File a Formal Complaint - Glen Morgan

Glenmorgan89 reported 2 days ago (Thu, 31 Aug at 1:27 AM) via Portal Meta

To Whom it May Concern -

It has come to my attention that Pam Carter -- a Valley View Sewer District Commissioner -- has violated provisions of **RCW 42.17A**.

1) Failure to disclose offices held. (Violation of RCW 42.17A.710, see WAC 390-24-010, 150)

State law requires that elected officials disclose the offices that they hold on corporations and other entities. Pam Carter is a director of the Public Works Board. She is also the chair of the Metropolitan Water Pollution Abatement Advisory Committee, an organization which oversees and apparently supports the continued pollution of Puget Sound by operators of CSOs.

Unfortunately, Carter failed to report her position on these organizations on her F1, which is a violation of state law.

In addition to the violations I have noted above, the PDC and AG should note that Carter is collecting in excess of \$12K annually for "professional services" from WASWD of which the Valley View Sewer District is a member. Carter is a member of the Board of the Valley View Sewer District. Carter votes each year to maintain membership in WASWD, while also collecting a consulting fee from them. It is unclear on whether or not she has properly disclosed this to the District, but this could be a major conflict of interest negatively affecting district ratepayers who elect her and expect her to represent them.

2) 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 money for campaign purposes.

Carter failed to do this on her 2015 F1. She must resubmit this F1 immediately and acknowledge her understanding of **RCW 42.17A.555**.

It should be noted that Carter is well versed in the requirements of **RCW 42.17A**, having recently submitted a complaint against a candidate for Tukwila City Council.

(See: https://www.pdc.wa.gov/browse/cases/24161)

The PDC should investigate the possibility that Pam Carter 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

Most King County offices will be closed on Monday, September 4, 2017 for Labor Day. ▶



Executive board

The MWPAAC Executive Board is comprised of:

- · Elected chair and vice-chair;
- Elected sub-committee chairs; and the
- Immediate past chair of the Committee

Refer to Article IV of the bylaws for details about the executive board. Click here to view local agency representatives.

Chair



Pam Carter
Valley View Sewer District ☑

✓ pamc@valvue.com**८** 206-244-0558

Vice-chair



Judi Gladstone Seattle Public Utilities 🗹

☑ judi.gladstone@seattle.gov

**** 206-684-4642

Past-Chair



Scott Thomasson
City of Redmond ☑

425-556-2829

Engineering and Planning subcommittee chair



Lisa Tobin, P.E.
City of Auburn 2

□ LTobin@auburnwa.gov

\$ 253-804-5062

Rates and Finance subcommittee chair



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 $Homepage \ (http://www.commerce.wa.gov/building-infrastructure/) > Public \ Works \ Board - Board -$



(/building-infrastructure/pwb-home-page)

Public Works Board

The legislature created the Public Works Board in partnership with local governments to assist local governments in addressing local infrastructure needs through a dedicated local funding pool, existing as a revolving loan program, to be managed by a citizens' board composed of local infrastructure representatives.

WASHINGTON STATE PUBLIC WORKS BOARD



The Public Works Board. From left to right: Vice Chair JC Baldwin, Jerry Cummins, Mary Margaret Haugen, Matt Rasmussen, Lisa Ayers, Mark Scott, Pam Carter, Chair Scott Hutsell, Diane Pottinger, and KC Kuykendall.

BOARD'S PURPOSE, MISSION & RESPONSIBILITIES

BOARD HISTORY

⊕ BOARD'S STATUTORY AUTHORITY

■ BOARD MEMBER DUTIES & COMPOSITION

BOARD MEMBER ROSTER

The Honorable Scott Hutsell - Chair - Position #13, General Public

JC Baldwin - Vice Chair - Position #11, General Public

The Honorable Lisa Ayers - Position #5, County Elected Official

The Honorable Pam Carter - Position #8, Sewer & Water District Elected Official

The Honorable Jerry Cummins - Position #2, City Elected Official

Senator Mary Margaret Haugen - Position #10, General Public

The Honorable KC Kuykendall – Position #1, City Elected Official

Steve Misiurak, PE - Position #3, City Public Works Engineer

Diane Pottinger, PE - Position #7, Sewer & Water District Public Works Director

Matt Rasmussen, PE - Position #6, County Public Works Director

Mark Scott - Position #9, Public Utility District

Senator Lisa Wellman - Position #12, General Public

♣ BOARD MEMBER VACANCIES

Public Works Board Meetings

The Public Works Board meets on the first Friday of every month at the Washington State Department of Commerce, located at 1011 Plum Street, Olympia, WA. Meetings typically run from 9:00 a.m. through 12:00 p.m. and are open to the public, though they are held in a secure building where signing in and out is required.

Information and materials regarding the upcoming meeting, the minutes from the last several meetings, and the year's current meeting schedule can be found to the right.

Driving Directions to the Department of Commerce

(https://www.google.com/maps/place/1011+Plum+St+SE,+Olympia,+WA+98501/@47.0393734,-122.892165,16z/data=!4m5!3m4!1s0x549174e188b3aa8d:0xa295e21d13c122.8928087)

Parking Map (http://www.commerce.wa.gov/wp-content/uploads/2016/09/Town-Square-Parking-Map.pdf)

Can I Attend a Board Meeting?

Board meetings are open to the public, and all are welcome to attend.

How do I get on the Agenda?

Contact your Program Specialist (https://deptofcommerce.box.com/v/pwbprogramspecialistsmap) to make arrangements to get on the Board's Agenda.

PROGRAM LINKS

<u>Public Works Board Home (http://www.commerce.wa.gov/building-infrastructure/pwb-home-page/)</u>

What's New? (http://www.commerce.wa.gov/building-infrastructure/pwb-whats-new/)

Financing (http://www.commerce.wa.gov/building-infrastructure/pwb-financing/)

Technical Assistance (http://www.commerce.wa.gov/building-infrastructure/pwb-technical-assistance/)

Resources (http://www.commerce.wa.gov/building-infrastructure/pwb-resources/)

Contacts (http://www.commerce.wa.gov/building-infrastructure/pwb-contacts/)

Next Meeting: August 4, 2017

August 4, 2017 Agenda Packet (https://deptofcommerce.box.com/v/08042017agendapacket)

2017 Meeting Schedule (https://deptofcommerce.box.com/v/pwb2017meetingcalendar)

August 4, 2017

September 7-8, 2017 - Board Retreat

October 6, 2017 November 3, 2017 December 1, 2017

Board Member Meeting Recaps (https://www.waswd.org/general/page/public-works-trust-fund-updates)

Agenda Archives:

07/07/2017 Agenda Packet (https://deptofcommerce.box.com/v/pwb07072017agendapacket)

05/05/2017 Agenda Packet (https://deptofcommerce.box.com/v/pwb05052017agendapacket)

04/07/2017 Agenda Packet (https://deptofcommerce.box.com/v/pwb04072017agendapacket)

02/03/2017 Agenda Packet (https://deptofcommerce.box.com/v/pwb02032017agendapacket)

01/06/2017 Agenda Packet (https://deptofcommerce.box.com/v/pwb01062017agendapacket)

12/02/2016 Agenda Packet (https://deptofcommerce.box.com/v/pwb12012016agendapacket)

11/04/2016 Agenda Packet (https://deptofcommerce.box.com/v/pwb11042016agendapacket)

10/07/2016 Agenda Packet (https://deptofcommerce.box.com/v/pwb10072016agendapacket)

09/09/2016 - Business Meeting (https://deptofcommerce.box.com/v/pwb09092016agendapacket)

09/08/2016 - Retreat (https://deptofcommerce.box.com/v/pwb09082016agendapacket)

08/12/16 Agenda Packet (https://deptofcommerce.box.com/v/pwb08122016agendapacket)

07/08/16 Agenda Packet (https://deptofcommerce.box.com/v/pwb07082016agendapacket)

NEED HELP?

Cecilia Gardener

Executive Director

Cecilia.Gardener@commerce.wa.gov (mailto:cecilia.gardener@commerce.wa.gov)

Phone: 360-725-3166

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Program Supervisor

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Cindy Chavez

Budget Analyst

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Board Liaison

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Program Specialist

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Program Specialist

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Phone: 360-725-3015

Isaac Huang

Program Specialist

<u>Isaac.Huang@commerce.wa.gov (mailto:isaac.huang@commerce.wa.gov)</u>

Phone: 360-725-3162

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*Email Ad	ddress
Submit	

(https://www.addtoany.com/add_to/facebook?linkurl=http%3A%2F%2Fwww.commerce.wa.gov%2Fbuilding-infrastructure%2Fpwbboard%2F&linkname=Public%20Works%20Board%20%E2%80%93%20Board)

(https://www.addtoany.com/add_to/twitter?linkurl=http%3A%2F%2Fwww.commerce.wa.gov%2Fbuilding-infrastructure%2Fpwb-board%2F&linkname=Public%20Works%20Board%20%E2%80%93%20Board) (https://www.addtoany.com/add_to/email?linkurl=http%3A%2F%2Fwww.commerce.wa.gov%2Fbuilding-infrastructure%2Fpwb-board%2F&linkname=Public%20Works%20Board%20%E2%80%93%20Board)

(https://www.addtoany.com/add_to/linkedin?linkurl=http%3A%2F%2Fwww.commerce.wa.gov%2Fbuilding-infrastructure%2Fpwb-board%2F&linkname=Public%20Works%20Board%20%E2%80%93%20Board)
(https://www.addtoany.com/share)

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Promoting Washington (http://www.commerce.wa.gov/promoting-washington-state)

Other State Sites

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Office of the Governor (http://www.governor.wa.gov)

Secretary of State (http://www.sos.wa.gov)

Department of Revenue (http://dor.wa.gov)

Employment Security (https://www.esd.wa.gov)

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PDC FORM SUPPLEMENT

<u>(1/15)</u>

100746234

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

CONTINUE PARTS B AND C ON NEXT PAGES

03-19-2017

PROVIDE INFORMATION FOR YOURSELF,	SPOUSE, REGISTERED DOMESTI	C PARTNER, DEPENDENT CH	LDREN AND OTHER DEPEN	NDENTS IN
YOUR HOUSEHOLD				

Last Name	First	Middle Initial	DATE
CARTER	PAMELA	J	2017-03-19



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
- 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 own	ned by the business entity if the qualifications referenced below are met.
ENTITY NO. 1	Reporting For: Self X Spouse
	Registered Domestic Partner Dependent
LEGAL NAME:	POSITION OR PERCENT OF OWNERSHIP
Tukwila Intl. Blvd. Action Cmte.	Co-chair
TRADE OR OPERATING NAME: Tukwila Intl. Blvd. Action Cmte.	
ADDRESS: 4115 S 139th St	
Tukwila WA	. 98168
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:	
Residents & businesses working to improve the	Tukwila Intl. Blvd. corridor.
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH Purpose of payments	YOU SEEK/HOLD OFFICE: Amount (actual dollars) \$
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIE Agency name:	S OF \$12,000 OR MORE: Purpose of payment (amount not required)
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12, Customer name:	000 OR MORE Purpose of payment (amount not required)
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINAN and assessed value of property is over \$24,000. List street address, assess	CIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more or parcel number, or legal description and county for each parcel):
Chack have □ if continued an attached chact	



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F-1
SUPPLEMENT

PDC FORM

100746234

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

03-19-2017

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

Last Name	First	Middle Initial	DATE
CARTER	PAMELA	J	2017-03-19

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.

proprietorsh seek/hold c services or	nip, union, association, business or other of \$12,0 other consideration was given or perform	overnment Agencies: List each corporation, partnership, joint venture, sole or commercial entity and each government agency (other than the one you loo or more during the period to the entity. Briefly say what property, goods, ned for the compensation. by the business entity if the qualifications referenced below are met.
ENTITY NO. 1		Reporting For: Self X Spouse
		Registered Domestic Partner Dependent D
LEGAL NAME:		POSITION OR PERCENT OF OWNERSHIP
Municipal Research & Se	rvices Center	Member, Board of Directors
TRADE OR OPERATING NAME: same ADDRESS: 2601 Fourth Ave., Ste.	800	
Seattle	WA	98121
BRIEF DESCRIPTION OF THE BUSIN	ESS/ORGANIZATION:	
Contract with Municipal	Research Council	in the State of Washington by
PAYMENTS ENTITY RECEIVED FROM Purpose of paymen	Л GOVERNMENTAL UNIT IN WHICH YO	Amount (actual dollars) \$
PAYMENTS ENTITY RECEIVED FROM Agency name: Dept. of Commerce State Auditor''''s Offi	II OTHER GOVERNMENT AGENCIES C	Purpose of payment (amount not required) contract for professional Develop practical guidance
Customer name: American Public Works A Washington Finance Offi WASHINGTON REAL ESTATE IN WHI	cers Assoc., Seattle, WA CHENTITY HELD A DIRECT FINANCIA	Purpose of payment (amount not required) contract for administratives contract for administrative AL INTEREST (Complete only if ownership in the ENTITY is 10% or more arcel number, or legal description and county for each parcel):

CONTINUE PARTS B AND C ON NEXT PAGES

FOOD TRAVEL SEMINARS

F-1 Supplement

CARTER,	PAMELA J				2
C FOOD TRAVEI SEMINA	L portion of the fo	lowing items to and beverages	other than your own governmental agency pyou, your spouse, registered domestic part costing over \$50 per occasion, excluding (c); or 3) Seminars, educational programs or o	ner or dependents, or a certain receptions as define	combination
Date	Donor's Name, City and		Brief Description	Actual Dollar Amount	Value
Received 01-30-2016	Enduris Spokane	WA	WASWD Commissioners''''' workshop	\$ 100.00	(Use Code)
					-
					-
Check here □ if conti	nued on attached sheet				

PAYMENTS FROM OTHER GOVERNMENT AGENCIES

F-1 Supplement

Name CARTER, PAMELA J	3
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: Agency name:	Purpose of payment (amount not required)
Washington State Traffic Safety Commission	To fund the Washington
Check here ☐ if continued on attached sheet	

Name 4 CARTER, PAMELA J PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: Purpose of payment (amount not required) Assoc. of Washington Public Hospital Districts, contract for professional Wash. Assoc. of Sewer & Water Districts, SeaTac, WA contract for professional Enduris, Spokane, WA contract for professional Check here ☐ if continued on attached sheet

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111

F-1

PDC FORM

PERSONAL FINANCIAL AFFAIRS STATEMENT

PDC OFFICE USE

100746234

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.

WΑ

98168

TOLL FREE 1-877-601-2828

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

2016
Received:

Covers:

SEND REP	PORT TO P	UBLIC DISCLOSURE COMMISSION	E E	\$48,000 to 119,999 \$120,000 or more	03-19-2017
Last Name		First Midd	le Initial	Names of immediate family mem domestic partner. If there is no re	
CARTER		PAMELA J		disclose for dependent children, in your household, do not identify spouse or registered domestic padetails.	or other dependents living them. Do identify your
Mailing Addr	ress (Use PC	Box or Work Address)			
4115 S 1	139TH ST				
City		County Zip +	4		
TUKWILA		KING 981	68		
Filing Status	(Check only	one box.)		Office Held or Sought	
X An elect	ted or state a	ppointed official filing annual report		Office title: SEWER COMMISS	SIONER
Final rep	port as an el	ected official. Term expired:		County, city, district or agency of	the office
Candida	ate running ir	an election: month year] ,, ,,	VUE SEWER DIST
Newly a	appointed to a	an elective office		Position number:	
Newly a	appointed to a	a state appointive office		Term begins:	ends:
Profess	sional staff of	the Governor's Office and the Legislature		01-01-2016	12-31-2021
1 Show Self (S)	INCOME	List each employer, or other source of income family member, including registered domestic options received during the reporting periodividends in Item 3 on reverse)	partner, rece	eived \$2,400 or more during t	he period. Include stock
Spogse (SP/DP) Dependent (D)	Name and	Address નું Employer of Source of Compensation	WIDOWOGS	ப <u>patien er</u> How Compensation Was Earned	Ameunt: (Use Code)
S	Valley PO Box	View Sewer District 69550	Commiss	ioner	В

2 REAL ESTATE

TUKWILA

Check Here X if continued on attached sheet

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 Name and Address of Purchaser Nature and Amount (Use Code) of Payment or Value Consideration Received (Use Code) Security Given Mortgage Amount - (Use Code) Property Purchased or Interest Acquired Creditor's Name/Address Payment Terms Original Current All Other Property Entirely or Partially Owned King County Ε 0 0 4115 South 139th St. Check here if continued on attached sheet

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS		savings accounts, in perty (including but no od.				
Α.	Name and address of each bank or financial institution in whor a family member, including registered domestic partner, an account over \$24,000 any time during the report period.	ich you Type had	of Account or Description	on of Asset	Asset Value (Use Code)	Income (Use (
В.	Name and address of each insurance company where you or a member, including registered domestic partner had a policy a cash or loan value over \$24,000 during the period.						
C.	Name and address of each company, association, gover agency, etc. in which you or a family member, in registered domestic partner, owned or had a financial worth over \$2,400. Include stocks, bonds, own retirement plan, IRA, notes, stock options, and other introperty. If you, your spouse, registered domestic partner dependents had decision making authority regarding in assets/investments list each asset or investment, the value a income appear in the property identify each stock or other asset in that account.	cluding interest nership, angible and/or dividual and any	'K		A	A	
	eck here 🔯 if continued on attached sheet. List each creditor you or a family	member inclu	ling registered dome	stic nartner	owed \$2 400	0.000	NINT
4	CREDITORS or more any time during the per or mortgages or real estate reporte	iod. Don't in					OUNT CODE)
	Creditor's Name and Address		erms of Payment	Secur	ity Given	Original	Present
	BOEING EMPLOYEES CREDIT UNION 12770 GATEWAY DR. TUKWILA	L	OC	HOUSE		D	В
	BECU 12770 Gateway Dr Tukwila WA 98168	4	yrs @ 2.24%	auto lo	oan	В	В
Che 5	eck here if continued on attached sheet. All filers answer questions A thru D below. If the answ part of this report. If all answers are NO and you are a executive officer filing your initial report, no F-1 Supple	candidate for s	tate or local office, an				
	Incumbent elected officials and state executive office Supplement is required of these officeholders unless a	ers filing an an	nual financial affairs		must answer	question E	E. An F-1
Α.	At any time during the reporting period were you, your spouse, register company, union, association, joint venture or other entity or (2) a part entity including but not limited to a professional limited liability company	red domestic partner ner or member of a	er or dependents (1) an of any limited partnership, lim	icer, director, g	eneral partner or rtnership, limited l	trustee of an	y corporation any or simila
B.	Did you, your spouse, registered domestic partner or dependents have at any time during the reporting period? If yes, complete Supplement		0% or more in any compa	ny, corporation,	partnership, joint	venture or o	ther busines
C.	Did you, your spouse, registered domestic partner or dependents own	a business at any ti	me during the reporting pe	riod? If yes	s, complete Suppl	ement, Part /	۹.
D.	Did you, your spouse, registered domestic partner or dependents prep (other than pay for a currently-held public office) at any time during the				ndards for current	or deferred o	compensation
E.	Only for Persons Filing Annual Report. Regarding the receipt of iter your spouse, registered domestic partner or dependents (or any com source other than your governmental agency provide or pay in whole seminar or other training? \underline{X} If yes to either or both questions, complete the provided in the provided results of the provided result	bination thereof) a or in part for you,	ccept a gift of food or bey your spouse, registered d	erages costing	over \$50 per oc	casion?	or 2) Did any
ALI	FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATION:		nder penalty contained in th		
	I hold a state elected office, am an executive state officer or pr have read and am familiar with RCW 42.52.180 regarding resources in campaigns.				e best of my kno		ilue and
	I hold a local elected office. I have read and am familiar with regarding the use of public facilities in campaigns.	RCW 42.17A.5	Pamela Carte Signature	er	_	03-19 Date	-2017
			Contact Telephone	: 2062440	0558	*	
			Email:pamc@val				
	NDIDATES: Do not use public agency addresses or teleph	one numbers fo	r Email:			(Home)	Optional

ER, PAMELA J			Page 3
INCOME			
Name and Address of Employer	or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code
Social Security Adm	inistration	retirement	В
RICHMOND	CA 94802		

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name CARTER, PAMELA J			Page 4
3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS			
C. Name and address of each company, association, government agency	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
American Funds American Mutual Fund Cl A	Mutual Fund	C	A
American Funds American Mutual Fund Cl A	Roth IRA Mutual Fund	В	A
American Funds Capital World Grw & Inc	Roth IRA mutual fund	В	A
American Fund New Perspective Fund Cl A	Roth IRA mutual fund	В	A
Check here ☐ if continued on attached sheet.			



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)

100686633

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

CONTINUE PARTS B AND C ON NEXT PAGES

04-11-2016

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

Last Name	First	Middle Initial	DATE
CARTER	PAMELA	J	2016-04-11

A BL

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 X Spouse				
	Registered Domestic Partner Dependent				
LEGAL NAME:	POSITION OR PERCENT OF OWNERSHIP				
Tukwila Intl. Blvd. Action Cmte.	Co-chair				
TRADE OR OPERATING NAME: Tukwila Intl. Blvd. Action Cmte.					
ADDRESS: 4115 S 139th St					
Tukwila WA 98168					
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:					
Residents & businesses working to improve the Tukwila I	ntl. Blvd. corridor.				
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOL Purpose of payments	LD OFFICE: Amount (actual dollars) \$				
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OF Agency name:	R MORE: 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 and assessed value of property is over \$24,000. List street address, assessor parcel number,					
Check here ☐ if continued on attached sheet					



DISCLOSURE COMMISSION

711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

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PDC FORM

F-1

SUPPLEMENT

(<u>1/15</u>)

100686633

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

CONTINUE PARTS B AND C ON NEXT PAGES

04-11-2016

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

Last Name	First	Middle Initial	DATE
CARTER	PAMELA	J	2016-04-11

A B

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 X Spouse				
	Registered Domestic Partner Dependent				
LEGAL NAME:	POSITION OR PERCENT OF OWNERSHIP				
Municipal Research & Services Center	Member, Board of Directors				
TRADE OR OPERATING NAME: same					
ADDRESS: 2601 Fourth Ave., Ste. 800					
Seattle WA 9812	21				
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:					
Provide technical services to local governments in Contract with Municipal Research Council	the State of Washington by				
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SE Purpose of payments	EK/HOLD OFFICE: Amount (actual dollars) \$				
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12	,000 OR MORE:				
Agency name:	Purpose of payment (amount not required)				
Dept. of Commerce State Auditor''''''''''''''''''''''''''''''''''''	contract for professional Develop practical quidance				
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR N Customer name:	Purpose of payment (amount not required)				
American Public Works Association, Olympia, WA	contract for administratives				
Washington Finance Officers Assoc., Seattle, WA WASHINGTON REAL ESTATE IN WHICH ENTITY HELD'A DIRECT FINANCIAL INT and assessed value of property is over \$24,000. List street address, assessor parcel r					
Chack hara M if continued on attached sheet					

FOOD TRAVEL SEMINARS

Check here ☐ if continued on attached sheet

F-1 Supplement

Name CARTER, PAMELA J **FOOD** 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 **TRAVEL SEMINARS** 390-20-020A; 2) Travel occasions; or 3) Seminars, educational programs or other training. Actual Dollar Amount Date Donor's Name, City and State **Brief Description** Value Received (Use Code) \$ 100.00 01-31-2015 Enduris WASWD Commissiones workshop Spokane WA

Name 3 CARTER, PAMELA J PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: Purpose of payment (amount not required) Assoc. of Washington Public Hospital Districts, contract for professional Wash. Assoc. of Sewer & Water Districts, SeaTac, WA contract for professional Enduris, Spokane, WA contract for professional Check here ☐ if continued on attached sheet

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111

F-1

PDC FORM

PERSONAL FINANCIAL AFFAIRS STATEMENT

PDC OFFICE USE

100686633

TOLL FREE 1-877-601-2828 DOLLAR Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** Covers: \$1 to \$4,499 Incumbent elected and appointed officials -- by April 15. Α 2015 Candidates and others -- within two weeks of becoming a В \$4,500 to \$23,999 \$24,000 to \$47,999 С candidate or being newly appointed to a position. Received.

SEND REP	PORT TO PUBLIC I	DISCLOSURE COMMIS	SSION	D E		,000 to 119,999 0,000 or more	04-11-2016
Last Name		First	Middle	Initial			pers, including registered
CARTER		PAMELA	J		disclose for in your hous	dependent children, c sehold, do not identify	portable information to or other dependents living them. Do identify your rtner. See F-1 manual for
Mailing Addr	ess (Use PO Box or V	Vork Address)					
4115 S 1	L39TH ST						
City		County	Zip + 4	1			
TUKWILA		KING	9816	8			
Filing Status	(Check only one box.)			Office Held	or Sought	
X An elect	ed or state appointed	official filing annual report			Office title:	SEWER COMMISS	IONER
Final rep	oort as an elected offic	cial. Term expired:	_		County city	, district or agency of	the office
Candida	ate running in an electi	ion: month	year _		1	,	UE SEWER DIST
Newly a	ppointed to an elective	e office			Position nur		
☐ Newly a	ppointed to a state ap	pointive office			Term begins	<u>3</u>	ends:
Profess	ional staff of the Gove	ernor's Office and the Legis	slature			01-01-2016	12-31-2021
1	INCOME family option	member, including req	jistered domestic p e reporting period	artner, rece	eived \$2,400	or more during th	c.) from which you or a le period. Include stock (Report interest and
Show Self (S) Spo@se (SP/DP)	Name and Address	et Employer of Source of (Compensation	WITDOM OGE	µgatien⊤er Hov	w Compensation	Ameunt:
Dependent (D)	DDII. OI VDI			WIDOW DI	Was Earne		(Use Code)
S	PO Box 69550			Commissi	ioner		В
	TUKWILA	WA S	98168				
	Check Here ⊠ if co	ntinued on attached sheet					
2	REAL ESTATE	real estate with value	of over \$12,000 in w	hich you or	r a family me	ember, including reg	ach parcel of Washington jistered domestic partner, any, etc. real estate on F-
Property Solo	d or Interest Divested	Assessed Value (Use Code)	Name and Address o	f Purchaser		Nature and Amount (U Consideration Receive	lse Code) of Payment or ed

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) Property Purchased or Interest Acquired All Other Property Entirely or Partially Owned King County 4115 South 139th St. Check here lif continued on attached sheet

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS		avings accounts, in rty (including but no				
A.	Name and address of each bank or financial institution in which or a family member, including registered domestic partner, han account over \$24,000 any time during the report period.	ch you Type of ad	Account or Descriptic	on of Asset	Asset Value (Use Code)	Income (Use C	
В.	Name and address of each insurance company where you or a member, including registered domestic partner had a policy a cash or loan value over \$24,000 during the period.						
C.	Name and address of each company, association, gover agency, etc. in which you or a family member, incregistered domestic partner, owned or had a financial in worth over \$2,400. Include stocks, bonds, owner tirement plan, IRA, notes, stock options, and other interproperty. If you, your spouse, registered domestic partner dependents had decision making authority regarding ind assets/investments list each asset or investment, the value are income amount. TEXAMPLE: If your self directed an investorable identify each stock or other asset in that account.	cluding nterest ership, angible and/or lividual nd any			Α	A	
Che	eck here 🗵 if continued on attached sheet.						
4	CREDITORS List each creditor you or a family r or more any time during the peri or mortgages or real estate reported	od. Don't inclu				_	OUNT CODE)
	Creditor's Name and Address	Ter	ms of Payment		ity Given	Original	Present
	BOEING EMPLOYEES CREDIT UNION 12770 GATEWAY DR. TUKWILA	LO	C	HOUSE		D	В
	BECU 12770 Gateway Dr Tukwila WA 98168	4 5	yrs @ 2.24%	auto lo	an	В	В
Che 5	All filers answer questions A thru D below. If the answer part of this report. If all answers are NO and you are a executive officer filing your initial report, no F-1 Supple Incumbent elected officials and state executive office Supplement is required of these officeholders unless all	candidate for statement is required.	te or local office, an	appointee to	a vacant elec	tive office,	or a state
Α.	At any time during the reporting period were you, your spouse, registere company, union, association, joint venture or other entity or (2) a partn	ed domestic partner	or dependents (1) an off	icer, director, g			
В.	entity including but not limited to a professional limited liability company? Did you, your spouse, registered domestic partner or dependents have	_ , ,		ny, corporation,	partnership, joint	venture or o	ther business
C.	at any time during the reporting period? If yes, complete Supplemer Did you, your spouse, registered domestic partner or dependents own a		e during the reporting pe	riod? If ves	complete Suppl	ement Part	4
D.	Did you, your spouse, registered domestic partner or dependents prepa (other than pay for a currently-held public office) at any time during the re	are, promote or oppo	se state legislation, rule	s, rates or stan			
E.	Only for Persons Filing Annual Report. Regarding the receipt of item your spouse, registered domestic partner or dependents (or any comb source other than your governmental agency provide or pay in whole c seminar or other training? X If yes to either or both questions, complete	ns not provided or pa bination thereof) accor or in part for you, yo	id for by your governme ept a gift of food or bev ur spouse, registered do	ntal agency dur rerages costing	over \$50 per oc	casion?	or 2) Did any
ALI	FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATION:				
	I hold a state elected office, am an executive state officer or prohave read and am familiar with RCW 42.52.180 regarding the resources in campaigns.				contained in the best of my kno		true and
	I hold a local elected office. I have read and am familiar with regarding the use of public facilities in campaigns.	RCW 42.17A.555	Pamela Carte Signature	er		04-11 Date	-2016
			Contact Telephone	: 2062440	1558	*	
			Email:pamc@val			(work)*	
*CA	.NDIDATES: Do not use public agency addresses or telepho	one numbers for	Email:				Optional
	tact information.					` -/	•

ER, PAMELA J			Page 3
INCOME			
Name and Address of Employer	or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code
Social Security Adm: PO Box 2000	inistration	retirement	В
RICHMOND	CA 94802		

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name CARTER, PAMELA J			Page 4
3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS			
C. Name and address of each company, association, government agency	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
American Funds American Mutual Fund Cl A	Mutual Fund	C	A
American Funds American Mutual Fund Cl A	Roth IRA Mutual Fund	В	A
American Funds Capital World Grw & Inc	Roth IRA mutual fund	В	A
American Fund New Perspective Fund Cl A	Roth IRA mutual fund	В	A
Check here ☐ if continued on attached sheet.			



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 SUPPLEMENT

(<u>1/15</u>)

100618986

SUPPLEMENT PAGE

CONTINUE PARTS B AND C ON NEXT PAGES

PERSONAL FINANCIAL AFFAIRS STATEMENT

04-14-2015

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

Last Name	First	Middle Initial	DATE
CARTER	PAMELA	J	2015-04-14

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
- 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

	100 or more during the period to the entity. Briefly say what property, goods, ned for the compensation.
	by the business entity if the qualifications referenced below are met.
ENTITY NO. 1	Reporting For: Self X Spouse
	Registered Domestic Partner Dependent
LEGAL NAME:	POSITION OR PERCENT OF OWNERSHIP
Municipal Research & Services Center	Member, Board of Directors
TRADE OR OPERATING NAME: same	
ADDRESS: 2601 Fourth Ave., Ste. 800	
Seattle WA	98121
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:	
Provide technical services to local governments Contract with Municipal Research Council	in the State of Washington by
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YO Purpose of payments	DU SEEK/HOLD OFFICE: Amount (actual dollars) \$
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES C Agency name: State of Washington	OF \$12,000 OR MORE: Purpose of payment (amount not required) contract for professional
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 Customer name:	OR MORE Purpose of payment (amount not required)
American Public Works Association, Olympia, WA	contract for administratives
Washington Finance Officers Assoc., Seattle, WA WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIA and assessed value of property is over \$24,000. List street address, assessor p	contract for administrative AL INTEREST (Complete only if ownership in the ENTITY is 10% or more arcel number, or legal description and county for each parcel):
Check here ☑ if continued on attached sheet	

FOOD TRAVEL SEMINARS

F-1 Supplement

Name CARTER, PAMELA J 2

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.

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
04-04-2013	PACE Engineers Kirkland	WA	Client Dinner	\$ 60	Code)
01-26-2013	Enduris Spokane	WA	WASWD Commissioners''''''	100	A
09-26-2013	PACE Engineers Kirkland	WA	Client Dinner	70	А
Check here ☐ if contin	nued on attached sheet				

Name 3 CARTER, PAMELA J PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE Customer name: Purpose of payment (amount not required) Assoc. of Washington Public Hospital Districts, contract for professional Wash. Assoc. of Sewer & Water Districts, SeaTac, WA contract for professional Enduris, Spokane, WA contract for professional Check here ☐ if continued on attached sheet

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111

King County

4115 South 139th St. Check here ☐ if continued on attached sheet Ε

TOLL FREE 1-877-601-2828

F-1

PDC FORM

PERSONAL FINANCIAL AFFAIRS STATEMENT

PDC OFFICE USE

100618986

DOLLAR Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** Covers: \$1 to \$4,499 Α Incumbent elected and appointed officials -- by April 15. 2014 Candidates and others -- within two weeks of becoming a В \$4,500 to \$23,999 Ċ \$24,000 to \$47,999 candidate or being newly appointed to a position. Received:

SEND REP	PORT TO PUBLIC DISCL	OSURE COMMIS	SION	D E		,000 to 119,999 0,000 or more	04-1	4-2015
Last Name		First	Middle	ı Initial		nmediate family m		
CARTER	I	PAMELA	J		disclose for in your hou	artner. If there is not dependent childre sehold, do not ider egistered domestic	en, or other depentify them. Do ic	endents living dentify your
Mailing Addr	ress (Use PO Box or Work A	ddress)						
4115 S 1	139TH ST							
City	(County	Zip + 4	4				
TUKWILA		KING	9816	58	Office Hold	or Cought		
_ `	(Check only one box.)				Office Held	•	I C C I C NIDD	
X An elect	ted or state appointed official	filing annual report			Office title:	SEWER COMM		
☐ Final rep	port as an elected official. Te	erm expired:	_		County, city	, district or agency	of the office,	
Candida	ate running in an election: m	onth	year _		name ar	nd number: VAI	L-VUE SEWE	CR DIST
Newly a	appointed to an elective office)			Position nu	mber:		
☐ Newly a	appointed to a state appointiv	e office			Term begin	s:3	ends:	
Profess	sional staff of the Governor's	Office and the Legis	lature			01-01-201	0 12	2-31-2015
1	INCOME family memions rec	ber, including reg	source of income (istered domestic p reporting period	artner, re	ceived \$2,400	or more during	g the period.	Include stock
Show Self (S)								
Show Self (S) Spo@se (SP/DP)	Name and Address of Emp			WIDOW O G	scupation or Ho	w Compensation	Ame	′
				WIDOW O	SHRation or Ho Was Earne		Ame (Use C	′
Spo@se (SP/DP)				WIDOWOG				′
Sposse (SP/DP)	Name and Address of Early Valley View Sewe	ployed to be seen to be	ompensation	WIDOW ^O G	Was Earne			Code)
Spo (SP/DP) Dependent (D)	Valley View Sewe	byenpf Source of C	ompensation		Was Earne		(Use C	Code)
Spo (SP/DP) Dependent (D)	Name and Address of Early Valley View Sewe	byenpf Source of C	ompensation		Was Earne		(Use C	Code)
Spo (SP/DP) Dependent (D)	Valley View Sewe PO Box 69550	Plyograph Source of C	ompensation		Was Earne		(Use C	Code)
Spogse (SP/DP) Dependent (D) S	Name and Address of Early Valley View Sewe PO Box 69550 TUKWILA Check Here ☐ if continued REAL ESTATE real cheld 1 sup	r District WA 9 I on attached sheet street address, assestate with value of a personal financia oplement.)	ompensation 8168 sessor's parcel num of over \$12,000 in wall interest during the	Commiss nber, or le rhich you e reporting	Was Earne sioner gal descriptio or a family m g period. (Sho	n AND county fo ember, including w partnership, co	or each parcel registered do	of Washington mestic partner, al estate on F-
Spogse (SP/DP) Dependent (D) S	Name and Address of Early Valley View Sewe PO Box 69550 TUKWILA Check Here ☐ if continued REAL ESTATE List: real cheld	r District WA 9 d on attached sheet street address, assestate with value capersonal financia	ompensation 8168 sessor's parcel num of over \$12,000 in w	Commiss nber, or le rhich you e reporting	Was Earne sioner gal descriptio or a family m g period. (Sho	n AND county for ember, including	or each parcel registered do ompany, etc. rent (Use Code) of	of Washington mestic partner, al estate on F-
Spogse (SP/DP) Dependent (D) S	Name and Address of Early Valley View Sewe PO Box 69550 TUKWILA Check Here ☐ if continued REAL ESTATE real cheld 1 sup	r District WA 9 d on attached sheet street address, assestate with value of a personal financial oplement.) Assessed Value	ompensation 8168 sessor's parcel num of over \$12,000 in wall interest during the	Commiss nber, or le rhich you e reporting	Was Earne sioner gal descriptio or a family m g period. (Sho	n AND county for ember, including w partnership, co	or each parcel registered do ompany, etc. rent (Use Code) of	of Washington mestic partner, al estate on F-
Spo@se (SP/DP) Dependent (D) S Property Sold	Name and Address of Early Valley View Sewe PO Box 69550 TUKWILA Check Here ☐ if continued REAL ESTATE real cheld 1 sup	r District WA 9 d on attached sheet street address, assestate with value of a personal financial oplement.) Assessed Value	ompensation 8168 sessor's parcel num of over \$12,000 in wall interest during the	Commiss nber, or le rhich you reporting	Was Earne sioner gal descriptio or a family m g period. (Sho	n AND county for ember, including w partnership, co	or each parcel registered do ompany, etc. rea nt (Use Code) of ceived	of Washington mestic partner, al estate on F-

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS		avings accounts, in rty (including but no				
A.	Name and address of each bank or financial institution in whor a family member, including registered domestic partner, an account over \$24,000 any time during the report period.	ich you Type of had	Account or Description	on of Asset	Asset Value (Use Code)	Income ((Use C	
В.	Name and address of each insurance company where you or a member, including registered domestic partner had a policy a cash or loan value over \$24,000 during the period.						
C.	Name and address of each company, association, gover agency, etc. in which you or a family member, in registered domestic partner, owned or had a financial worth over \$2,400. Include stocks, bonds, owr retirement plan, IRA, notes, stock options, and other introproperty. If you, your spouse, registered domestic partner dependents had decision making authority regarding in assets/investments list each asset or investment, the value a income tampount text. If comp self directed an investigation of the property of the property of the stock or other asset in that account.	interest nership, angible and/or dividual and any			А	A	
Che	eck here 🔯 if continued on attached sheet.				1 40 400		
4	List each creditor you or a family CREDITORS or more any time during the per or mortgages or real estate reporte	riod. Don't incl					OUNT CODE)
	Creditor's Name and Address BOEING EMPLOYEES CREDIT UNION 12770 GATEWAY DR. TUKWILA	Ter LO	rms of Payment	Secur HOUSE	ity Given	Original D	Present C
Che	eck here 🔲 if continued on attached sheet.						
5	All filers answer questions A thru D below. If the answ part of this report. If all answers are NO and you are a executive officer filing your initial report, no F-1 Supple	candidate for sta	te or local office, an				
	Incumbent elected officials and state executive office Supplement is required of these officeholders unless a				must answer	question E	. An F-1
A.	At any time during the reporting period were you, your spouse, register company, union, association, joint venture or other entity or (2) a part entity including but not limited to a professional limited liability company	ner or member of any	/ limited partnership, lim				
В.	Did you, your spouse, registered domestic partner or dependents have at any time during the reporting period? If yes, complete Supplement		6 or more in any compa	ny, corporation,	partnership, joint	venture or o	ther business
C.	Did you, your spouse, registered domestic partner or dependents own	a business at any time	e during the reporting pe	eriod? If yes	s, complete Suppl	ement, Part A	۸.
D.	Did you, your spouse, registered domestic partner or dependents prep (other than pay for a currently-held public office) at any time during the				dards for current	or deferred o	compensation
E.	Only for Persons Filing Annual Report. Regarding the receipt of iter your spouse, registered domestic partner or dependents (or any com source other than your governmental agency provide or pay in whole seminar or other training? X If yes to either or both questions, complete the complete of the complete or the compl	bination thereof) acc or in part for you, yo	ept a gift of food or bevur a gift of food or bevur apouse, registered d	erages costing	over \$50 per oc	casion? X	or 2) Did an
ALI	L FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATION:		nder penalty o		
	I hold a state elected office, am an executive state officer or pr have read and am familiar with RCW 42.52.180 regarding resources in campaigns.				e best of my kno		and and
	I hold a local elected office. I have read and am familiar with regarding the use of public facilities in campaigns.	n RCW 42.17A.555	Pam Carter Signature			04-14 Date	-2015
			Contact Telephone	: 2062440)558	*	
			Email:pamc@val			(work)*	
	ANDIDATES: Do not use public agency addresses or telephotact information.	one numbers for	Email:			(Home)	Optional

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS			
C. Name and address of each company, association, government agency	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amoun (Use Code)
merican Funds New Perspective Fund Cl A	Mutual Fund	A	A
merican Funds American Mutual Fund Cl A	Mutual Fund	С	A
merican Funds American Mutual Fund Cl A	Roth IRA Mutual Fund	В	A
merican Funds Capital World Grw & Inc	Roth IRA mutual fund	В	A
merican Fund New Perspective Fund Cl A	Roth IRA mutual fund	В	A