

Complaint Description

File a Formal Complaint - Jason R. Raines

Jason Raines (Tue, 18 Dec 2018 at 11:20 AM)

John Henry has failed to file a complete and accurate F-1 report disclosing financial activities in calendar year 2017, as required by RCW 42.17A.700, despite a previous complaint having been filed with the PDC.

Background: PDC Case 41016

On September 17, 2018 a complaint was filed regarding the deficient F-1 report filed by John Henry, a City Council Member, in Sunnyside, Washington covering calendar year 2017.

The PDC found that John Henry filed a blank report on April 14, 2018.

On November 13, 2018, John Henry filed a paper version of the F-1, purporting to disclose financial activities in 2017.

The PDC dismissed the complaint, despite obvious errors of fact in the latest version of the F-1 filed by John Henry.

Because John Henry has yet to comply with the state requirement to file an F-1 report disclosing financial activities in calendar year 2017, this new complaint is being filed.

On May 31, 2017, John Henry, then a candidate for Sunnyside City Council filed an F-1 report with the PDC. He has no previous history of elected office. Information that candidate John Henry filed conflicts with the latest version of the F-1 that elected John Henry filed, months after it was due, and only after a complaint was lodged with the PDC.

John Henry lists income as a City Council Member on the latest version of his F-1. He states that his term begins January 2018 and ends December 2022. It is therefore impossible for him to have earned any pay as a Council Member in 2017, which is the time period the report supposedly covers.

Records disclosed through the state's Public Records Act show that the first check the City of Sunnyside issued to John Henry is dated 1/25/2018. A copy of this check is being submitted with this complaint, with redactions having been made by city staff for certain items that are not subject to public disclosure under state law.

On the F-1 Mr. Henry filed May 31, 2017, he lists his income as coming solely from Best Built Construction LLC. This business is owned by David Rand, who is now asking the City Council to approve new regulations and rezoning of his property at 10 Maple Grove RD in Sunnyside. Mr. Henry lists his mailing address on this first F-1 as the same location, 10 Maple Grove RD.

However, on the latest version of the F-1 that the PDC has received, he has changed his mailing address. He also fails to mention employment with Best Built Construction LLC. Instead, he lists employment with Alvord's Custom Meats, another business that is now owned by the Rand family.

Documents filed with the Washington Secretary of State show that Alvord's Custom Meats did not file an initial report of corporate filing until March 2018. It is therefore impossible for John Henry to have earned income from this business in 2017.

Mr. Henry has yet to comply with state law requirements to disclose financial activities in calendar year 2017 on his F-1 report.

The PDC has previously attempted to work in good faith with Mr. Henry by explaining away deficiencies in his report as due to "technical limitations," and accepting that Mr. Henry has made "multiple attempts" to file his report.

However unpleasant it may be, a reasonable person may have cause to consider that Mr. Henry is trying to hide certain information from the public as it pertains to matters coming before the City Council.

While we are fortunate to have mostly faithful reporting by elected officials in the State of Washington, this is not always the case.

The PDC should be aware that Mr. Henry has a documented history of being less than truthful with government officials prior to being elected to municipal office. In June 2007, Mr. Henry was charged with making a false statement to a public servant. Court records show he was found guilty in Lewis County District Court and had a fine of \$750.00. Case number: 7Y0000151.

More recently, John Henry was arrested in the City of Grandview, Washington in April 2015. (Grandview Police Department case number 15V1630.) In the narrative from the arresting officer, it is documented that Mr. Henry repeatedly told an officer he did not understand his rights. While enroute to the jail, another officer asked him if he understood his rights, and reports Henry said "yes sir I do, I was just being a dick to the other officer, I heard him loud and clear." When advised he could be re-read his constitutional rights, Mr. Henry told the officer "no sir that won't be necessary, I have a Bachelor's degree and know my rights."

The Grandview residence given as Mr. Henry's address in the court record is a commercial property owned by David Rand. The Sunnyside address listed on Mr. Henry's first F-1 is also a commercial property owned by David Rand.

Where was John Henry living in 2017? Did he pay rent? Were his living accommodations provided as compensation for work he did for Mr. Rand? When did he move to Sunnyside?

Reasonable people can conclude that filing financial reports with the PDC should not present such significant challenges to someone who has a college education.

Mr. Henry has failed to comply with state law in this matter, and further investigation is required.

What impact does the alleged violation(s) have on the public?

Failure to disclose financial activities as required by state law deprives the public of potential conflicts of interest and places the city at risk for potential litigation.

List of attached evidence or contact information where evidence may be found.

Lewis County District Court Case Number 7Y0000151
Yakima County Superior Court Case Number 15-1-00610-5
Grandview Police Department Case Number 15V1630
F-1 Reports from John Henry filed with PDC
Amended F-1 reports from John Henry filed with PDC
Initial Report Filed with Office of Secretary of State Corporations and Charities Division for Alvord's Custom Meats LLC

List of potential witnesses with contact information to reach them.

David Rand: Planning Commissioner, drand@sunnyside-wa.gov
Stephanie Rand: stephanierand06@gmail.com
Don Day, retired City Manager, City of Sunnyside, 509-840-2884
Sunnyside Mayor Julia Hart: jhart@sunnyside-wa.gov
Sunnyside Police Chief Al Escalera: aescalera@sunnyside-wa.gov

Complaint Certification:

I certify (or declare) under penalty of perjury under the laws of the State of Washington that information provided with this complaint is true and correct to the best of my knowledge and belief.

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 100814601
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Refer to instruction manual for detailed assistance and examples. Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position. SEND REPORT TO PUBLIC DISCLOSURE COMMISSION	DOLLAR CODE 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	Covers: 2017 Received: 04-16-2018
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<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>HENRY</td> <td>JOHN</td> <td>P</td> </tr> </table>	Last Name	First	Middle Initial	HENRY	JOHN	P	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					
HENRY	JOHN	P					
Mailing Address (Use PO Box or Work Address)							
P.O. BOX 734							
City	County	Zip + 4					
SUNNYSIDE	YAKIMA	98944					

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: CITY COUNCIL MEMBER _____ County, city, district or agency of the office, name and number: CITY OF SUNNYSIDE _____ Position number: _____ Term begins: _____ ends: _____
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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)	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:55%;">Name and Address of Employer or Source of Compensation</th> <th style="width:30%;">Occupation or How Compensation Was Earned</th> <th style="width:15%;">Amount: (Use Code)</th> </tr> <tr> <td style="height: 100px;"> </td> <td> </td> <td> </td> </tr> </table>	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)				
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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	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current
All Other Property Entirely or Partially Owned					
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.			
<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>	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)		
Check here <input type="checkbox"/> if continued on attached sheet.					
4	CREDITORS	List each creditor you or a family member, including registered domestic partner, owed \$2,400 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.		AMOUNT (USE CODE)	
Creditor's Name and Address		Terms of Payment	Security Given	Original	Present
Check here <input type="checkbox"/> if continued on attached sheet.					
5	<p>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.</p> <p>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.</p>				

- 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.

<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 checked="" 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>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>John Paul Henry</u> <u>04-14-2018</u> Signature Date</p> <p>Contact Telephone: 509-439-3588 *</p> <p>Email: <u>johnhenrysunnyside@gmail.c</u> (work)*</p> <p>Email: _____ (Home) Optional</p>
*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.	

Refer to instruction manual for detailed assistance and examples.

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

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

DOLLAR CODE	AMOUNT
A	\$1 to \$4,499
B	\$4,500 to \$23,999
C	\$24,000 to \$47,999
D	\$48,000 to \$119,999
E	\$120,000 or more

Last Name: HENRY First: JOHN Middle Initial: P.	Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.
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Mailing Address (Use PO Box or Work Address) * P.O. Box 734	Savannah Henry - daughter
City: Sunnyside County: WA Zip + 4: US 98944	

Filing Status (Check only one box.)

An elected or state appointed official filing annual report

Final report as an elected official. Term expired: _____

Candidate running in an election: month _____ year _____

Newly appointed to an elective office

Newly appointed to a state appointive office

Professional staff of the Governor's Office and the Legislature

Office Held or Sought

Office title: **city council member**

County, city, district or agency of the office, name and number: **pos # 1**

Position number: **1**

Term begins: **1/7/2018** ends: **12/31/2022**

1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3.)

Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
	ALVORD'S CUSTOM MEATS 6852 Van Belle Rd Sunnyside WA 98944	meat cutter	B
	CITY OF Sunnyside 818 EDISON AVE SUNNYSIDE WA 98944	city council stipen	A

Check Here if continued on attached sheet

2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$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		
NONE					
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current
NONE					
All Other Property Entirely or Partially Owned					
NONE					

Check here if continued on attached sheet

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$24,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
	NONE		
B. Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$24,000 during the period.	NONE		
C. Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account.	NONE		

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
NONE				

Check here if continued on attached sheet.

5 Filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required. Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

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

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

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

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

CERTIFICATION: I certify under penalty of perjury that the information in this report is true and correct to the best of my knowledge. I acknowledge that the email address herein shall constitute the official address for communications with the commission, and that I must notify the commission of any change to that address within ten days.

Signature: John Henry Date: 11/11/18

Contact Telephone: (509) * 439-3588
 Email: johnhenry@sunnyside-wa.gov (Work)
 Email: johnhenrysunnyside@gmail.com (Home)

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

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	P M PDC OFFICE USE O A S R T K DATE FILED PDC R E C E I V E D MAY 31 2017
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Refer to instruction manual for detailed assistance and examples.

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

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E	\$120,000 or more

Last Name HENRY	First JOHN	Middle Initial P.
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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) *

10 Maplegrave RD. ~~Sunnyside~~

City Sunnyside	County U.S.	Zip + 4 98944
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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 **11** year **2017**

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: _____

Position number: _____

Term begins: **Jan 2018** ends: **Jan 2022**

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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)	
	BEST BUILT CONSTRUCTION LLC 210 CRICKET LN Sunnyside WA 98944	Labor	A	
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.)				
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B. Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$24,000 during the period.			
C. Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account.			

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Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
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- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? NO If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? NO If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? NO If yes, complete Supplement, Part B.
- E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? NO or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? NO If yes to either or both questions, complete Supplement, Part C.

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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: [Signature] Date: 05-23-17

Contact Telephone: (509) 439-3588

Email: bhcman@BENTONREA.COM (work) *

Email: _____ (Home) Optional

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 Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.

DOLLAR CODE	AMOUNT
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E	\$120,000 or more

RECEIVED
 MAR 02 2017

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name	First	Middle Initial
HENRY	JOHN	R.

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

Mailing Address (Use PO Box or Work Address) *
 P.O. BOX 164

SHANNON EILEEN HENRY

City	County	Zip + 4
POMEROY	GARFIELD	99347

Filing Status (Check only one box.)

An elected or state appointed official filing annual report

Final report as an elected official. Term expired: _____

Candidate running in an election: month _____ year _____

Newly appointed to an elective office

Newly appointed to a state appointive office

Professional staff of the Governor's Office and the Legislature

Office Held or Sought

Office title: DISTRICT COURT JUDGE

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

Position number: _____

Term begins: 01/01/15 ends: 12/31/18

1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3.)

Show Self (S) Spouse (SP,DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
S	GARFIELD COUNTY, POMEROY, WA 99347	JUDICIAL DUTIES	C
S	LAW ENFORCEMENT OFFICERS AND FIRE FIGHTERS RETIREMENT SYSTEM	VESTED RETIREMENT FUND	C

Check Here if continued on attached sheet

2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

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

Check here if continued on attached sheet

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$24,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
UMPQUA BANK, POMEROY, WA 99347	CHECKING ACCOUNT	C	A
U.S. BANK, POMEROY, WA 99347	SAVINGS ACCOUNT	D	A
	CHECKING ACCOUNT	C	A
	SAVINGS ACCOUNT	B	A
<p>B. Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$24,000 during the period.</p> <p>C. Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account.</p>			

Check here if continued on attached sheet.

4 CREDITORS

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

AMOUNT (USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present

Check here if continued on attached sheet.

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

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

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

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

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

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

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

Signature: [Signature] Date: 03/01/17

Contact Telephone: (509) 843-1324

Email: _____ (work) *

Email: shysterjohn@gmail.com (Home)
Optional

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This is a LEGAL COPY of your check. You can use it the same way you would use the original check.

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City of
SUNNYSIDE
WASHINGTON

818 EAST EDISON AVENUE
SUNNYSIDE, WA 98944-2208
TELEPHONE (509) 837-3782

usbank. All of us serving you
19-10-1250 117533

PAY TO THE ORDER OF **JOHN HENRY** 01/25/2018 \$ *****179.32

*****One Hundred Seventy Nine and 32/100***** DOLLARS

JOHN HENRY
P O BOX 734
SUNNYSIDE, WA 98944

MEMO

Deborah Alba
City Manager
Finance Director

⑈ 117533 ⑈

⑈ 117533 ⑈

⑈ 0000017932 ⑈

964545598

FEDERAL RESERVE BOARD
WASHINGTON, DC

RECEIVED
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DO NOT WRITE BELOW THIS LINE

STAMP OR SIGNATURE

DEPOSIT TO THE ORDER OF THE PAYEE'S ACCOUNT

DATE OF DEPOSIT

AMOUNT

ACCOUNT NO.

BRANCH

POST OFFICE

CITY

STATE

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ENDORSE HERE

Deborah Alba

Do not endorse or write below this line.

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01/31/2018



Filed
Secretary of State
State of Washington
Date Filed: 03/26/2018
Effective Date: 03/26/2018
UBI #: 604 266 937

INITIAL REPORT

UBI NUMBER

UBI Number:

BUSINESS NAME

Business Name:

ALVORD'S CUSTOM MEATS LLC

REGISTERED AGENT CONSENT

To change your Registered Agent, please delete the current Registered Agent below.

Registered Agent Consent (Check One):



I am the Registered Agent. Use my Contact Information.



I am not the Registered Agent. I declare under penalty of perjury that the WA Limited Liability Company has in its records a signed document containing the consent of the person or business named as registered agent to serve in that capacity. I understand the WA Limited Liability Company must keep the signed consent document in its records, and must produce the document on request.

RCW 23.95.415 requires that all businesses in Washington State have a Registered Agent.

Some of this information is prepopulated from information previously provided. Please make changes as necessary to provide accurate information.

REGISTERED AGENT RCW 23.95.410

Registered Agent Name	Street Address	Mailing Address
STEPHANIE RAND	6852 VAN BELLE RD, SUNNYSIDE, WA, 98944-9765, USA	6852 VAN BELLE RD, SUNNYSIDE, WA, 98944-9765, USA

PRINCIPAL OFFICE

Phone:

Email:

STEPHANIERAND06@GMAIL.COM

Street Address:

6852 VAN BELLE RD, SUNNYSIDE, WA, 98944-9765, USA

Mailing Address:

6852 VAN BELLE RD, SUNNYSIDE, WA, 98944-9765, USA

EFFECTIVE DATE

Effective Date:
03/26/2018

GOVERNORS

Title	Governors Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		STEPHANIE	RAND

NATURE OF BUSINESS

- OTHER SERVICES
- CUSTOM CUT AND WRAP MEAT SHOP

RETURN ADDRESS FOR THIS FILING

Attention:
STEPHANIE
Email:
STEPHANIERAND06@GMAIL.COM
Address:
2170 CEMETERY RD, SUNNYSIDE, WA, 98944-9659, USA

UPLOAD ADDITIONAL DOCUMENTS

Do you have additional documents to upload? **No**

EMAIL OPT-IN

By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON

I am an authorized person.

Person Type:
INDIVIDUAL

First Name:
STEPHANIE

Last Name:
RAND

Title:

This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.

FILED
COUNTY CLERK

'15 APR 27 A11:14

SUPERIOR COURT OF WASHINGTON FOR YAKIMA COUNTY

STATE OF WASHINGTON,

Plaintiff,

NO. 15-1-00610-5

vs.

John Paul Henry

ORDER ON PROBABLE CAUSE
BAIL ORDER
ORDER SETTING CASE SCHEDULE

DOB: 11/7/1978 Defendant/Respondent.

15V1630

This matter was before the court on this date and, the court having considered the sworn statement of law enforcement officer J Rubalcava of the Grandview PD (agency), the court finds probable cause to believe the defendant/respondent committed the offense(s) of Mal Misch 1 on or about 4/25/2015.

CONDITIONS OF RELEASE

The defendant is subject to the following conditions. Violation of any condition of release may result in forfeiture of bail and revocation of release.

Terms of this order are concurrent with:

- O.R.: The defendant is released on his/her own recognizance, promising to appear in court as ordered below.
- BAIL: The defendant may be released from custody pending the resolution of this matter upon the posting of bail in the amount of \$ 10,000. This may be posted by CASH or BOND, or BOND ONLY.

1. The defendant/respondent shall not leave Yakima County Grandview, WA and shall live at this address: 404 Stover Rd Grandview, WA
2. The defendant/respondent shall refrain from any criminal activity, and shall not possess any firearms or other weapons.
3. The defendant/respondent shall not have contact of any kind, direct or indirect, with the alleged victim(s) Christian Rockwell DOB: 3/15/1979 or alleged codefendant(s)/correspondents(s) _____
4. The defendant shall not use or possess any alcohol or controlled substances without a physician's prescription.
5. If on supervision or probation, the defendant shall contact his or her Community Corrections Officer or Probation Officer within 1 business day after release.
6. OTHER: _____

SCHEDULING ORDER

The defendant and the attorneys shall appear in court on each date and time shown. Defendant's failure to appear may result in new criminal charges, an arrest warrant, forfeiture of bail, and rescheduling of the trial date.

PRELIMINARY APPEARANCE: Monday Tuesday Date: 4/27/2015
 Time: 9:00 AM and Place: Yakima County Jail Courtroom #1 (Basement)
 Time: 1:30 PM and Place: Yakima County Juvenile Court

DATED 4/25/2015

[Signature]
JUDGE/COURT COMMISSIONER

PRESENTED BY: [Signature]
Prosecuting Attorney, WSBA # 46734

3

FILED
COUNTY CLERK

'15 APR 27 AM 11:14

SUPERIOR COURT
YAKIMA COUNTY

SUPERIOR COURT OF WASHINGTON FOR YAKIMA COUNTY

STATE OF WASHINGTON,

Plaintiff,

vs.

JOHN PAUL HENRY
DOB: 11/7/1978

Defendant.

NO. 15-1-00610-5

DECLARATION OF
PROBABLE CAUSE

See attached declaration of probable cause.

GVPD CASE #: 15V1630**NARRATIVE**

On 04/25/15 at approximately 0133 hours, I was dispatched to 648 E 4th ST reference a vehicle being vandalized near Mid Valley Dodge.

I arrived on scene and contacted the RP, Christian D Rockwell. Rockwell stated his vehicle, 2015 Chevrolet Sonic VIN #1G1JA5SG3F4117302, was damaged by John Paul Henry. Rockwell stated Henry threw a TV at his vehicle causing damage to the front passenger side fender. Rockwell stated after Henry threw the TV he grabbed a crescent wrench and smashed out the front passenger side window. Rockwell stated Henry continued to damage his vehicle by hitting the top of his vehicle. Rockwell believes the damage to the top of the vehicle was done with the crescent wrench. Rockwell stated Henry also caused damaged to his passenger side door. Rockwell stated the incident took place at Henry's residence 404 Stover RD.

Let it be noted I observed the damage Rockwell had described. I also observed fresh blood to the front passenger side door. Rockwell stated the blood belonged to Henry. Pictures were taken and will be attached to case file.

I contacted two witnesses, Clarissa G Hartelius and Jennifer I Wilkerson, both were at the above listed address and were present at Henry's residence when the incident occurred. Both Clarissa and Jennifer stated Henry freaked out and started to damage Rockwell's vehicle with a TV. Both Clarissa and Jennifer stated they heard the front passenger side window get broken out but did not see how Henry had done so.

Written statements were provided from Rockwell, Hartelius, and Wilkerson. All will be attached to the case file.

I arrived to Henry's residence and observed a TV outside on the ground. I contacted Henry at the front door and placed him in custody at approximately 0232 hours. Henry was Mirandized twice at approximately 0238 hours by Officer Abarca. Henry stated he did not completely understand his rights.

Let it be noted Henry had cuts on his fingers and fresh blood droplets on his hands and feet.

I transported Henry to the Grandview PD Jail.

While en route to the jail, I asked Henry if he understood his rights. Henry stated "yes sir I do, I was just being a dick to the other officer, I heard him loud and clear", I advised Henry I could Re read him his constitutional rights if he wished. Henry stated "no sir that wont be necessary, I have a Bachelors degree and know my rights".

GVPD CASE #: 15V1630**SUSPECT INFORMATION REQUEST
by Officer J Rubalcava & 462****Page 3 of 4**

Let it be noted that post Miranda, Henry admitted to damaging Rockwells vehicle by throwing a TV and using a "metal thing".

Henry was booked into the Grandview Jail for Malicious Mischief 1st degree.

I certify (or declare) under penalty of perjury under the laws of The State of Washington that the foregoing report is true and correct.

Signed in Grandview, WA on 04/25/15

Officer's Signature & Badge #  462
J Rubalcava & 462

FILED
JANELLE RIDGLE, CLERK

'16 JAN 26 P3:07

SUPERIOR COURT OF WASHINGTON FOR YAKIMA COUNTY

SUPERIOR COURT
YAKIMA, CO, WA

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STATE OF WASHINGTON,)	NO. 15-1-00610-5
)	
Plaintiff,)	
)	DEFENDANT'S WITNESS LIST
vs.)	
)	
JOHN PAUL HENRY,)	
)	
)	
Defendant.)	

COMES NOW the above-named Defendant by and through his attorney of record, Mickey Krom, and hereby submits the following list of persons who may be called by the defense as witnesses at the time of trial:

1. John Paul Henry
The Defendant may testify.

2. Clarissa Hartelius, State's Witness
In the police report. I expect the State to call her as a State's witness. I expect she will say she lied to police, because, she was threatened by Christian Rockwell. I need her written statement referred to in police report, but, not in discovery provided.

3. Jennifer Wilkerson, State's Witness
In the police report. I expect the State to call her as a State's Witness. I think she also lied to police

MICKEY KROM
ATTORNEY AT LAW
6 South 2nd Street, Suite 317
Yakima, Washington 98901
Office: (509) 457-6902
Fax: (509) 575-3932

1 because, threatened by Christian Rockwell. I need her
2 written statement referred to in police report, but,
3 not in discovery provided.

4 4. Dave Rand, 10 Maple Grove, Sunnyside, WA.
5 Owner of property at 404 Stover Rd., Grandview, WA.
6 Christian Rockwell and Clarissa Hartelius were not
7 supposed to be on property. They were trespassers.
8 Mr. Rand was not present during incident. I can
9 arrange for you to talk to him.
10

11
12 5. State's Witnesses

13 The Defense reserves the right to call any witness
14 listed by the State as well as persons named in the
15 police reports who have not been listed as State's
16 witnesses.
17

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19 6. The Defense reserves the right to supplement this
20 list with additional witnesses as our investigation
21 and witness interviews are completed.
22

23
24 7. The Defense reserves the right to call impeachment and/or
25 rebuttal witnesses as developments in trial may dictate.
26

27
28 DATED this 26th day of January, 2016.
29

30
31
32 RECEIVED

33 JAN 26 2016

34

Mickey Krom
Attorney for Defendant
WSBA #7064

PROS. ATTY RM. 329
YAKIMA COUNTY

MICKEY KROM
ATTORNEY AT LAW
6 South 2nd Street, Suite 317
Yakima, Washington 98901
Office: (509) 457-6902
Fax: (509) 575-3932

FILED
IN FILE NO. 15-1-00610-5

'16 FEB -5 P12:10

SUPERIOR COURT
YAKIMA

SUPERIOR COURT OF WASHINGTON FOR YAKIMA COUNTY

STATE OF WASHINGTON,

Plaintiff,

vs.

John Paul Henry

DOB:

11/7/78

Defendant.

In Custody Out of Custody

NO. *15-1-00610-5*

MOTION AND ORDER OF DISMISSAL
WITH WITHOUT PREJUDICE

MOTION FOR DISMISSAL

COMES NOW the undersigned Deputy Prosecuting Attorney for Yakima County, Washington, and respectfully moves the court for dismissal with without prejudice of this action for the reason that the undersigned is familiar with the facts and proceedings of this case and said action should be dismissed for the following reason:

tht No recent contact w/ Victim or witness ~~has been made~~ until he locate

[Signature]

Deputy Prosecuting Attorney *26730*
Washington State Bar No.
Yakima County, Washington

ORDER OF DISMISSAL

THIS MATTER having come on to be heard upon the motion of the above Deputy Prosecuting Attorney for dismissal of the Information, and the court being fully advised in the premises; now therefore IT IS HEREBY ORDERED that the above-entitled matter be dismissed with without prejudice for the reason stated in the above motion. Any bond posted herein is exonerated.

DATED *2/5/16*

Richard H. Bartheld
JUDGE

RICHARD H. BARTHELD
JUDGE