

 <b>PUBLIC DISCLOSURE COMMISSION</b> 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	PDC FORM <b>F-1</b> (1/15)	<b>PERSONAL FINANCIAL AFFAIRS STATEMENT</b>	PDC OFFICE USE  100742192  Covers: 1-19-2016: To: 1-19-2017  Received: 01-20-2017												
Refer to instruction manual for detailed assistance and examples.  <b>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.</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DOLLAR CODE</th> <th style="text-align: left;">AMOUNT</th> </tr> <tr> <td>A</td> <td>\$1 to \$4,499</td> </tr> <tr> <td>B</td> <td>\$4,500 to \$23,999</td> </tr> <tr> <td>C</td> <td>\$24,000 to \$47,999</td> </tr> <tr> <td>D</td> <td>\$48,000 to 119,999</td> </tr> <tr> <td>E</td> <td>\$120,000 or more</td> </tr> </table>	DOLLAR CODE	AMOUNT	A	\$1 to \$4,499	B	\$4,500 to \$23,999	C	\$24,000 to \$47,999	D	\$48,000 to 119,999	E	\$120,000 or more	
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<b>SEND REPORT TO PUBLIC DISCLOSURE COMMISSION</b>															
Last Name ASBERT	First RYAN	Middle Initial E	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)  1817 27TH AVE															
City SEATTLE	County KING	Zip + 4 98122													
Filing Status (Check only one box.)  <input type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input checked="" type="checkbox"/> Candidate running in an election: month <u>NOV</u> year <u>2017</u> <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>CITY COUNCIL MEMBER</u>  County, city, district or agency of the office, name and number: <u>CITY OF SEATTLE</u>  Position number: _____ Term begins: <u>01-01-2018</u> ends: <u>01-03-2022</u>													
<b>1</b>	<b>INCOME</b>	<b>List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3 on reverse)</b>													
Show Self (S) Spouse (SP/DP) Dependent (D)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Name and Address of Employer or Source of Compensation</th> <th style="text-align: left;">Occupation or How Compensation Was Earned</th> <th style="text-align: left;">Amount:</th> </tr> <tr> <td style="vertical-align: top;">           Preference (Self-Employed)            1817 27th Ave, Unit A            SEATTLE WA 98122         </td> <td style="vertical-align: top;">           Software Development         </td> <td style="vertical-align: top;">           C            (Use Code)         </td> </tr> </table>	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount:	Preference (Self-Employed) 1817 27th Ave, Unit A SEATTLE WA 98122	Software Development	C (Use Code)								
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Check Here <input type="checkbox"/> if continued on attached sheet															
<b>2</b>	<b>REAL ESTATE</b>	<b>List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)</b>													
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												
All Other Property Entirely or Partially Owned		Security Given	Mortgage Amount - (Use Code) Original   Current												
Check here <input type="checkbox"/> if continued on attached sheet															

<b>3</b>	<b>ASSETS / INVESTMENTS - INTEREST / DIVIDENDS</b>	<b>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.</b>			
<p>A. Name and address of each bank or financial institution in which you or a family member, including registered domestic partner, had an account over \$24,000 any time during the report period.</p> <p>B. Name and address of each insurance company where you or a family member, including registered domestic partner had a policy with a cash or loan value over \$24,000 during the period.</p> <p>C. Name and address of each company, association, government agency, etc. in which you or a family member, including registered domestic partner, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self directed an investment account, identify each stock or other asset in that account.</p>	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)		
Check here <input type="checkbox"/> if continued on attached sheet.					
<b>4</b>	<b>CREDITORS</b>	<b>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.</b>		<b>AMOUNT (USE CODE)</b>	
Creditor's Name and Address		Terms of Payment	Security Given	Original	Present
Check here <input type="checkbox"/> if continued on attached sheet.					
<b>5</b>	<p><b>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.</b></p> <p><b>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.</b></p>				

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? X 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><b>ALL FILERS EXCEPT CANDIDATES.</b> 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><b>CERTIFICATION:</b> 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>Ryan Asbert</u> <span style="float:right;">01-19-2017</span> Signature <span style="float:right;">Date</span></p> <p>Contact Telephone: (206) 659-1044 <span style="float:right;">*</span></p> <p>Email: <u>ryan.asbert@gmail.com</u> <span style="float:right;">(work)*</span></p> <p>Email: _____ <span style="float:right;">(Home) Optional</span></p>
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**PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD**

Last Name ASBERT	First RYAN	Middle Initial E	DATE 2017-01-19
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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: Curtain Call Theatre Bothell POSITION OR PERCENT OF OWNERSHIP 0%

TRADE OR OPERATING NAME: Curtain Call Theatre NW

ADDRESS: 13390 Forest View Ave  
 Monroe WA 98272

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: Community Theatre

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):