </ul>	dependents (1) were an officer, director, organization, union, partne (2) were a partner or membe	ed for business purposes if different from title and/or percent of ownership held on: Report the purpose, product(s), an povernmental unit in which you hold on with the purpose of each payment and the other Government Agencies: List each	nt or more d/or bility part ability con m the leg d. d/or the s r seek off ne actual a	e owner of a corporation, non-profit nership, limited liability company or npany.  al name.  ervice(s) rendered.  ice made payments to the business amount received.  tion, partnership, joint venture, sole
	sen	k/hold office) which paid compensation of vices or other consideration was given or	performed for the compensation.		
	• Was	shington Real Estate: Identify real estate	owned by the business entity if the qu	ualification	is referenced below are met.
ENTITY NO	). 1		Reporting For:	Self	Spouse 🛛
			Registere	d Domest	ic Partner 🔲 Dependent 🔲
LEGAL NAI	ME: Trudi Ins	slee Consulting	POSITIO	N OR PEF	RCENT OF OWNERSHIP
TRADE OR	OPERATING NAM	E: Same	100	%	
ADDRESS:	1197 Hawle	y Way NE, Bainbridge Island, W	/A 98110		
BRIEF DES	SCRIPTION OF THE	BUSINESS/ORGANIZATION:			
Consu	ıltation services	s			
PAYMENTS	S ENTITY RECEIVE Purpose of	ED FROM GOVERNMENTAL UNIT IN WA	HICH YOU SEEK/HOLD OFFICE:	Amount (	actual dollars)
				\$	0
				Ψ	V
PAYMENTS	S ENTITY RECEIVE Agency nan	ED FROM OTHER GOVERNMENT AGEN ne:	ICIES OF \$10,000 OR MORE:	Purpose	of payment (amount not required)
PAYMENTS	S ENTITY RECEIVE	ED FROM BUSINESS CUSTOMERS OF	\$10,000 OR MORE		
	Customer	пате:		Purpose	of payment (amount not required)
Island	l Press			Consul	tation service
		IN WHICH ENTITY HELD A DIRECT F is over \$20,000. List street address, ass			
None.					

# Page 2

### RECEIVED

F-1 Supplement

Name	APR 15 2013		
	Public Disclosure Commission		
ENTITY NO. 2	Reporting For: Se		
	Registered D	omestic Partner L De	pendent
LEGAL NAME:	POSITION C	R PERCENT OF OWNE	RSHIP
TRADE OR OPERATING NAME:			
ADDRESS:			
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:			
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNI Purpose of payments		nount (actual dollars)	
	\$		
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMEN			
Agency name:		rpose of payment (amou	nt not required)
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOME Customer name:	•	rpose of payment (amou	int not required)
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DI and assessed value of property is over \$20,000. List street addre			
_			
Check here ☐ if continued on attached sheet			
LOBBYING: prepared state legislation or state	any immediate family member, including re te rules, rates, or standards for compensation tich you are an elected official or professional	or deferred compensa	
Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation	(Use Code)
None			
Check here ☐ if continued on attached sheet			
TRAVEL portion of the following items to	e other than your own governmental agency o you, your spouse, registered domestic par s costing over \$50 per occasion; 2) Travel of	tner or dependents, o	r a combination
Date Donor's Name, City and State Received	Brief Description	Actual Dollar Amount	Value (Use Code)
		<b> </b>	
None			
Check here  if continued on attached sheet			

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APR 1 5 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	В	Α
IShares Russell 1000 GR Index	D	Α
IShares Russell 2000 Growth FD	В	Α
IShares S&P Mid Cap 400 Growth	В	Α
IShares S&P Mid Cap 400 Value	В	Α
Powershares DB Comm Trk	С	None
SPDR Gold TR Gold SHS	С	None
Costco Wholesale Corp.	В	·A
Starbucks	В	Α
Zumiez, Inc	В	None
110 Totally Green INC	Α	None

I PUBLIC			***************************************						
1	C DISCLOSURE COMMISS  711 CAPITOL V		PDC FORM					C OFFIC	E USE
	PO BOX 40908 OLYMPIA WA 9		∣ F-1			INANCIAL	3 K		
	(360) 753-1111		(11/08)	AFFA	IRS STA	TEMENT	DATE FILE	ED PI	DC
Refer to ins	TOLL FREE 1-8 truction manual for detailed ass		ımples.	DOLLAI		MOUNT	J⊌N 29	2011	
Deadlines:	incumbent elected and ap	pointed officia	ls – by April 15.	A	\$1	to \$3,999	C	20	
	Candidates and others candidate or being newly			B C		,000 to \$19,999 0,000 to \$39,999	l V		
OFNE DE		•	•	D	\$40	0,000 to \$99,999			
Last Name	PORT TO PUBLIC DISCLO	ISURE COMM		ddle Initial		00,000 or more	members, includir	na reais	tered
	•				domestic p	artner. If there is	no reportable info	rmation	ı to
inslee	Jay		R				lren, or other depe entify them. Do id		
					spouse or i	registered domes	tic partner. See F	-1 man	ual for
	Iress (Use PO Box or Work Add	dress) *							
1197 Hawle	ey Way NE				Tru	udi A. Inslee			
City	Co	ounty	Zip	) + 4	1				
Bai	inbridge Island K	Citsap	98110-1932						
Filing Statu	s (Check only one box.)				Office Held	or Sought			
☐ An elec	cted or state appointed official f	iling annual repo	ort		Office title:	0			
Final re	eport as an elected official. Ter	m expired:				Governor		-	
	lidate running in an election: m			ar 2012	County, city	y, district or agen	cy of the office,		
	•	1404	ye	2012	name ai	nd number:			
_	appointed to an elective office				Position nu	mber:	<del></del>		
Newly a	appointed to a state appointive	office			Term begin	os: 2013	ends: 20	17	
Profess	sional staff of the Governor's O	ffice and the Lec	gislature			2010		···	
1	INCOME family membe	r, including reg	source of income gistered domestic						
Show Self (S) Spouse (SP/DP)	Name and Address of Emplo	in Item 3 on re yer or Source of				How Compensat	tion Am	ount:	
Dependent (D)					Was E	arned	(Us	e Code	)
S	US House of Represen	tatives							
	CO Floude of Represent								
	WA., D.C. 20515			IV	ember of (	Congress		Ε	
C.D.	WA., D.C. 20515				ember of onsultant	Congress		E C	
SP	WA., D.C. 20515  Trudi Inslee Consulting 1197 Hawley Way NE					Congress			
SP	WA., D.C. 20515  Trudi Inslee Consulting					Congress			
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Continuation of Section 3 – C

Α.	Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an	Type of Account or Description	on of Asset	(Use Code)	Income (Use	
	account over \$20,000 any time during the report period. Congressional Federal Credit Union	DATE FI	I ED DD		1	
	PO Box 2408	checking	LLU PU	С	\ .	Α
	Merrifeld, VA 22116-2408	IIIN 2	9 2011			
В.	Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$20,000 during the period.  New York Life Ins. Co.	1				
	51 Madison Ave Rm 551-WL New York, NY 10010			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	F Fund- Fixed Income I	ndex	В		1//
	PO Box 385021	C Fund-Common Stock	Index	D	N	1//
	Birmingham, AL 35238	S Fund-Small Capital St	tock	D	^	1//
		Fund-International Stor	ck Index	l D	N	I/A
Chi		including registered domestion't include retail charge acc	partner, ov	ved \$2,000 or	AMC (USE	οu
	CREDITORS  List each creditor you or a family member more any time during the period. Do mortgages or real estate reported in Item 2	including registered domestion't include retail charge acc	c partner, ov counts, cred	ved \$2,000 or dit cards, or	(USE	C
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4	CREDITORS  List each creditor you or a family member more any time during the period. Do mortgages or real estate reported in Item 2  Creditor's Name and Address  Chase PO Box 78036	including registered domestic n't include retail charge acc t Terms of Payment monthly	s partner, ov counts, cred Secur Pro	ved \$2,000 or dit cards, or ity Given	(USE Original	C
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Che 5 par exe	CREDITORS  List each creditor you or a family member more any time during the period. Do mortgages or real estate reported in Item 2  Creditor's Name and Address  Chase PO Box 78036 Phoenix, AZ 85062-8035  eck here if continued on attached sheet.  All filers answer questions A thru D below. If the answer is YES of this report. If all answers are NO and you are a candidate for secutive officer filing your initial report, no F-1 Supplement is requirement elected officials and state executive officers filing an annumbent elected officials and state executive officers filing an annumber of the proof	including registered domestic introduce retail charge acc.  Terms of Payment monthly (home equity line of credit)  It to any of these questions, the tate or local office, an appointed.  It to any of these questions the tate or local office, an appointed.  It is to any of these questions, the tate or local office, an appointed.	Securing Pro (hr	wed \$2,000 or dit cards, or rity Given operty ome)  ment must als nt elective officer question E.	Original D o be comp ce, or a sta	ole
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#### DATE FILED PDC

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	Ä	none
Costco	В	110116
Dreyfus Liquid Assets Money Market	B	none
I Shares Russell 1000 Value	Ď	A
I Shares Russell 2000 Growth	В	<b>~</b>
I Shares Russell 2000 Value	В	Â
I Shares Russell MicroCap	В	•
I Shares S&P 400 Value	В	A A
Powershares Commodity Index	č	A
S&P Energy Sector	8	A
Starbucks	В	Α
Street Tracks Gold Sector	Č	none
SunPower Corp	B	none
Zumiez	B	none
I Shares 1-3 yr Treasury	<del>-</del>	none
I Shares 1000 Growth	8	A
I Shares EAFE Sector	В	Ą
I Sildres EAFE Sector	В	A

•	
I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.	Signature Date
☐ 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.	Contagnielephone: (206* 78056 26 Email: <u>Lrudiinslee</u> @ WSN (work)*
*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.	Email:(Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

**DATE FILED PDC** 

JUN 29 2011



DISCLOSURE COMMISSION

711 CAPITOL WAY RM 206 DATE FILED PDCPDC FORM PO BOX 40908

**OLYMPIA WA 98504-0908** (360) 753-1111 TOLL FREE 1-877-601-2828 EMAIL: pdc@pdc.wa.gov

JUN 29 2011

SUPPLEMENT

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

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

First Middle Initial DATE Last Name Inslee Trudi Α 6-29-11

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
- 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.

	DATE FILED PDC	
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: <b>same</b>		100%
ADDRESS: 1197 Hawley Way NE – Bainbridge Island,	WA 98110	
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATIO	)N: consultation services	
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL Purpose of payments	_ UNIT IN WHICH YOU SEEK/H	HOLD OFFICE: Amount (actual dollars)
		\$ 0
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERN Agency name:	MENT AGENCIES OF \$10,000	OOR MORE: Purpose of payment (amount not required)
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTO	OMERS OF \$10,000 OR MORE	E Purpose of payment (amount not required)
Island Press		Consultation service
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD and assessed value of property is over \$20,000. List street		REST (Complete only if ownership in the ENTITY is 10% or more per, or legal description and county for each parcel):
Check here ☐ if continued on attached sheet		
		CONTINUE PARTS B AND C ON NEXT PAGE

### Page 2

### DATE FILED PDC

# F-1 Supplement

Name	A		JUN 29 2011		
ENTITY NO	). 2		Reporting For: \$	Self Spouse	
			Registered	Domestic Partner De	ependent 🗌
LEGAL NAM	ME:		POSITION	OR PERCENT OF OWNE	RSHIP
TRADE OR	OPERATING N	NAME:			
ADDRESS:					
BRIEF DES	CRIPTION OF	THE BUSINESS/ORGANIZATION:			
PAYMENTS	ENTITY RECE	EIVED FROM GOVERNMENTAL UNI	T IN WHICH YOU SEEK/HOLD OFFICE:		
	Purpos	e of payments	A	mount (actual dollars)	
			\$		
PAYMENTS		EIVED FROM OTHER GOVERNMENT			
	Agency	name:	P	urpose of payment (amou	nt not required)
PAYMENTS		EIVED FROM BUSINESS CUSTOMER mer name:		Purpose of payment (amoเ	int not required)
WASHINGT and assesse	ON REAL EST ed value of prop	TATE IN WHICH ENTITY HELD A DII perty is over \$20,000. List street addre	RECT FINANCIAL INTEREST (Complete only ess, assessor parcel number, or legal description	if ownership in the ENTIT n and county for each pare	Y is 10% or more cel):
Check here	] if continued on a	ttached sheet			
B L	OBBYING:	prepared state legislation or state	any immediate family member, including e rules, rates, or standards for compensation ch you are an elected official or professiona	n or deferred compensa	
	Person to Wh	om Services Rendered	Description of Legislation, Rules, Etc.	Compensation	(Use Code)
r	none				
Check here	] if continued on a	ttached sheet			
	OOD RAVEL EMINARS	portion of the following items to	e other than your own governmental agency o you, your spouse, registered domestic pa costing over \$50 per occasion; 2) Travel of	ertner or dependents, o	r a combination
Date Received	Donor's	Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
					(Ose Coue)
	none			<b> </b> \$	
	j				1