

<b>PUBLIC DISCLOSURE COMMISSION</b> <b>711 CAPITOL WAY RM 206</b> <b>PO BOX 40908</b> <b>OLYMPIA WA 98504-0908</b> <b>(360) 753-1111</b> <b>TOLL FREE 1-877-601-2828</b>	<b>PDC FORM</b> <span style="font-size: 2em; font-weight: bold;">F-1</span> (1/15)	<b>PERSONAL FINANCIAL AFFAIRS STATEMENT</b>	P M PDC OFFICE USE O A S R T K  <b>DATE FILED PDC</b>  <b>APR 16 2018</b>  R E C E I V E D
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Refer to instruction manual for detailed assistance and examples.  <b>Deadlines:</b> 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>SEND REPORT TO PUBLIC DISCLOSURE COMMISSION</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DOLLAR CODE</th> <th style="text-align: left;">AMOUNT</th> </tr> <tr> <td>A</td> <td>\$1 to \$4,499</td> </tr> <tr> <td>B</td> <td>\$4,500 to \$23,999</td> </tr> <tr> <td>C</td> <td>\$24,000 to \$47,999</td> </tr> <tr> <td>D</td> <td>\$48,000 to \$119,999</td> </tr> <tr> <td>E</td> <td>\$120,000 or more</td> </tr> </table>	DOLLAR CODE	AMOUNT	A	\$1 to \$4,499	B	\$4,500 to \$23,999	C	\$24,000 to \$47,999	D	\$48,000 to \$119,999	E	\$120,000 or more
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Last Name <b>Jinkins</b>	First <b>Laurie</b>	Middle Initial <b>A</b>		

Mailing Address (Use PO Box or Work Address) * <b>PO Box 2032</b>			
<table style="width:100%;"> <tr> <td style="width:33%;">City <b>Taloma</b></td> <td style="width:33%;">County <b>WA</b></td> <td style="width:33%;">Zip + 4 <b>98407</b></td> </tr> </table>		City <b>Taloma</b>	County <b>WA</b>
City <b>Taloma</b>	County <b>WA</b>	Zip + 4 <b>98407</b>	

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 checked="" type="checkbox"/> Candidate running in an election: month <b>August &amp; November</b> year <b>2018</b> <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: <b>Representative</b>  County, city, district or agency of the office, name and number: <b>27<sup>th</sup> LD</b> Position number: <b>1</b> Term begins: <b>1/14/18</b> ends: <b>1/10/20</b>
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<b>1</b>	<b>INCOME</b>	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)	
	Taloma-Pierce Co. Health Dept, 3629 So. "D" St, Taloma 98418	Administrator	D	
	office of Attorney General, 1125 Washington St. SE, PO Box 40100, Olympia WA 98504	AG	D	
	Taloma Municipal Court, 930 Taloma Ave. So. # 841, Taloma WA 98402	Judge Pro Temp	B	
	Check Here <input type="checkbox"/> if continued on attached sheet.			

<b>2</b>	<b>REAL ESTATE</b>	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		U. S. Bank 4801 Frederica St. Owensboro, KY 42301	30 year Mortgage	Home	E   E	
	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, 330 Union Ave SE, Olympia WA 98501	Checking account, savings account, money market, CD's	TOTAL 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.	Both my wife and I are insured through our employers.		
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
Subaru, PO Box 6000, Cherry Hill, NJ 08034-6000	5 year loan	Car	B	B

Check here  if continued on attached sheet.

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

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

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? 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? 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: [Signature] Date: 4-15-18

Contact Telephone: (253) \*752-7337

Email: Laurie e Laurie Jinkins.com (work) \*

Email: \_\_\_\_\_ (Home) Optional

**REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE**

**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>4-15-18</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

LEGAL NAME: *Fair Housing Washington Center of Washington*

POSITION OR PERCENT OF OWNERSHIP  
*0%*

TRADE OR OPERATING NAME: *Same*

ADDRESS: *1517 Fawcett Ave. #250*  
*Tacoma WA 98402*

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:  
*Non-profit that conducts testing of housing under the federal fair housing act as well as education programs. I am a board member.*

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

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:  
Agency name: *Numerous contracts with the federal government and local governments to conduct fair housing testing.* Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE:  
Customer name: *None that I am aware of* 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):  
*None*

Check here  if continued on attached sheet

Name *Laurie Jenkins*

ENTITY NO. 2

Reporting For: Self  Spouse

Registered Domestic Partner  Dependent

LEGAL NAME: *Plencurethics Society*

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: *N/A*

*0%*

ADDRESS: *PO Box 65350*

*University Place, WA 98404*

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

*The Society provides scholarships to students pursuing higher education.  
I am a board member*

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

Purpose of payments

*None that I am aware of.*

Amount (actual dollars)

\$

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

Agency name:

*None that I am aware of.*

Purpose of payment (amount not required)

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

Customer name:

*None that I am aware of.*

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):

*None that I am aware of.*

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  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)
12-15-17	Milbank Memorial Fund, 645 Madison Ave, 15 <sup>th</sup> Fl. New York, NY 10022	Bipartisan group of state legislators meeting to learn and discuss health reform	\$ 1074.00	A
9-6-17	NCSL, 7700 E. First Place, Denver, CO 80230	Participation in opioid focus group. Stipend paid for travel expenses	800.00	A

Check here  if continued on attached sheet

Laurie Jinkins

### Entity 3

Legal Name: YWCA of Pierce County

My wife serves on their board.

Trade Name: Same

Address: 405 Broadway, Tacoma WA 98402

Description of organization: YWCA is dedicated to eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all.

Payments received from government:

I am not aware of the amounts but the YWCA likely receives state government funding for its domestic violence programs and has received capital budget funding in the past.

Payments received from other government entities:

I am not aware of the amounts but the YWCA likely receives funding for its domestic violence programs from the city of Tacoma and Pierce County.

Payments received from business customers

None that I am aware of

Real Estate owned

- 405 Broadway, Tacoma WA 98402
- Parking lot across the street from 405 Broadway
- Domestic violence shelter with confidential address

### Entity 4

Legal Name: Out in Front

Trade Name: Same

Address: 1122 East Pike St. #1041 Seattle WA 98122

Description of Org: Foster ~~the~~ development of effective, engaged and passionate leaders in order to build a thriving LGBTQ+ community.

Payments from Government: None I am aware of.

Payments from other government: None I am aware of.

Payments from business customers: None I am aware of.

Real Estate Owned: None I am aware of

My wife serves on their board.