

 PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	PDC FORM F-1 (1/15)	PERSONAL FINANCIAL AFFAIRS STATEMENT	PDC OFFICE USE 100881757 Covers: 1-18-2018: To: 1-18-2019 Received: 01-18-2019												
Refer to instruction manual for detailed assistance and examples. Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DOLLAR CODE</th> <th style="text-align: left;">AMOUNT</th> </tr> <tr> <td>A</td> <td>\$1 to \$4,499</td> </tr> <tr> <td>B</td> <td>\$4,500 to \$23,999</td> </tr> <tr> <td>C</td> <td>\$24,000 to \$47,999</td> </tr> <tr> <td>D</td> <td>\$48,000 to 119,999</td> </tr> <tr> <td>E</td> <td>\$120,000 or more</td> </tr> </table>	DOLLAR CODE	AMOUNT	A	\$1 to \$4,499	B	\$4,500 to \$23,999	C	\$24,000 to \$47,999	D	\$48,000 to 119,999	E	\$120,000 or more	
DOLLAR CODE	AMOUNT														
A	\$1 to \$4,499														
B	\$4,500 to \$23,999														
C	\$24,000 to \$47,999														
D	\$48,000 to 119,999														
E	\$120,000 or more														
SEND REPORT TO PUBLIC DISCLOSURE COMMISSION															
Last Name: MORALES First: TAMMY Middle Initial: J	Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.														
Mailing Address (Use PO Box or Work Address) P.O. BOX 20655 City: SEATTLE County: KING Zip + 4: 98102		Harry Teicher SP													
Filing Status (Check only one box.) <input type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input checked="" type="checkbox"/> Candidate running in an election: month <u>AUG</u> year <u>2019</u> <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature		Office Held or Sought Office title: <u>CITY COUNCIL MEMBER</u> County, city, district or agency of the office, name and number: <u>CITY OF SEATTLE</u> Position number: _____ Term begins: <u>01-01-2020</u> ends: <u>12-31-2024</u>													
1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3 on reverse)															
Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation Rainier Beach Action Coalition 4298 S. Fairbanks SEATTLE WA 98118 Swedish Medical Group 1221 Madison SEATTLE WA 98104	Occupation or How Compensation Was Earned community organizer physician	Amount: (Use Code) C E												
Check Here <input type="checkbox"/> if continued on attached sheet															
2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)															
Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received												
Property Purchased or Interest Acquired		Creditor's Name/Address Chase P.O. Box 182613 Columbus OH 43218	Payment Terms: 30 yrs @3% Security Given: deed Mortgage Amount - (Use Code) Original: E Current: E												
All Other Property Entirely or Partially Owned 4720 54th Ave S Seattle, 98118 Check here <input type="checkbox"/> if continued on attached sheet															

CONTINUE ON NEXT PAGE

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

A. Name and address of each bank or financial institution in which you or a family member, including registered domestic partner, had an account over \$24,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
P.O. Box 628291 Orlando FL 32862	IRA	E	0
B. Name and address of each insurance company where you or a family member, including registered domestic partner had a policy with a cash or loan value over \$24,000 during the period. Principal	Life insurance	E	0
C. Name and address of each company, association, government agency, etc. in which you or a family member, including registered domestic partner, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self directed an investment account, identify each stock or other asset in that account.			

Check here if continued on attached sheet.

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

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
BECU P.O. Box 97050 Seattle WA 98124	Equity line of credit 4.7%		E	E
IRS P.O. Box 9941 Ogden UT 84409	60 months @4%		D	C
Nelnet student loan P.O. Box 82561 Lincoln NE 68501	8.25%		D	B

Check here if continued on attached sheet.

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

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

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? X If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? X If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? X If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? ___ If yes, complete Supplement, Part B.
- E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? ___ or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? ___ If yes to either or both questions, complete Supplement, Part C.

<p>ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p>*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.</p>	<p>CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.</p> <p><u>Tammy Morales</u> 01-18-2019 Signature Date</p> <p>Contact Telephone: 206-396-1276 *</p> <p>Email: <u>tammy.j.morales@gmail.com</u> (work)*</p> <p>Email: _____ (Home) Optional</p>
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FINANCIAL INSTITUTIONS CONTINUED

Name **MORALES, TAMMY J**

Page **3**

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

A. Name and address of each bank or financial institution	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
American Funds P.O. Box 6273 Indianapolis IN 46206	Brokerage	E	0
Check here <input type="checkbox"/> if continued on attached sheet.			

CREDITORS CONTINUED

F-1

Name **MORALES, TAMMY J** Page **4**

4 CREDITORS (continued) **AMOUNT (USE CODE)**

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
BECU P.O. Box 97050 Seattle WA 97050	car loan 5 yrs @ 3.34%		B	B

Check here if continued on attached sheet.

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

Last Name MORALES	First TAMMY	Middle Initial J	DATE 2019-01-18
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A OFFICE HELD, BUSINESS INTERESTS: Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents

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

- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$12,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

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

LEGAL NAME: Tammy Morales Consulting, LLC POSITION OR PERCENT OF OWNERSHIP: Principle

TRADE OR OPERATING NAME: Tammy Morales Consulting

ADDRESS: 4720 54th Ave S
 Seattle WA 98118

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: community development services

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

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

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

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



711 CAPITOL WAY RM 206
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 753-1111
 TOLL FREE 1-877-601-2628

F-1
 (1/12)

**PERSONAL FINANCIAL
 AFFAIRS STATEMENT**

P M PDC OFFICE USE
 O A
 S R
 T K

DATE FILED PDC

Refer to instruction manual for detailed assistance and examples.

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

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

**DOLLAR
 CODE**

AMOUNT

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

R
E
C
E
I
V
E
D

SEP 17 2014

Last Name First Middle Initial

Morales Tammy J

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

Harry L. Teicher

Mailing Address (Use PO Box or Work Address) *
 P.O. Box 20655

City County Zip + 4
 Seattle King 98102

Filing Status (Check only one box.)

- An elected or state appointed official filing annual report
- Final report as an elected official. Term expired: ____
- Candidate running in an election: month NOV year 2015
- Newly appointed to an elective office
- Newly appointed to a state appointive office
- Professional staff of the Governor's Office and the Legislature

Office Held or Sought

Office title: City Council Member

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

Position number: 2

Term begins: Jan 2016 ends: Dec 2019

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

Show Self (S)
 Spouse (SP/DP)
 Dependent (D)

Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
(S) Urban Food Link 220 2 nd Ave S, #201 Seattle, WA 98104	Food Policy Consultant	D
(SP) Harry L. Teicher, MD 16233 Sylvester Rd SW, Ste G20 Burien, WA 98166	Physician	E
(SP) Southwest Gastroenterology Assoc. 16233 Sylvester Rd SW, Ste G20 Burien, WA 98166	Endoscopy Unit Manager	D

Check Here if continued on attached sheet

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

Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received	
		Harry L. Teicher and Tammy J. Morales 4720 54 th Ave S Seattle, WA 98118		
Property Purchased or Interest Acquired	Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current
All Other Property Entirely or Partially Owned 4720 54 th Ave S Seattle, WA 98118	Wells Fargo	Fixed-30 year@ 4%	Mortgage	E E

3

ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Bank of America	Business checking	C	E
DATE FILED PDC			
SEP 17 2014			
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. Principal	Life insurance	E	
Met Life	Life insurance	E	
GenWorth	Life insurance	E	
C. Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, 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.	Mutual Fund Mutual Fund Mutual Fund Money Market	B B B B	
(S) Charles Schwab Brown Advisory Calvert Intl Equity Domini Social Equity Cash and money market			

Check here if continued on attached sheet.

4 CREDITORS

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

AMOUNT (USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
Nelnet P.O. Box 2970 Omaha, NE 68103-2970	8.25% for eternity	None - student loan	D	D
BMW Financial Services	36 month	Lease	D	C

Check here if continued on attached sheet.

5

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

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

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

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

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

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

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

Signature Tammy E. Morales Date 9/17/14

Contact Telephone: (206) 396.1276

Email: tammyemoraless@seattle.gov (work)

Email: texrative44@gmail.com (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

DATE FILED PDC

SEP 17 2014

Information Continued

DATE FILED PDC

F-1

Name
Tammy Morales

SEP 17 2014

1 INCOME (continued)

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

2 REAL ESTATE (continued)

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

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS (continued)

<p>A. Name and address of each bank or financial institution</p> <p>B. Name and address of each insurance company</p> <p>C. Name and address of each company, association, government agency</p> <p>(SP) SEP-IRA</p> <p>Apple Citigroup Denbury Platinum ETF Exact Sciences Facebook GE Gilead Google nonvoting shares Google voting shares GSVC Capital Luminex Microsoft Mylan Pfizer SPDR Gold Trust Teva Pharmaceuticals ULTA Cosmetics Visa Voya Financial Epi Wisdom Tree India</p> <p>(SP) SEP-IRA</p>	<p>Type of Account or Description of Asset</p> <p>Equities/ETFs</p>	<p>Asset Value (Use Code)</p> <p style="text-align: center;">D B B B B D C C C C C B B B C B B B C C B B</p>	<p>Income Amount (Use Code)</p>
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SEP 17 2014

Baron Partners Fund
 Blackrock Emerging Market
 Grandeur Peak Global Opportunity
 RS Global Natural Resources
 T Rowe Price Growth

Mutual Funds

B
C
D
C
B
B
C

(SP) SEP IRA cash

(SP) Money market account

IRA Cash

Money Market

4 CREDITORS (continued)

**AMOUNT
(USE CODE)**

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



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

SEP 17 2014

PDC FORM
F-1
 SUPPLEMENT
 (1/12)

SUPPLEMENT PAGE
 PERSONAL FINANCIAL AFFAIRS STATEMENT

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

Last Name Morales	First Tammy	Middle Initial J	9/17/2014
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A OFFICE HELD, BUSINESS INTERESTS: Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents

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

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

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

LEGAL NAME: **Tammy Morales Consulting** POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **Urban Food Link, LLC** **Principal/Partner 51%**

ADDRESS: **220 2nd Avenue S Seattle WA 98104**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Food policy and planning firm

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

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

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

Global to Local	Professional services
Northwest Harvest	Professional services
Institute for Sustainable Communities	Professional services

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

Name
Harry Teicher

ENTITY NO. 2

Reporting For: Self Spouse XX

Registered Domestic Partner Dependent

LEGAL NAME: Harry L. Teicher MD

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

100%

ADDRESS:

16233 Sylvester Rd. SW, Ste. G20 Burien WA 98166

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Gastroenterology – sole proprietorship

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

Purpose of payments

Amount (actual dollars)

n/a

\$

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

Agency name:

Purpose of payment (amount not required)

Centers for Medicare and Medicaid Services

Medical reimbursement

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here if continued on attached sheet

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

Person to Whom Services Rendered

Description of Legislation, Rules, Etc.

Compensation (Use Code)

n/a

Check here if continued on attached sheet

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

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

Check here if continued on attached sheet

Information Continued

Name
Tammy Morales

ENTITY NO.3 Reporting For: Self Spouse XX
Registered Domestic Partner Dependent

LEGAL NAME: SW Gastroenterology Associates POSITION OR PERCENT OF OWNERSHIP
TRADE OR OPERATING NAME: 25% Partner

ADDRESS: 16233 Sylvester Rd SW, Ste G20 Burien, WA 98166

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Management of hospital endoscopy unit

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

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

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

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

B LOBBYING: (Continued)

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

C FOOD TRAVEL SEMINARS (continued)

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