



**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-1A**  
 (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**

P M OFFICE USE  
 O A  
 S R  
 T K

The F-1A form is designed to simplify reporting for persons who have no changes or only minor changes to an F-1 report previously filed.  
**A complete F-1 form must be filed at least every four years; an F-1A form may be used for no more than three consecutive reports.**  
**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.

**"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 Juarez First Debora Middle Initial \_\_\_\_\_  
 Mailing Address (Use PO Box or Work Address\*)  
2504 NE 120<sup>th</sup> Street  
Seattle King 98125  
 City County Zip + 4

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.

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 \_\_\_\_\_ year \_\_\_\_\_  
 Newly appointed to an elective office

Office Held or Sought  
 Office title: **City of Seattle - Councilmember** \_\_\_\_\_  
 Position number: **District 5** \_\_\_\_\_  
 Term begins: **01/04/2016** ends: **12/31/2019** \_\_\_\_\_

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.  
 **NO CHANGE REPORT.** I have reviewed my last complete F-1 report dated **4/12/2016** and F-1A reports (if any) dated (1) \_\_\_\_\_ and (2) \_\_\_\_\_. The information disclosed on those reports is accurate for the current reporting period.  
 **MINOR CHANGES REPORT.** I have reviewed my last complete F-1 report dated \_\_\_\_\_. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers and describe changes. Provide all information required on F-1 report.

Check here  if continued on attached sheet

FILED  
 CITY OF SEATTLE  
 2017 APR 26 PM 2:49  
 CITY CLERK

Estimated Net Worth **\$700,000** \_\_\_\_\_

**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, or an immediate family member, or a combination thereof: 1) Food and beverages costing over \$50 per occasion.

| Date Received | Donor's Name, City and State | Brief Description | Actual Dollar Amount | Value (Use Code) |
|---------------|------------------------------|-------------------|----------------------|------------------|
|               |                              |                   | \$ _____             | ( )              |
|               |                              |                   | \$ _____             | ( )              |

Check here  if continued on attached sheet

**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)715-3245** \_\_\_\_\_ \*  
 Email: \_\_\_\_\_ (work)\*  
 Email: **debora5059@gmail.com** \_\_\_\_\_ (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.  
4.25.2017 Date  
Debora Juarez Signature

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