SEEC SEATTLE ETHICS & ELECTIONS COMMISSION

File with: Seattle City Clerk
PO BOX 94728
Seattle, WA 98124-4728
Questions: (206) 684-8500
(206) 615-1248
polly.grow@seattle.gov

SEEC FORM **F-1** (3/16)

SEEC DOLLAR CODE AMOUNT

(1)	$0	--	$999
(2)	$1,000	--	$4,999
(3)	$5,000	--	$9,999
(4)	$10,000	--	$24,999
(5)	$25,000	--	$99,999
(6)	$100,000	--	$199,999
(7)	$200,000	--	$999,999
(8)	$1,000,000	--	$4,999,999
(9)	$5,000,000 or more		

PERSONAL FINANCIAL AFFAIRS STATEMENT

FILED
CITY OF SEATTLE
2017 JAN 20 AM 10:51
CITY CLERK

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 Seattle City Clerk

"immediate family" means: (a) a spouse or domestic partner, or (b) a parent, parent of a spouse or domestic partner, child, child of spouse or domestic partner, sibling, uncle, aunt, cousin, niece or nephew, if that person either resides with or is a dependent on the Covered Individual's most recently filed federal income tax return. SMC 4.16.080

Last Name	First	Middle Initial
Asbert	Ryan	E

Mailing Address (Use PO Box or Work Address) *
PO Box 23214

City	County	Zip + 4
Seattle	King	98102

Names of immediate family members. 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 domestic partner.

Filing Status (Check only one box.)

- ☐ An elected or appointed official filing annual report
- ☐ Final report as an elected official. Term expired: _____
- ☒ Candidate running in an election: month 11 year 2017
- ☐ Newly appointed to an elective office

Office Held or Sought
Office title: City Council
Position number: 8
Term begins: 1/2018 ends: 1/2022

1 INCOME

List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or an immediate family member, received compensation, in any form, of $500 or more during the period. Include stock options received during the reporting period that had a value of more than $500.
(Report interest and dividends in Item 3.)

Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
S	Freelance	Software Developer	(5)
			( )
			( )
			( )

Check Here ☐ 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 $2,500 in which you or an immediate family member 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 (eg. 20 yrs at 4.3%)	Security Given	Mortgage Amount - (Use Code) Original	Current
—	( ) ( )	CITY CLERK			( ) ( )	( ) ( )
All Other Property Entirely or Partially Owned	( ) ( )	2017 JAN 20 AM 10:51 CITY OF SEATTLE FILED			( ) ( )	( ) ( )

Check here ☐ if continued on attached sheet

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.

	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
A. Name and address of each bank or financial institution in which you or an immediate family member had an account over $5,000 at any time during the report period.	—	( )	( )
B. Name and address of each insurance company where you or an immediate family member had a policy with a cash or loan value over $5,000 during the period.	—	( )	( )
C. Name and address of each company, association, government agency, etc. in which you or an immediate family member, owned or had a financial interest worth over $500. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you or your immediate family member 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. **Stock shall be reported by market value at the time of reporting.**	—	( )	( )
		( )	( )
		( )	( )
		( )	( )

Check here ☐ if continued on attached sheet.

4 CREDITORS

List each creditor you or an immediate family member owed $500 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 (eg. 6 years at 5.25%)	Security Given	AMOUNT (USE CODE)	
—			( )	( )
			( )	( )

Check here ☐ if continued on attached sheet.

5 NET WORTH

Enter your estimated net worth.

Enter Dollar Amount

$ 0

6

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 or an appointee to a vacant elective office filing your initial report, no F-1 Supplement is required.

Incumbent elected officials 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 and/or an immediate family member (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? N If yes, complete Supplement, Part A.

B. Did you and/or an immediate family member have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? N If yes, complete Supplement, Part A.

C. Did you and/or an immediate family member own a business at any time during the reporting period? N If yes, complete Supplement, Part A.

D. Did you and/or an immediate family member prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? N 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, and/or an immediate family member 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 and/or an immediate family member to travel or to attend a seminar or other training? ____ If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

☐ I hold a local elected office. I have read and am familiar with SMC 2.04.300 regarding the use of public facilities in campaigns.

Contact Telephone: (206) 659-1044 *

Email: ryan.asbert@gmail.com (work)*

Email: _____ (Home) Optional

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

1/15/2017
Date

Signature

*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information. **Report Not Acceptable Without Filer's Signature**

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SEEC FORM **F-1** SUPPLEMENT (2/16)

SUPPLEMENT PAGE
PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE INFORMATION FOR YOU AND ANY IMMEDIATE FAMILY MEMBERS

Last Name	First	Middle Initial	DATE
Asbert	Ryan	E	1/15/2017

A OFFICE HELD, BUSINESS INTERESTS:

Provide the following information if, during the reporting period, you or any immediate family member
(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 $2,500 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

603 170 055

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

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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 $2,500 OR MORE:
Agency name: —
Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF $2,500 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 $5,000. List street address, assessor parcel number, or legal description and county for each parcel):

—

Check here ☐ if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

F-1 Supplement

Name

ENTITY NO. 2

Reporting For: Self ☐ Spouse ☐
Registered Domestic Partner ☐ Dependent ☐

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

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 $2,500 OR MORE:
Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF $2,500 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 $5,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here ☐ if continued on attached sheet

B LOBBYING:

List persons for whom you, or any immediate family member, lobbied or prepared state legislation or state rules, rates, or standards for compensation or deferred compensation. Do not list pay from government body in which you are an elected official or professional staff member.

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code 1- 9)
		( )
		( )
		( )

Check here ☐ if continued on attached sheet

C FOOD TRAVEL SEMINARS

Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over $50 per occasion; 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 Code1-9)
			$	( )
				( )
				( )

Check here ☐ if continued on attached sheet