

Refer to instruction manual for detailed assistance and examples.

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

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

<table 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>Jenkins</td> <td>Laurie</td> <td>A</td> </tr> </table> <p>Mailing Address (Use PO Box or Work Address) *</p> <p>PO Box 2032</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">County</td> <td style="width:33%;">Zip + 4</td> </tr> <tr> <td>Tacoma</td> <td>WA</td> <td>98401</td> </tr> </table>	Last Name	First	Middle Initial	Jenkins	Laurie	A	City	County	Zip + 4	Tacoma	WA	98401	<p>DOLLAR CODE</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">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> <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.</p> <p>Laura Wolf</p>	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	First	Middle Initial																					
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<p>Filing Status (Check only one box.)</p> <p><input checked="" type="checkbox"/> An elected or state appointed official filing annual report</p> <p><input type="checkbox"/> Final report as an elected official. Term expired: _____</p> <p><input checked="" type="checkbox"/> Candidate running in an election: month <u>11</u> year <u>2016</u></p> <p><input type="checkbox"/> Newly appointed to an elective office</p> <p><input type="checkbox"/> Newly appointed to a state appointive office</p> <p><input type="checkbox"/> Professional staff of the Governor's Office and the Legislature</p>	<p>Office Held or Sought</p> <p>Office title: <u>Representative</u></p> <p>County, city, district or agency of the office, name and number: <u>27</u></p> <p>Position number: <u>7</u></p> <p>Term begins: <u>1/15</u> ends: <u>1/17</u> <u>1/17</u> <u>1/19</u></p>
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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 reporting 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)	
	Tacoma - Pierce Co. Health Dept. 3629 So. D St. Tacoma, WA 98418	Manager	0	
	State of WA Olympia WA	Manager/Attorney	0	
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
3121 No. Gove St. Tacoma WA 98407	E	Wells Fargo Bank 3607 6th Ave Tacoma WA 98406	30 year mortgage	Home	E E
All Other Property Entirely or Partially Owned					
Check here <input type="checkbox"/> 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)
Washington State Employees Credit Union 3300 Union Ave SE Olympia, WA 98501	Money Market and CD's	0	A
B. Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$24,000 during the period.			
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.			

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 <input type="checkbox"/> if continued on attached sheet.				

5

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

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

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? YES If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? 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? YES 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

Date

Contact Telephone: (253) * 566-5610

Email: Laure@LaurieLinkins.com (work) *

Email: _____ (Home) Optional

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
 EMAIL: pdc@pdc.wa.gov

PDC FORM
F-1
 SUPPLEMENT
 (1/15)

SUPPLEMENT PAGE
 PERSONAL FINANCIAL AFFAIRS STATEMENT

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

Last Name <i>Jenkins</i>	First <i>Laurie</i>	Middle Initial <i>A</i>	DATE <i>4/11/15</i>
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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
 POSITION OR PERCENT OF OWNERSHIP
Board Member

LEGAL NAME: *Fair Housing ~~Center~~ Center of Washington*

TRADE OR OPERATING NAME: *—*

ADDRESS: *1517 So. Fawcett, Tacoma WA 98402*

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Conducts Fair Housing testing, advocacy & planning in Washington

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:
 Purpose of payments
I believe all contracts are with local or federal entities. Total budget for organization is \$300K

Amount (actual dollars)
 \$ *< 300,000*

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:
 Agency name:
Contracts with numerous local and federal agencies

Purpose of payment (amount not required)
Contract performance

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 PAGE

Name Laurie Jenkins

ENTITY NO. 2 Reporting For: Self Spouse
 Registered Domestic Partner Dependent

LEGAL NAME: Greater Tacoma Community Fdn. POSITION OR PERCENT OF OWNERSHIP
Board Member

TRADE OR OPERATING NAME: —

ADDRESS: 950 Pacific Ave., Tacoma WA 98402

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Provides grants to community organizations

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:
 Purpose of payments: I don't believe we receive any state, local or federal funding Amount (actual dollars) \$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:
 Agency name: I don't believe we receive any federal, state or local funding 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 LOBBYING: List persons for whom you, or any immediate family member, including registered domestic partner, lobbied or prepared state legislation or state rules, rates, or standards for compensation or deferred compensation. Do not list pay from government body in which you are an elected official or professional staff member.

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code)
Check here <input type="checkbox"/> if continued on attached sheet		

C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC 390-20-020A; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
8/3/15	American State Legislators for Gun Violence Prevention, PO Box 616, NY, NY 10159	Educational Conference	\$ 750	A
6/7/15	ASTHO, 2231 Crystal Dr., Arlington VA 22202	Winchle Public Health Battles	\$ 1000	A
10/14/15	Milbank Fdn, 645 Madison Ave, NY NY 10022	Reforming States Group	\$ 1000	A
Check here <input type="checkbox"/> if continued on attached sheet				

Information Continued

F-1 Supplement

Name *Laurie Jinkins*

ENTITY NO. *3*

Reporting For: Self Spouse
 Registered Domestic Partner Dependent

LEGAL NAME: *Taloma - Pierce Co. YWCA*

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

Board Member

ADDRESS: *405 Broadway, Taloma WA 98402*

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Provides advocacy services for women and people of color, DV services and advocacy.

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

Purpose of payments

Contracts with state of Washington for DV services

Amount (actual dollars)

\$ < \$500,000

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:

Agency name:

Contracts with local and federal government for DV services and advocacy

Purpose of payment (amount not required)

< \$500,000

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):

B LOBBYING: (Continued)

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

C FOOD TRAVEL SEMINARS (continued)

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

Information Continued

F-1 Supplement

Name Laurie Jenkins

ENTITY NO. 4 Reporting For: Self Spouse
 Registered Domestic Partner Dependent

LEGAL NAME: Tacoma City Club POSITION OR PERCENT OF OWNERSHIP
Board Member

TRADE OR OPERATING NAME:
 ADDRESS: 1019 Pacific Ave., Tacoma WA

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Presents programs and reports to the community

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

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

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE:
 Customer name: N/A 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):

B LOBBYING: (Continued)

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

C FOOD TRAVEL SEMINARS (continued)

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

Information Continued

F-1 Supplement

Name *Laurie Linkins*

ENTITY NO. *5* Reporting For: Self Spouse
 Registered Domestic Partner Dependent

LEGAL NAME: *Kitsap Co. DUI Impact Panel* POSITION OR PERCENT OF OWNERSHIP
Board Member

TRADE OR OPERATING NAME:
 ADDRESS: *PO Box 27, Tahuya WA 98588*

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Educates adult and youth DUI offenders and the public regarding the impacts of driving under the influence

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

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:
 Agency name: Purpose of payment (amount not required)
Small contracts with local governments to provide panels

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE:
 Customer name: Purpose of payment (amount not required)
None

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

B LOBBYING: (Continued)

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

C FOOD TRAVEL SEMINARS (continued)

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