

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

☎ 206-244-0558

Vice-chair



Judi Gladstone
[Seattle Public Utilities](#) 

✉ judi.gladstone@seattle.gov
☎ 206-684-4642

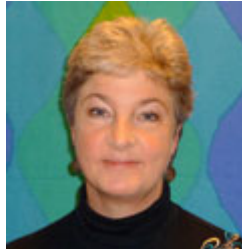
Past-Chair



Scott Thomasson
City of [Redmond](#) ↗

✉ sthomasson@redmond.gov
☎ 425-556-2829

Engineering and Planning subcommittee chair



Lisa Tobin, P.E.
[City of Auburn](#) ↗

✉ LTobin@auburnwa.gov
☎ 253-804-5062

Rates and Finance subcommittee chair



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Department of Commerce

(<http://www.commerce.wa.gov>)

Homepage (<http://www.commerce.wa.gov>) > Building Infrastructure (<http://www.commerce.wa.gov/building-infrastructure/>) > Public Works Board – Board



WASHINGTON STATE
Public Works Board
Infrastructure is Fundamental

([/building-infrastructure/pwb-home-page](http://www.commerce.wa.gov/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
	<p>The Honorable Scott Hutsell – Chair – Position #13, General Public</p> <p>JC Baldwin – Vice Chair – Position #11, General Public</p> <p>The Honorable Lisa Ayers – Position #5, County Elected Official</p> <p>The Honorable Pam Carter – Position #8, Sewer & Water District Elected Official</p> <p>The Honorable Jerry Cummins – Position #2, City Elected Official</p> <p>Senator Mary Margaret Haugen – Position #10, General Public</p> <p>The Honorable KC Kuykendall – Position #1, City Elected Official</p> <p>Steve Misiurak, PE – Position #3, City Public Works Engineer</p> <p>Diane Pottinger, PE – Position #7, Sewer & Water District Public Works Director</p> <p>Matt Rasmussen, PE – Position #6, County Public Works Director</p> <p>Mark Scott – Position #9, Public Utility District</p> <p>Senator Lisa Wellman – Position #12, General Public</p>
+	BOARD MEMBER VACANCIES
+	GOVERNOR'S BOARDS & COMMISSIONS PAGE

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 \(http://www.commerce.wa.gov/wp-content/uploads/2016/09/Town-Square-Parking-Map.pdf\)](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 \(https://deptofcommerce.box.com/v/pwbprogramspecialistsmap\)](https://deptofcommerce.box.com/v/pwbprogramspecialistsmap) to make arrangements to get on the Board's Agenda.

PROGRAM LINKS

[Public Works Board Home \(http://www.commerce.wa.gov/building-infrastructure/pwb-home-page/\)](http://www.commerce.wa.gov/building-infrastructure/pwb-home-page/)

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

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

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

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

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

Next Meeting: August 4, 2017

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

[2017 Meeting Schedule \(https://deptofcommerce.box.com/v/pwb2017meetingcalendar\)](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 \(https://www.waswd.org/general/page/public-works-trust-fund-updates\)](https://www.waswd.org/general/page/public-works-trust-fund-updates)

Agenda Archives:

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

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

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

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

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

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

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

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

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

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

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

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

NEED HELP?

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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

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[Growing the Economy \(http://www.commerce.wa.gov/growing-the-economy\)](http://www.commerce.wa.gov/growing-the-economy)

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

Other State Sites

[Business.wa.gov \(http://business.wa.gov\)](http://business.wa.gov)

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

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

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

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

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

Last Name CARTER	First PAMELA	Middle Initial J	DATE 2017-03-19
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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: Tukwila Intl. Blvd. Action Cmte. POSITION OR PERCENT OF OWNERSHIP: 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 YOU SEEK/HOLD OFFICE:
 Purpose of payments: _____ Amount (actual dollars): \$ _____

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

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

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

 <p>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</p>	PDC FORM F-1 SUPPLEMENT (1/15)	100746234 SUPPLEMENT PAGE PERSONAL FINANCIAL AFFAIRS STATEMENT 03-19-2017
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PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name CARTER	First PAMELA	Middle Initial J	DATE 2017-03-19
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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: MUNICIPAL RESEARCH & SERVICES CENTER POSITION OR PERCENT OF OWNERSHIP
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 in the State of Washington by Contract with Municipal Research Council

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

Purpose of payments	Amount (actual dollars)
	\$

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

Agency name: Dept. of Commerce State Auditor''''s Office	Purpose of payment (amount not required) contract for professional Develop practical guidance
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PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE:

Customer name: American Public Works Association, Olympia, WA Washington Finance Officers Assoc., Seattle, WA	Purpose of payment (amount not required) contract for administrative contract for administrative
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WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

FOOD TRAVEL SEMINARS

F-1 Supplement

Name CARTER, PAMELA J 2

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)
01-30-2016	Enduris Spokane WA	WASWD Commissioners'''''''''' workshop	\$ 100.00	A

Check here if continued 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

PAYMENTS FROM BUSINESS CUSTOMERS

F-1 Supplement

Name CARTER, PAMELA J 4


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

Customer name:

Assoc. of Washington Public Hospital Districts,
Wash. Assoc. of Sewer & Water Districts, SeaTac, WA
Enduris, Spokane, WA

Purpose of payment (amount not required)

contract for professional
contract for professional
contract for professional

 PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	PDC FORM <h1 style="margin: 0;">F-1</h1> (1/15)	<h2 style="margin: 0;">PERSONAL FINANCIAL AFFAIRS STATEMENT</h2>	PDC OFFICE USE 100746234 Covers: 2016 Received: 03-19-2017
Refer to instruction manual for detailed assistance and examples. Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position. SEND REPORT TO PUBLIC DISCLOSURE COMMISSION		DOLLAR CODE A \$1 to \$4,499 B \$4,500 to \$23,999 C \$24,000 to \$47,999 D \$48,000 to 119,999 E \$120,000 or more	
Last Name First Middle Initial CARTER PAMELA J	Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.		
Mailing Address (Use PO Box or Work Address) 4115 S 139TH ST City County Zip + 4 TUKWILA KING 98168			
Filing Status (Check only one box.) <input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature		Office Held or Sought Office title: SEWER COMMISSIONER County, city, district or agency of the office, name and number: VAL-VUE SEWER DIST Position number: _____ Term begins: <u>3</u> ends: <u>01-01-2016</u> <u>12-31-2021</u>	
1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3 on reverse)			
Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation DEPT. OF VETERANS AFFAIRS Valley View Sewer District PO Box 69550 TUKWILA WA 98168	Occupation or How Compensation Was Earned WIDOW BENEFIT Commissioner	Amount: (Use Code) B
Check Here <input checked="" type="checkbox"/> if continued on attached sheet			
2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)			
Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms
		Security Given	Mortgage Amount - (Use Code) Original Current
All Other Property Entirely or Partially Owned King County 4115 South 139th St. Check here <input type="checkbox"/> if continued on attached sheet	E	WA	0 0

CONTINUE ON NEXT PAGE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.

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

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
BOEING EMPLOYEES CREDIT UNION 12770 GATEWAY DR. TUKWILA	LOC	HOUSE	D	B
BEUC 12770 Gateway Dr Tukwila WA 98168	4 yrs @ 2.24%	auto loan	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? If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? If yes, complete Supplement, Part B.
- E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? If yes to either or both questions, complete Supplement, Part C.

<p>ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.</p> <p><input type="checkbox"/> I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.</p> <p><input checked="" type="checkbox"/> I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.</p> <p>*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.</p>	<p>CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.</p> <p><u>Pamela Carter</u> <u>03-19-2017</u> Signature Date</p> <p>Contact Telephone: 2062440558 *</p> <p>Email: <u>pamc@valvue.com</u> (work)*</p> <p>Email: _____ (Home) Optional</p>
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INCOME CONTINUED

F-1

Name CARTER, PAMELA J

Page 3

1**INCOME**Show Self (S)
Spouse (SP)
Dependent (D)

Name and Address of Employer or Source of Compensation

Occupation or How Compensation
Was EarnedAmount:
(Use Code)

S	Social Security Administration PO Box 2000 RICHMOND CA 94802	retirement	B
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Check Here if continued on attached sheet

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	B	A
American Funds Capital World Grw & Inc	Roth IRA mutual fund	B	A
American Fund New Perspective Fund Cl A	Roth IRA mutual fund	B	A

Check here if continued on attached sheet.

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

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

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: Tukwila Intl. Blvd. Action Cmte. POSITION OR PERCENT OF OWNERSHIP: 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 YOU SEEK/HOLD OFFICE:
 Purpose of payments: Amount (actual dollars) \$

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

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

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

Check here if continued on attached sheet

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

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

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: MUNICIPAL RESEARCH & SERVICES CENTER POSITION OR PERCENT OF OWNERSHIP
 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 in the State of Washington by Contract with Municipal Research Council

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

Purpose of payments	Amount (actual dollars)
	\$

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

Agency name: Dept. of Commerce State Auditor's Office	Purpose of payment (amount not required) contract for professional Develop practical guidance
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PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE:

Customer name: American Public Works Association, Olympia, WA Washington Finance Officers Assoc., Seattle, WA	Purpose of payment (amount not required) contract for administrative contract for administrative
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WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

FOOD TRAVEL SEMINARS

F-1 Supplement

Name 2
CARTER, PAMELA J

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)
01-31-2015	Enduris Spokane WA	WASWD Commissionees workshop	\$ 100.00	A

Check here if continued on attached sheet

PAYMENTS FROM BUSINESS CUSTOMERS

F-1 Supplement

Name CARTER, PAMELA J 3


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

Customer name:

Assoc. of Washington Public Hospital Districts,
Wash. Assoc. of Sewer & Water Districts, SeaTac, WA
Enduris, Spokane, WA

Purpose of payment (amount not required)

contract for professional
contract for professional
contract for professional

 PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	PDC FORM F-1 (1/15)	PERSONAL FINANCIAL AFFAIRS STATEMENT	PDC OFFICE USE 100686633 Covers: 2015 Received: 04-11-2016												
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.		<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	
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														
SEND REPORT TO PUBLIC DISCLOSURE COMMISSION															
<table border="1" 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>CARTER</td> <td>PAMELA</td> <td>J</td> </tr> </table>	Last Name	First	Middle Initial	CARTER	PAMELA	J	Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.								
Last Name	First	Middle Initial													
CARTER	PAMELA	J													
Mailing Address (Use PO Box or Work Address)															
4115 S 139TH ST															
City		County	Zip + 4												
TUKWILA		KING	98168												
Filing Status (Check only one box.)		Office Held or Sought Office title: <u>SEWER COMMISSIONER</u> County, city, district or agency of the office, name and number: <u>VAL-VUE SEWER DIST</u> Position number: _____ Term begins: <u>01-01-2016</u> ends: <u>12-31-2021</u>													
<input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature															
1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3 on reverse)															
Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation DEPT. OF VETERANS AFFAIRS Valley View Sewer District PO Box 69550 TUKWILA WA 98168	Occupation or How Compensation Was Earned WIDOW BENEFIT Commissioner	Amount: (Use Code) B												
Check Here <input checked="" 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	Assessed Value (Use Code)	Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current										
All Other Property Entirely or Partially Owned King County 4115 South 139th St. Check here <input type="checkbox"/> if continued on attached sheet		E WA			0 0										

CONTINUE ON NEXT PAGE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.

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

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.

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE)	
			Original	Present
BOEING EMPLOYEES CREDIT UNION 12770 GATEWAY DR. TUKWILA	LOC	HOUSE	D	B
BEUC 12770 Gateway Dr Tukwila WA 98168	4 yrs @ 2.24%	auto loan	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? If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? If yes, complete Supplement, Part B.
- E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? If yes to either or both questions, complete Supplement, Part C.

<p>ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.</p> <p><input type="checkbox"/> I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.</p> <p><input type="checkbox"/> I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.</p> <p>*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.</p>	<p>CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.</p> <p><u>Pamela Carter</u> <u>04-11-2016</u> Signature Date</p> <p>Contact Telephone: 2062440558 *</p> <p>Email: <u>pamc@valvue.com</u> (work)*</p> <p>Email: _____ (Home) Optional</p>
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INCOME CONTINUED

F-1

Name CARTER, PAMELA J

Page 3

1**INCOME**Show Self (S)
Spouse (SP)
Dependent (D)

Name and Address of Employer or Source of Compensation

Occupation or How Compensation
Was EarnedAmount:
(Use Code)

S

Social Security Administration
PO Box 2000
RICHMOND CA 94802

retirement

B

Check Here if continued on attached sheet

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	B	A
American Funds Capital World Grw & Inc	Roth IRA mutual fund	B	A
American Fund New Perspective Fund Cl A	Roth IRA mutual fund	B	A

Check here if continued on attached sheet.

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

Last Name CARTER	First PAMELA	Middle Initial J	DATE 2015-04-14
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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: MUNICIPAL RESEARCH & SERVICES CENTER POSITION OR PERCENT OF OWNERSHIP
 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 in the State of Washington by Contract with Municipal Research Council

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

Purpose of payments	Amount (actual dollars)
	\$

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

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

Customer name: American Public Works Association, Olympia, WA Washington Finance Officers Assoc., Seattle, WA	Purpose of payment (amount not required) contract for administrative contract for administrative
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WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

FOOD TRAVEL SEMINARS

F-1 Supplement

Name **CARTER, PAMELA J** 2

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)
04-04-2013	PACE Engineers Kirkland WA	Client Dinner	\$ 60	A
01-26-2013	Enduris Spokane WA	WASWD Commissioners'	100	A
09-26-2013	PACE Engineers Kirkland WA	Client Dinner	70	A

Check here if continued on attached sheet

PAYMENTS FROM BUSINESS CUSTOMERS

F-1 Supplement

Name

CARTER, PAMELA J

3

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


Customer name:

Assoc. of Washington Public Hospital Districts,
Wash. Assoc. of Sewer & Water Districts, SeaTac, WA
Enduris, Spokane, WA

Purpose of payment (amount not required)

contract for professional
contract for professional
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 TOLL FREE 1-877-601-2828	PDC FORM F-1 (1/15)	PERSONAL FINANCIAL AFFAIRS STATEMENT	PDC OFFICE USE 100618986 Covers: 2014 Received: 04-14-2015												
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.		<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	
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														
SEND REPORT TO PUBLIC DISCLOSURE COMMISSION															
<table border="1" 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>CARTER</td> <td>PAMELA</td> <td>J</td> </tr> </table>	Last Name	First	Middle Initial	CARTER	PAMELA	J	Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.								
Last Name	First	Middle Initial													
CARTER	PAMELA	J													
Mailing Address (Use PO Box or Work Address) 4115 S 139TH ST															
City		County													
TUKWILA		KING													
Zip + 4															
98168															

Filing Status (Check only one box.) <input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature	Office Held or Sought Office title: <u>SEWER COMMISSIONER</u> County, city, district or agency of the office, name and number: <u>VAL-VUE SEWER DIST</u> Position number: _____ Term begins: <u>01-01-2010</u> ends: <u>12-31-2015</u>
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1	INCOME	List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3 on reverse)		
Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation DEPT. OF VETERANS AFFAIRS	Occupation or How Compensation Was Earned WIDOW BENEFIT	Amount: (Use Code)	B
S	Valley View Sewer District PO Box 69550 TUKWILA WA 98168	Commissioner		B
Check Here <input type="checkbox"/> if continued on attached sheet				

2	REAL ESTATE	List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)			
Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser		Nature and Amount (Use Code) of Payment or Consideration Received	
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	
				Mortgage Amount - (Use Code) Original Current	
All Other Property Entirely or Partially Owned King County 4115 South 139th St. Check here <input type="checkbox"/> if continued on attached sheet	E	WA		0 0	

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.

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

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
BOEING EMPLOYEES CREDIT UNION 12770 GATEWAY DR. TUKWILA	LOC	HOUSE	D	C

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? If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? If yes, complete Supplement, Part B.
- E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? If yes to either or both questions, complete Supplement, Part C.

<p>ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.</p> <p><input type="checkbox"/> I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.</p> <p><input checked="" type="checkbox"/> I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.</p> <p>*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.</p>	<p>CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.</p> <p><u>Pam Carter</u> <u>04-14-2015</u> Signature Date</p> <p>Contact Telephone: 2062440558 *</p> <p>Email: <u>pamc@valvue.com</u> (work)*</p> <p>Email: _____ (Home) Optional</p>
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COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name CARTER, PAMELA J

Page 3

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 New Perspective Fund Cl A	Mutual Fund	A	A
American Funds American Mutual Fund Cl A	Mutual Fund	C	A
American Funds American Mutual Fund Cl A	Roth IRA Mutual Fund	B	A
American Funds Capital World Grw & Inc	Roth IRA mutual fund	B	A
American Fund New Perspective Fund Cl A	Roth IRA mutual fund	B	A

Check here if continued on attached sheet.