

To Whom it Must Concern –

It has come to my attention that EJ Zita has violated multiple provisions of RCW 42.17A over the past two years.

**1) Failure to timely file C3 & C4 reports on day C1 is filed. (Violation of RCW 42.17A.235(1))**

State law requires that candidates and committees submit reports containing all contributions received and expenditures made on the same day they submit their statement of registration (C1). Unfortunately Zita failed to do this in 2015.

We know this because Zita listed “120 State Ave NE #292” as her campaign’s mailing address, which is the address of “Mailbox of Olympia.” This is a post mail box, for which Zita must have expended funds to use. This needed to be reported as an expenditure or in-kind contribution on the same day the C1 was filed.

**2) Failure to timely file accurate, timely C3 and C4 reports. (Violation of RCW 42.17A.235)**

State law requires that candidates and committees file frequent, accurate, and timely reports of contributions, expenditures, in-kind contributions, and debt. Unfortunately, Zita failed on numerous occasions to do this.

**2015 Violations**

a) According to the PDC, the C4 for the time period of 5/1/2015 to 5/31/2015 was due on 6/10/2015.

Zita's original report failed to include two reimbursements to Zita valued at approximately \$187.00 for the candidate filing fee and photography, and an addition \$49 in expenses valued at \$50 or less.

Unfortunately, Zita failed to file an accurate C4 until 7/13/2015, **33 days past the statutory deadline.**

b) According to the PDC, the C4 for the time period of 6/1/2015 to 7/13/2015 was due on 7/14/2015.

Zita's original report failed to include two in-kind contributions from Peggy and Allen Zimmerman valued at \$72.00 for Food and Wine.

Unfortunately, Zita failed to file an accurate C4 until 9/10/2015, **56 days past the statutory deadline.**

c) According to the PDC, the C4 for the time period of 7/14/2015 to 7/27/2015 was due on 7/28/2015.

Zita's original report failed to include the expenditure of \$55.32 worth of non-itemized expenses and two in-kind contributions of food valued at \$150 from Carole Pagels and Tom Best.

Unfortunately, Zita failed to file an accurate C4 until 9/10/2015, **42 days past the statutory deadline.** It's important to note that the original report was **also submitted one day late.**

**3) Failure to accurately, timely report debt. (Violation of RCW 42.17A.240 (8), see WAC 390-05-295)**

State law requires that the name and address of any person and the amount owed for any debt, obligation, note, unpaid loan, or other liability in the amount of more than two hundred fifty dollars or in the amount of more than fifty dollars that has been outstanding for over thirty days. Per **WAC 390-05-295**, this includes any oral or written order placed, debt or obligation to purchase goods or services or anything of value, or any offer to purchase advertising space, broadcast time or other advertising related product or service.

Zita failed to illegally report the following debts on preceding C4s:

#### **2015 Violations**

(See attached file labelled “**Zita illegally hidden secret debt list**”)

Zita has failed to report the debt she intends to pay to Rob Richards (her campaign manager) over the entire course of the campaign. A campaign manager is explicitly not ministerial activities, and therefore must be reported as campaign debt. This total amount is required to be reported as debt per state law.

#### **4) Failure to properly break down expenses. (Violation of RCW 42.17A.235, see WAC 390-16-205)**

State law requires that expenditures made on behalf of a candidate or political committee by any person, agency, firm, organization, etc. employed or retained for the purpose of organizing, directing, managing or assisting the candidate's or committee's efforts shall be deemed expenditures by the candidate or committee. In accordance with **WAC 390-16-037**, such expenditures shall be reported by the candidate or committee as if made or incurred by the candidate or committee directly.

Zita illegally failed to break down the following expenses:

#### **2015 Violations**

(See attached file labelled “**Zita illegally hidden and disguised expense list**”)

#### **5) Failure to report in-kind contribution. (Violation of RCW 42.17A.235 (1))**

On her original C1 (filed 5/12/15), Zita lists “120 State Ave NE #292” as her campaign’s mailing address, which is the address of “Mailbox of Olympia.” This is a post mail box, for which Zita must have expended funds to receive. This needed to be reported as an expenditure or in-kind contribution. The estimated cost is ~\$80. This must be reported immediately. It is interesting to note that she did report this correctly for her 2017 campaign.

#### **6) Failure to list Danielle Westbrook as a committee officer. (Violation of RCW 42.17A.205 (2)(c), see WAC 390-05-245.**

Zita failed to list **Danielle Westbrook** as an officer, which is required by **RCW 42.17A.205(2)(c)**. **Danielle Westbrook** was the consultant for the campaign.

I believe that **Danielle Westbrook** should have been listed as a committee officer, because Westbrook, in conjunction with others, made, directed, or authorized expenditures, strategic or policy decisions on behalf of the committee.

**WAC 390-05-245** defines committee officer as: “...any person designated by the committee as an officer on the C-1 or C-1pc registration statement and any **person** who alone or in conjunction with other persons makes, directs, or authorizes contribution, expenditure, strategic or policy decisions on behalf of the committee”.

Please note that **RCW 42.17A.005 (35)** defines “person” as: “...an individual, partnership, joint venture, public or private corporation, association, federal, state, or local governmental entity or agency however constituted, candidate, committee, political committee, political party, executive committee thereof, or any other organization or group of persons, however organized.”

**7) Illegal unauthorized expenditure of funds by an individual not listed as an officer on C-1 form. (Violation of RCW 42.17A.425)**

State law requires that: "No expenditures may be made or incurred by any candidate or political committee unless authorized by the candidate or the person or persons named on the candidate's or committee's registration form..."

Despite doing most of the ordering for mail projects for the Zita campaign, **Danielle Westbrook** did not appear as an officer on Zita's C1 form.

I believe that **Danielle Westbrook** illegally made expenditures for the Zita campaign, in violation of state law.

**8) Failure to acknowledge understanding of RCW 42.17A.555. (Violation of RCW 42.17A.700 (7))**

State law requires that incumbents for public office check a box on their F1 acknowledging applicable statutes prohibiting misuse of public resources for campaign purposes.

Zita failed to do this on her F1 covering 2015. Zita must immediately amend her F1 to include acknowledgement of **RCW 42.17A.555**.

**9) Failure to timely submit accurate F1. (Violation of RCW 42.17A.700, .710)**

Zita failed to submit an accurate F1 containing all the information required by state law for the time period covering 2015 and 2016.

Specifically, Zita failed to list all payments from business customers in excess of \$12,000 or more for Sisters Seven LLC.

I have reason to believe that the Dr. Mikael Kautsky's dental group pays more than this amount to the LLC.

**10) Failure to accurately disclose ownership of a PERS retirement account as an asset. (Violation of RCW 42.17A.700, see WAC 390-24-010)**

State law requires that elected officials disclose the assets that they own on their F1 statement, if they are over a certain value. Zita failed to report the value of her PERS retirement account, which is an asset. The value of Zita's PERS retirement account is almost certainly over \$2400, as Zita is a longtime public employee for the Evergreen State College. Zita must be required to amend this form to include accurate information.

**11) Failure to timely file C1. (Violation of RCW 42.17A.205)**

State law allows candidates 14 days after "becoming a candidate" (which includes making an expenditure) to file their C1.

Zita renewed her campaign website on 12/30/2016, which would have given her until 1/13/2017 to file her C1. Unfortunately, she did not submit this important form until 1/30/2017, well past the statutory deadline.

**12) Failure to record loan by written instrument. (Violation of RCW 42.17A.465(2))**

Bob Jacobs made a loan to Zita's campaign valued at \$2000. It is highly likely that the loan he gave to Zita's campaign was not done by written instrument -- as required by state law.

A subpoena of Zita's campaign records should confirm the absence of this written instrument.

Zita's campaign must immediately record this loan in writing, or face additional penalties from the PDC or AG's office.

The PDC should investigate the possibility that Zita committed the above violations maliciously, which would be a class C felony per **RCW 42.17A.750 (2)(c)**. 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


 WHOIS

DOMAINS

HOSTING

CLOUD <sup>NEW</sup>

WEBSITES

EMAIL

SECURITY

WHOIS

SUPPORT

LOGIN

0

zitaforport.com

Updated 3 hours ago

**DOMAIN INFORMATION**

Domain: zitaforport.com  
 Registrar: NAME.COM, INC.  
 Registration Date: 2016-12-30  
 Expiration Date: 2017-12-30  
 Updated Date: 2016-12-30  
 Status: clientTransferProhibited  
 Name Servers: ns1bqx.name.com  
 ns2cvx.name.com  
 ns3dj.name.com  
 ns4dmx.name.com

**REGISTRANT CONTACT**

Name: Danielle Westbrook  
 Street: 3817 Foxtail Ct SE  
 City: Olympia  
 State: WA  
 Postal Code: 98501  
 Country: US  
 Phone: +1.3602802533  
 Email: **daniwestbrook@gmail.com**

**ADMINISTRATIVE CONTACT**

Name: Danielle Westbrook

Sale

**.club**~~\$11.88~~ **\$0.98****BUY NOW**

\*Offer ends 31st May 2017 UTC

**Hot Deals!** **.online****.ONLINE @ \$7.48 ~~\$38.88~~**

Street: 3817 Foxtail Ct SE  
City: Olympia  
State: WA  
Postal Code: 98501  
Country: US  
Phone: +1.3602802533  
Email: **daniwestbrook@gmail.com**

### TECHNICAL CONTACT

Name: Danielle Westbrook  
Street: 3817 Foxtail Ct SE  
City: Olympia  
State: WA  
Postal Code: 98501  
Country: US  
Phone: +1.3602802533  
Email: **daniwestbrook@gmail.com**

### RAW WHOIS DATA

Domain Name: ZITAFORPORT.COM  
Registry Domain ID: 2086149517\_DOMAIN\_COM-VRSN  
Registrar WHOIS Server: whois.name.com  
Registrar URL: http://www.name.com  
Updated Date: 2016-12-30T19:22:26Z  
Creation Date: 2016-12-30T19:22:26Z  
Registrar Registration Expiration Date: 2017-12-30T19:22:26Z  
Registrar: Name.com, Inc.  
Registrar IANA ID: 625  
Reseller:  
Domain Status: clientTransferProhibited <https://www.icann.org/epp#clientTransferProhibited>  
Registry Registrant ID: Not Available From Registry  
Registrant Name: Danielle Westbrook  
Registrant Organization:  
Registrant Street: 3817 Foxtail Ct SE  
Registrant City: Olympia  
Registrant State/Province: WA  
Registrant Postal Code: 98501  
Registrant Country: US  
Registrant Phone: +1.3602802533

## Web Hosting

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- Unlimited Data Transfer
- Unlimited Databases
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```
Registrant Email: daniwestbrook@gmail.com
Registry Admin ID: Not Available From Registry
Admin Name: Danielle Westbrook
Admin Organization:
Admin Street: 3817 Foxtail Ct SE
Admin City: Olympia
Admin State/Province: WA
Admin Postal Code: 98501
Admin Country: US
Admin Phone: +1.3602802533
Admin Email: daniwestbrook@gmail.com
Registry Tech ID: Not Available From Registry
Tech Name: Danielle Westbrook
Tech Organization:
Tech Street: 3817 Foxtail Ct SE
Tech City: Olympia
Tech State/Province: WA
Tech Postal Code: 98501
Tech Country: US
Tech Phone: +1.3602802533
Tech Email: daniwestbrook@gmail.com
Name Server: ns1bqx.name.com
Name Server: ns2cvx.name.com
Name Server: ns3dgj.name.com
Name Server: ns4dmx.name.com
DNSSEC: unSigned
Registrar Abuse Contact Email: abuse@name.com
Registrar Abuse Contact Phone: +1.7203101849
URL of the ICANN WHOIS Data Problem Reporting System: http://wdprs.internic.net/
>>> Last update of WHOIS database: 2017-05-02T22:35:08-06:00 <<<
```

The Data in the Name.com, Inc. WHOIS database is provided by Name.com, Inc. for information purposes, and to assist persons in obtaining information about or related to a domain name registration record. Name.com, Inc. does not guarantee its accuracy. By submitting a WHOIS query, you agree that you will use this Data only for lawful purposes and that, under no circumstances will you use this Data to: (1) allow, enable, or otherwise support the transmission of mass unsolicited, commercial advertising or solicitations via e-mail (spam); or (2) enable high volume, automated, electronic processes that apply to Name.com, Inc. (or its systems). Name.com, Inc. reserves the right to modify these terms at any time. By submitting this query, you agree to abide by this policy.

## related domain names

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[name.com](#) [icann.org](#) [gmail.com](#) [internic.net](#)

### Domains

- Register Domain Name
- Transfer Domain Name
- View Domain Pricing
- Bulk Domain Register
- Whois Lookup
- Name Suggestion Tool
- Free with Every Domain
- Domain Offers

### Infrastructure

- Datacenter Details
- Hosting Security
- 24 x 7 Servers Monitoring
- Backup and Recovery

### Hosting & Products

- Linux Hosting
- Windows Hosting
- Linux Reseller Hosting
- Windows Reseller Hosting
- Virtual Private Servers
- Dedicated Servers
- Managed Servers
- Cloud Hosting
- Website Builder
- Business Email
- Enterprise Email
- SSL Certificates
- Sitelock
- CodeGuard

### Support

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- Contact Support
- Report Abuse
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Privacy Policy | Legal Agreement

Vendor	Date	Amount	Description	Failure to breakdown expenditures.
THE MAILBOX	2015-10-19	\$ 8,512.86	POSTAGE/MAILING COSTS	Failure to breakdown postage and mailing costs and specify when the printed mail piece was sent out.
CAPITOL CITY PRESS	2015-10-27	\$ 3,224.36	PRINTING	Failure to specify when the printed mail piece was sent out.

THE MAILBOX	2015-07-17	\$ 1,910.30	PRIMARY MAILING	Failure to breakdown postage and mailing costs and specify when the printed mail piece was sent out.
CAPITOL CITY PRESS	2015-07-17	\$ 1,057.82	PRINTING	Failure to specify when the printed mail piece was sent out.
THURSTON COUNTY DEMOCRATS	2015-10-27	\$ 216.00	NEWSPAPER AD	Failure to specify run date of the ad.
WORKS IN PROGRESS	2015-11-01	\$ 89.00	NEWSPAPER AD	Failure to specify run date of the ad.

Vendor	Date	Amount	Description	Failure to report debt
THE MAILBOX	2015-10-19	\$ 8,512.86	POSTAGE/MAILING COSTS	This should have been reported as debt on the 21 day pre-general C4.
CAPITOL CITY PRESS	2015-10-27	\$ 3,224.36	PRINTING	This should have been reported as debt on the 21 day pre-general C4.
ZITA EJ	2015-06-11	\$ 2,256.60	THOMPSON SIGNS - SIGNS	This should have been reported as debt on the C4 covering May.
THE MAILBOX	2015-07-17	\$ 1,910.30	PRIMARY MAILING	This should have been reported as debt on the 21 day pre-primary C4.

CAPITOL CITY PRESS	2015-07-17	\$ 1,057.82	PRINTING	This should have been reported as debt on the 21 day pre-primary C4.
WESTBROOK DANIELLE	2015-12-14	\$ 1,020.08	CONSULTING FEE	This should have been reported as debt on the 21 day pre-general C4.
WESTBROOK DANIELLE	2015-08-07	\$ 750.00	CONSULTING SERVICES	This should have been reported on the 7 day-preprimary C4.
CAPITOL CITY PRESS	2015-06-18	\$ 383.51	REMIT ENVELOPES	This should have been reported as debt on the C4 covering May.

ZITA EJ	2015-06-12	\$ 368.93	LINCOLN CREEK LUMBER - WOOD STAKES	This should have been reported as debt on the C4 covering May.
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**PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD**

Last Name ZITA	First ELIZABETH	Middle Initial J	DATE 2017-03-29
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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: CMC-Eastside POSITION OR PERCENT OF OWNERSHIP: 50

TRADE OR OPERATING NAME: CMC-Eastside

ADDRESS: 1100 Eastside St.  
 Olympia WA 98501

**BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:**  
 CMC-Eastside was formerly Eastside Health Clinic. Business sold by spouse Nancy Armstrong to Capital Medical Center 1 June 2015. Nancy Armstrong is still the primary care provider at the clinic, and owns the

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

Purpose of payments	Amount (actual dollars) \$
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**PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:**

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

Customer name:	Purpose of payment (amount not required)
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**WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST** (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

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	First	Middle Initial	DATE
ZITA	ELIZABETH	J	2017-03-29

- 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:**

Sisters Seven

**POSITION OR PERCENT OF OWNERSHIP**

50%

**TRADE OR OPERATING NAME:**

Sisters Seven

**ADDRESS:**

1100 Eastside St  
 Olympia WA 98501

**BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:**

LLC managing the building occupied by CMC-Eastside

**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:

CMC-Eastside

Purpose of payment (amount not required)  
 rent

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

Check here  if continued on attached sheet

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

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

Last Name ZITA	First ELIZABETH	Middle Initial J	DATE 2017-03-29
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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: Sisters Seven POSITION OR PERCENT OF OWNERSHIP: 50%

TRADE OR OPERATING NAME: Sisters Seven

ADDRESS: 1100 Eastside St.  
 Olympia WA 98501

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: LLC managing building occupied by CMC-Eastside

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

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

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

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

Check here  if continued on attached sheet

 <b>PUBLIC DISCLOSURE COMMISSION</b> 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	<b>PDC FORM</b> <h1 style="margin:0;">F-1</h1> (1/15)	<h2 style="margin:0;">PERSONAL FINANCIAL AFFAIRS STATEMENT</h2>	PDC OFFICE USE  100745473  Covers: 2016  Received: 03-29-2017												
Refer to instruction manual for detailed assistance and examples.  <b>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.</b>		<table 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														
<b>SEND REPORT TO PUBLIC DISCLOSURE COMMISSION</b>															
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Last Name</td> <td style="width:33%;">First</td> <td style="width:33%;">Middle Initial</td> </tr> <tr> <td>ZITA</td> <td>ELIZABETH</td> <td>J</td> </tr> </table>	Last Name	First	Middle Initial	ZITA	ELIZABETH	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.								
Last Name	First	Middle Initial													
ZITA	ELIZABETH	J													
Mailing Address (Use PO Box or Work Address)  PO BOX 1441		Nancy E. Armstrong      SP													
City	County	Zip + 4													
OLYMPIA	THURSTON	98507													
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>PORT COMMISSIONER</u>  County, city, district or agency of the office, name and number: <u>PORT OF OLYMPIA</u>  Position number: _____ Term begins: <u>11-24-2015</u> ends: <u>12-31-2017</u>													
<h3>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>															
Show Self (S) Spouse (SP/DP) Dependent (D)	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Name and Address of Employer or Source of Compensation</th> <th style="text-align: left;">Occupation or How Compensation Was Earned</th> <th style="text-align: left;">Amount: (Use Code)</th> </tr> <tr> <td>           The Evergreen State College            2700 Evergreen Parkway            OLYMPIA WA 98505         </td> <td>           professor         </td> <td></td> </tr> <tr> <td>           Armstrong-Zita Ranch            1551-88th Ave SW            OLYMPIA WA 98512         </td> <td>           farmer         </td> <td style="text-align: center;">A</td> </tr> </table>	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)	The Evergreen State College 2700 Evergreen Parkway OLYMPIA WA 98505	professor		Armstrong-Zita Ranch 1551-88th Ave SW OLYMPIA WA 98512	farmer	A					
Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)													
The Evergreen State College 2700 Evergreen Parkway OLYMPIA WA 98505	professor														
Armstrong-Zita Ranch 1551-88th Ave SW OLYMPIA WA 98512	farmer	A													
Check Here <input checked="" type="checkbox"/> if continued on attached sheet															
<h3>2 REAL ESTATE</h3> <p>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.)</p>															
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	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Payment Terms</th> <th style="text-align: left;">Security Given</th> <th style="text-align: left;">Mortgage Amount - (Use Code)</th> </tr> <tr> <td></td> <td></td> <td> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Original</td> <td style="width:50%;">Current</td> </tr> <tr> <td style="border-right: 1px solid black;"></td> <td style="border-right: 1px solid black;"></td> </tr> </table> </td> </tr> </table>	Payment Terms	Security Given	Mortgage Amount - (Use Code)			<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Original</td> <td style="width:50%;">Current</td> </tr> <tr> <td style="border-right: 1px solid black;"></td> <td style="border-right: 1px solid black;"></td> </tr> </table>	Original	Current				
Payment Terms	Security Given	Mortgage Amount - (Use Code)													
		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Original</td> <td style="width:50%;">Current</td> </tr> <tr> <td style="border-right: 1px solid black;"></td> <td style="border-right: 1px solid black;"></td> </tr> </table>	Original	Current											
Original	Current														
All Other Property Entirely or Partially Owned  Thurston County 1427 88th Ave SW Check here <input checked="" type="checkbox"/> if continued on attached sheet	E	Wells Fargo 1427 88th Ave SW Olympia WA 98512	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">30 years</td> <td style="width:50%;">1427 88th Ave SW</td> </tr> <tr> <td style="text-align: center;">E</td> <td style="text-align: center;">E</td> </tr> </table>	30 years	1427 88th Ave SW	E	E								
30 years	1427 88th Ave SW														
E	E														

**CONTINUE ON NEXT PAGE**



**INCOME CONTINUED**

**F-1**

Name ZITA, ELIZABETH J

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	Capital - Eastside 1100 Eastside St. OLYMPIA WA 98501	ARNP	D
S	Port of Olympia 606 Columbia St. NW, Suite 300 OLYMPIA WA 98507	Port Commissioner	A

Check Here  if continued on attached sheet

**ALL OTHER REAL ESTATE CONTINUED**

Name **ZITA, ELIZABETH J** Page **4**

**2 REAL ESTATE**

All Other Property Entirely or Partially Owned	Assessed Value (Use Code)	Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount	
					Original	Current
Thurston County 1551-88th Ave SW, Olympia WA	E	Wells Fargo 1551-88th Ave SW Olympia WA 87512	15 yrs	1551-88th Ave SW	E	D
Thurston County 1100 Eastside St.	E	Heritage Bank 520 Water St SW Olympia WA 98501	30 years	1100 Eastside St.	E	E
1780 W Stinger Rd McCammom, ID 83250	E	Washington Federal PO Box 34420 Seattle WA 98124	monthly	property	E	E
Thurston County 1602 88th Ave SW, Olympia WA 98512	E	Sisson and Kirsch 1602 88th Ave SW Olympia WA 98512	future	personal loan	C	C

Check here  if continued on attached sheet

# FINANCIAL INSTITUTIONS CONTINUED

# F-1

Name ZITA, ELIZABETH J

Page 5

## 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)
WSECU PO Box WSECU Olympia WA 98507	savings	B	A
WSECU PO Box WSECU Olympia WA 98507	IRA / CD	B	A

Check here  if continued on attached sheet.

**CREDITORS CONTINUED**

**F-1**

Name ZITA, ELIZABETH J Page 6

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

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
Heritage Bank 520 Water St. SW Olympia WA 98501	monthly	1100 Eastside St.	E	E
Washington Federal PO Box 34420 Seattle WA 98124	monthly	1780 Stinger Rd.	E	E
Generations Credit Union 929 Eastside St SE Olympia WA 98501	monthly	solar PV @ 1551 88th Ave SW	C	C

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 <b>PUBLIC DISCLOSURE COMMISSION</b> 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 <b>F-1</b> SUPPLEMENT (1/15)	100684768 <b>SUPPLEMENT PAGE</b> PERSONAL FINANCIAL AFFAIRS STATEMENT 04-01-2016
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**PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD**

Last Name ZITA	First ELIZABETH	Middle Initial J	DATE 2016-04-01
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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: CMC-Eastside POSITION OR PERCENT OF OWNERSHIP: 50

TRADE OR OPERATING NAME: CMC-Eastside

ADDRESS: 1100 Eastside St.  
 Olympia WA 98501

**BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:**  
 CMC-Eastside was formerly Eastside Health Clinic. Business sold by spouse Nancy Armstrong to Capital Medical Center 1 June 2015. Nancy Armstrong is still the primary care provider at the clinic, and owns the

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

Purpose of payments	Amount (actual dollars) \$
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**PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:**

Agency name:	Purpose of payment (amount not required)
--------------	--

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

Customer name:	Purpose of payment (amount not required)
----------------	--

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

Check here  if continued on attached sheet

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

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

Last Name ZITA	First ELIZABETH	Middle Initial J	DATE 2016-04-01
-------------------	--------------------	---------------------	--------------------

**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: Sisters Seven POSITION OR PERCENT OF OWNERSHIP: 50%

TRADE OR OPERATING NAME: Sisters Seven

ADDRESS: 1100 Eastside St  
 Olympia WA 98501

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: LLC managing the building occupied by CMC-Eastside

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: CMC-Eastside Purpose of payment (amount not required) rent

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):

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

Last Name ZITA	First ELIZABETH	Middle Initial J	DATE 2016-04-01
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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: Sisters Seven POSITION OR PERCENT OF OWNERSHIP 50%

TRADE OR OPERATING NAME: Sisters Seven

ADDRESS: 1100 Eastside St.  
 Olympia WA 98501

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: LLC managing building occupied by CMC-Eastside

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





**INCOME CONTINUED**

**F-1**

Name ZITA, ELIZABETH J

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	EHC 1100 Eastside St. OLYMPIA WA 98501	ARNP	D
SP	State Board of Health PO Box 47903 OLYMPIA WA 98504	ARNP	B
S	Port of Olympia 606 Columbia St. NW, Suite 300 OLYMPIA WA 98507	Port Commissioner	A

Check Here  if continued on attached sheet

# ALL OTHER REAL ESTATE CONTINUED

# F-1

Name **ZITA, ELIZABETH J** Page **4**

## 2 REAL ESTATE

All Other Property Entirely or Partially Owned	Assessed Value (Use Code)	Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount	
					Original	Current
Thurston County 1551-88th Ave SW, Olympia WA	E	Wells Fargo 1551-88th Ave SW Olympia WA 87512	15 yrs	1551-88th Ave SW	E	D
Thurston County 1100 Eastside St.	E	Heritage Bank 520 Water St SW Olympia WA 98501	30 years	1100 Eastside St.	E	E
1780 W Stinger Rd McCammon, ID 83250	E	Washington Federal PO Box 34420 Seattle WA 98124	monthly	property	E	E

Check here  if continued on attached sheet

# FINANCIAL INSTITUTIONS CONTINUED

# F-1

Name ZITA, ELIZABETH J

Page 5

## 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)
WSECU PO Box WSECU Olympia WA 98507	savings	B	A
WSECU PO Box WSECU Olympia WA 98507	IRA / CD	B	A
Heritage Bank 520 Water St SW Olympia WA 98501	checking and savings	C	A

Check here  if continued on attached sheet.

**CREDITORS CONTINUED**

**F-1**

Name ZITA, ELIZABETH J Page 6

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

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
Heritage Bank 520 Water St. SW Olympia WA 98501	monthly	1100 Eastside St.	E	E
Washington Federal PO Box 34420 Seattle WA 98124	monthly	1780 Stinger Rd.	E	E
Generations Credit Union 929 Eastside St SE Olympia WA 98501	monthly	solar PV @ 1551 88th Ave SW	C	C

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