

To Whom it May Concern --

It has come to my attention that De'Sean Quinn has committed yet further violations of RCW 42.17A.

1) Failure to list offices held, payments received by those entities. (Violation of RCW 42.17A.710 (1)(g))

On 4/23/2017, De'Sean Quinn submitted an amended F1 to the PDC to address the allegations I had made in a previous complaint.

After doing additional research, I can confirm that this amended F1 continues to have serious legal deficiencies that Quinn needs to address. (Exhibit D.)

a) Failure to list serving as an officer for the for-profit entity Forterra Strong Communities Fund Manager, LLC and other required financial information.

According to Forterra's website, De'Sean Quinn serves as an officer for this corporation. (Exhibit A.)

Forterra Strong Communities Fund Manager, LLC, is a for-profit corporation that is quietly amassing land holdings in and around the City of Tukwila. (Exhibit B.) It is unclear what the relationship between these two Forterra entities are, or how much Quinn has personally profited from his dual role on these two corporations and his position on the City Council. This needs to be disclosed to Tukwila residents and the Public Disclosure Commission immediately.

Quinn must not only list the fact that he is an officer of this organization but also all the additional financial information about the organization that he is required to disclose per state law.

Specifically, Quinn failed to list:

- a) Payments received by Forterra Strong Communities Fund Manager, LLC from governmental unit in which he holds office
- b) payments Forterra Strong Communities Fund Manager, LLC received from other government agencies of \$12,000 or more
- c) payments Forterra Strong Communities Fund Manager, LLC received from Business Customers of \$12,000 or more
- d) Washington Real Estate in which Forterra Strong Communities Fund Manager, LLC held a direct financial interest. (Exhibit D.)

b) Failure to list required financial information for Forterra.

Quinn must not only list the fact that he is an officer of Forterra but also all the additional financial information about the organization that he is required to disclose per state law.

The PDC and the Attorney General's Office should be aware that I recently filed an ethics complaint against De'Sean Quinn for violating **Tukwila Municipal Code 2.97.030**. (Exhibit C.) The Attorney General's office should determine whether or not Quinn's violations of state law would require him to forfeit his seat on the Tukwila City Council, per **RCW 42.23.050**.

As I referenced in the earlier complaint, Forterra received ~\$70,000 from the City of Tukwila, but Quinn failed to reference this as explicitly required by state law. (Exhibit D.)

In total, Quinn failed to list:

- a) Payments received by Forterra from governmental unit in which he holds office
- b) payments Forterra received from other government agencies of \$12,000 or more
- c) payments Forterra received from Business Customers of \$12,000 or more, and
- d) Washington Real Estate in which Forterra held a direct financial interest. (Exhibit D.)

c) Failure to list required financial information for OneAmerica.

While Quinn did list the fact that he is an officer of OneAmerica, he failed to list the required financial information. (Exhibit D.)

Quinn must not only list the fact that he is an officer of this organization but also all the additional financial information about the organization that he is required to disclose per state law.

Specifically, Quinn failed to list:

- a) Payments received by OneAmerica from governmental unit in which he holds office
- b) payments OneAmerica received from other government agencies of \$12,000 or more
- c) payments OneAmerica received from Business Customers of \$12,000 or more, and
- d) Washington Real Estate in which One America held a direct financial interest. (Exhibit D.)

Conclusion

The PDC should investigate the possibility that De'Sean Quinn committed the above violations maliciously, which would be a class C felony per **RCW 42.17A.750 (2)(c)**. In particular, hiding or disguising the potential financial benefit of Forterra possible only through his intervention in his capacity as an elected official. If the PDC determines that is the case, they should refer the case to the Attorney General's office for criminal prosecution immediately.

Please don't hesitate to contact me if you need any additional information.

Best Regards,

Glen Morgan

Exhibit List

Exhibit A -- From Forterra's website, shows board membership of Forterra Strong Communities Fund Manager, LLC.

Exhibit B -- From Secretary of State's Office, shows corporation and for profit status of Forterra Strong Communities Fund Manager, LLC.

Exhibit C -- Tukwila Municipal Ethics Complaint filed against Quinn yesterday.

Exhibit D -- Quinn's latest amended F1 (filed 4/23/2017) which still has deficiencies described in this complaint.

Exhibit A

FORTERRA STRONG COMMUNITIES FUND BOARD

Forterra launched the Forterra Strong Communities Fund in 2016—a tool to accelerate the strengthening of our communities by pooling, leveraging and directing social investment capital.

FORTERRA STRONG COMMUNITIES FUND BOARD

Maggie Walker, Chair CIVIC LEADER

Stanley Savage, Vice Chair PRESIDENT & CEO, THE COMMERCE BANK

OF WASHINGTON

Gene Duvernoy, President PRESIDENT, FORTERRA

Joshua Anderson, Secretary/Treasurer COO, THE ROSEVIEW GROUP

Teresita Batayola CEO, INTERNATIONAL COMMUNITY HEALTH

SERVICES

Dana Behar OWNER, DISCOVERY BAY INVESTMENTS

Dow Constantine KING COUNTY EXECUTIVE

Maud Daudon PRESIDENT & CEO, SEATTLE METROPOLITAN CHAMBER

OF COMMERCE

John Hempelmann CHAIRMAN, CAIRNCROSS & HEMPELMANN

Gerry Johnson PARTNER, PACIFICA LAW GROUP

De'Sean Quinn COUNCILMEMBER, CITY OF TUKWILA

Exhibit B

Corporations Division - Registration Data Search

[PRINT PAGE](#)

FORTERRA STRONG COMMUNITIES FUND MANAGER, LLC

[Purchase Documents for this Corporation »](#)

UBI Number	603615035
Category	LLC
Active/Inactive	Active
State Of Incorporation	WA
WA Filing Date	05/05/2016
Expiration Date	05/31/2017
Inactive Date	
Duration	Perpetual
Registered Agent Information	
Agent Name	FORTERRA NW
Address	901 5TH AVE STE 2200
City	SEATTLE
State	WA
ZIP	981642091
Special Address Information	
Address	
City	
State	
Zip	

Governing Persons (as defined in RCW 23.95.105 (12))

Title	Name	Address
Governor	ANDERSON, JOSHUA P	.
Governor	BATAYOLA, TERESITA	.
Governor	BEHAR, DANA	.
Governor	CONSTANTINE, DOW	.
Governor	DAUDON, MAUD	.
Governor	ADDITIONAL NAMES ON FILE, *	.

[Purchase Documents for this Corporation »](#)

[« Return to Search List](#)

Governing Persons Address Information

Governing person addresses are not available for the following entity types: WA Association under Fish Marketing Act, Miscellaneous and Mutual, Public Benefit Corporation, Non-profit Corporation, Non-Profit Professional Service Corporation, Bank Corporation, Limited Liability Company, Professional Limited Liability Company, Unregistered Corporation, Limited Liability Partnership, Corporation Sole, Credit Union, Fraternal Building Association, Fraternal Society, Grange, Military Corporation, Savings and Loan Association, Joint Municipal Utility Service, Limited Partnership, Insurance Company, Limited Liability Limited Partnership.

Exhibit C



Formal Ethics Complaint against De'Sean Quinn per Tukwila Municipal Code 2.97.050

Glen Morgan <glenmorgan89@gmail.com>

Mon, May 8, 2017 at 11:04 PM

To: Joe.Duffie@tukwilawa.gov, Dennis.Robertson@tukwilawa.gov, Verna.Seal@tukwilawa.gov, Kathy.Hougardy@tukwilawa.gov, Kate.Kruller@tukwilawa.gov, thomas.mcleod@tukwilawa.gov, laurel.humphrey@tukwilawa.gov, citycouncil@tukwilawa.gov, Prosecutor@tukwilawa.gov, Mayor@tukwilawa.gov
Cc: editor@tukwilareporter.com, TukwilaCityClerk@tukwilawa.gov, DeSean.Quinn@tukwilawa.gov

To: Mayor, City Attorney, Council President

To Whom it May Concern --

I am writing to file a formal complaint against Tukwila Councilmember De'Sean Quinn pursuant to **Tukwila Municipal Code 2.97.050 Complaint Process**.

TMC 2.97.030 Prohibited Conduct reads as follows:

The following shall constitute violations of this Code of Ethics:

1. General Prohibition Against Conflicts of Interest. *In order to avoid becoming involved or implicated in a conflict of interest or impropriety, no current Elected Official should be involved in any activity that might be seen as conflicting with the conduct of official City business.*

2. Beneficial Interests in Contracts Prohibited. *No Elected Official shall participate in his/her capacity as an Elected Official in the making of a contract in which she/he has a financial interest, direct or indirect. This shall include any contract for sale, lease or purchase, with or for the use of the City, or the acceptance directly or indirectly of any compensation, gratuity or reward from any other person beneficially interested therein. Provided, however, that this prohibition shall not apply where the Elected Official has only a remote interest in the contract, and where the fact and extent of such interest is disclosed and noted in the official minutes or similar records of the City prior to formation of the contract, and thereafter the governing body authorizes, approves or ratifies the contract in good faith, by a vote of its membership sufficient for the purpose without counting the vote(s) of the official(s) having the remote interest. For purposes of this TMC Chapter 2.97, a "remote interest" means:*

a. That of a non-salaried officer of a nonprofit corporation;

b. That of an employee or agent of a contracting party where the compensation of such employee or agent consists entirely of fixed wages or salary;

c. That of a landlord or tenant of a contracting party; or

d. That of a holder of less than one percent of the shares of a corporation, a limited liability company, or other entity, which is a contracting party.

De'Sean Quinn has a major conflict of interest between his role on the council and his role as a board member of Forterra, an environmentalist group that has multiple contracts with the city.

Unfortunately, De'Sean Quinn failed to note his conflict of interest into the minutes (as required per **TMC 2.97.030(2)**) and voted to approve a massive \$76,725 contract between Forterra (where he serves as a board member), and the City of Tukwila (where he serves as a councilmember). Quinn also did not recuse himself from this vote, despite having recused himself in the past on issues related to King County (where he is an employee).

5/9/2017

Gmail - Formal Ethics Complaint against De'Sean Quinn per Tukwila Municipal Code 2.97.050

What is perhaps most concerning is the fact that Quinn is also a board member of Forterra Strong Communities Fund Manager, LLC, a for-profit corporation that is silently amassing land in and around the City of Tukwila. It is unclear what the relationship between these two Forterra entities are, or how much Quinn has personally profited from his dual role on these corporations and the City. This needs to be disclosed to Tukwila residents immediately.

This contract was also heard (and placed on the consent agenda) by the Community Affairs and Parks Committee, which Quinn chairs. At no point throughout this process did Quinn note that he is on Forterra's board and -- as addressed and clarified in a separate complaint against him with the Public Disclosure Commission (PDC Case#16801) -- he hid this fact on his F1 personal financial disclosure form. (This case is also currently under investigation by the Washington State Attorney General's office).

Here is the background and link to the illegal contract in question:

Contract 16-112 (between the City of Tukwila and Forterra)
Value -- \$76,725 (Ostensibly for environmental work.)

<http://records.tukwilawa.gov/WebLink8/1/doc/275552/Page1.aspx>

As you can read here, Quinn failed to enter into the minutes the fact that he had a conflict of interest relating to this contract:

<http://records.tukwilawa.gov/WebLink8/1/doc/275548/Page1.aspx/>

This is a clear violation of the Tukwila Municipal Code.

In addition to submitting this complaint, I feel it is necessary to reference the complaint I submitted against Quinn which is currently being investigated by the PDC and the Attorney General's office, which can be found here: <https://www.pdc.wa.gov/browse/cases/16801>

Conclusion

I am requesting that the Council enter a formal cease and desist order against Quinn to prohibit him from voting on any future contracts with Forterra, order Quinn to pay the City a civil penalty of \$1000, and officially admonish Quinn for violating the Tukwila Municipal Code that he has sworn to uphold as well as the apologize to the board and the voters of Tukwila for violating well-defined ethics laws.

Please don't hesitate to contact me if you have any additional questions, or if you need further testimony at any future ethics board inquiry on this issue.

Best Regards,

Glen Morgan



Screenshot 2017-05-08 at 1.12.17 PM.png
90K

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

Last Name QUINN	First DE ' ' ' ' ' ' ' ' SEAN	Middle Initial A	DATE 2017-04-23
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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: One America
 POSITION OR PERCENT OF OWNERSHIP: Board Member

TRADE OR OPERATING NAME: One America

ADDRESS: 1225 S. Weller St #430
 Seattle WA 98144

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
 Non-Profit organization that advances the fundamental principles of democracy and justice at the local, state, and national levels

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

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

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

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

Check here if continued on attached sheet

 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 <h1 style="margin:0;">F-1</h1> (1/15)	<h2 style="margin:0;">PERSONAL FINANCIAL AFFAIRS STATEMENT</h2>	PDC OFFICE USE 100757175 AMENDS : 100681136 Received: 04-23-2017																									
Refer to instruction manual for detailed assistance and examples. Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position. SEND REPORT TO PUBLIC DISCLOSURE COMMISSION		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DOLLAR CODE</th> <th style="text-align: left;">AMOUNT</th> </tr> <tr> <td>A</td> <td>\$1 to \$4,499</td> </tr> <tr> <td>B</td> <td>\$4,500 to \$23,999</td> </tr> <tr> <td>C</td> <td>\$24,000 to \$47,999</td> </tr> <tr> <td>D</td> <td>\$48,000 to 119,999</td> </tr> <tr> <td>E</td> <td>\$120,000 or more</td> </tr> </table>	DOLLAR CODE	AMOUNT	A	\$1 to \$4,499	B	\$4,500 to \$23,999	C	\$24,000 to \$47,999	D	\$48,000 to 119,999	E	\$120,000 or more														
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Filing Status (Check only one box.) <input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature		Office Held or Sought Office title: <u>CITY COUNCIL MEMBER</u> County, city, district or agency of the office, name and number: <u>CITY OF TUKWILA</u> Position number: _____ Term begins: <u>01-01-2014</u> ends: <u>12-31-2017</u>																										
<h3 style="margin:0;">1 INCOME</h3> <p>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)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:5%;">Show Self (S) Spouse (SP/DP) Dependent (D)</th> <th style="width:45%;">Name and Address of Employer or Source of Compensation</th> <th style="width:30%;">Occupation or How Compensation Was Earned</th> <th style="width:20%;">Amount: (Use Code)</th> </tr> </thead> <tbody> <tr> <td></td> <td>King County DNR Wastewater Treatment 201 2th Ave SEATTLE 98 WA</td> <td>Water Quality Planner III/Project Manager</td> <td>D</td> </tr> <tr> <td>S</td> <td>City of Tukwila 6200 Southcentert Blvd. TUKWILA WA 98188</td> <td>City Council member</td> <td>B</td> </tr> </tbody> </table> <p>Check Here <input checked="" type="checkbox"/> if continued on attached sheet</p>				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)		King County DNR Wastewater Treatment 201 2th Ave SEATTLE 98 WA	Water Quality Planner III/Project Manager	D	S	City of Tukwila 6200 Southcentert Blvd. TUKWILA WA 98188	City Council member	B													
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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.

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

<p>Creditor's Name and Address</p> <p>Boeing Employees Credit Union</p> <p>Tukwila Wa</p> <p>Check here <input type="checkbox"/> if continued on attached sheet.</p>	Terms of Payment	Security Given	Original	Present
	2012		C	B

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? ___ 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? ___ 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.

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.

De' Sean Quinn 04-23-2017
Signature Date

Contact Telephone: 206-244-2886 *

Email: deseanquinn@gmail.com (work)*

Email: _____ (Home) Optional

INCOME CONTINUED

F-1

Name QUINN, DESSSEAN A

Page 3

1 INCOME

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)
SP	United Healthcare 9700 Healthcare LN Minnetonka MN 55343	Manager, Payor Credentialing	D

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 QUINN	First DE	Middle Initial SEAN A	DATE 2017-04-23
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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: Forterra POSITION OR PERCENT OF OWNERSHIP: Board Member

TRADE OR OPERATING NAME: Forterra

ADDRESS: 901 5th Ave. #2200 Seattle WA 98164

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: Non-Profit Organization preserving land for conservation.

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

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

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

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

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.

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

<p>Creditor's Name and Address</p> <p>Boeing Employees Credit Union</p> <p>Tukwila Wa</p> <p>Check here <input type="checkbox"/> if continued on attached sheet.</p>	Terms of Payment	Security Given	Original	Present
	2012		C	B

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? 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? 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? 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.

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.

De' Sean Quinn 04-23-2017
 Signature Date

Contact Telephone: 206-244-2886 *

Email: deseanquinn@gmail.com (work)*

Email: _____ (Home) Optional

INCOME CONTINUED

F-1

Name QUINN, DE''''''''SEAN A

Page 3

1 INCOME

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)
SP	United Healthcare 9700 Healthcare Ln. Minnetonka MN 55343	Manager, Payor Credentialing	D
S	King County 201 South Jackson Street SEATTLE WA 98104	PERS2 Retirement	B

Check Here if continued on attached sheet