


FILED
CITY OF SEATTLE
18 MAR 23 PM 2:02
CITY CLERK

 <p>File with: Seattle City Clerk PO BOX 94728 Seattle, WA 98124-4728 Questions: (206) 684-8500 (206) 615-1248 Polly.Grow@seattle.gov</p>	SEEC FORM F-1A (3/16)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">SEEC DOLLAR CODE</th> <th style="width: 10%;">AMOUNT</th> </tr> </thead> <tbody> <tr><td>(1)</td><td>\$0 -- \$999</td></tr> <tr><td>(2)</td><td>\$1,000 -- \$4,999</td></tr> <tr><td>(3)</td><td>\$5,000 -- \$9,999</td></tr> <tr><td>(4)</td><td>\$10,000 -- \$24,999</td></tr> <tr><td>(5)</td><td>\$25,000 -- \$99,999</td></tr> <tr><td>(6)</td><td>\$100,000 -- \$199,999</td></tr> <tr><td>(7)</td><td>\$200,000 -- \$999,999</td></tr> <tr><td>(8)</td><td>\$1,000,000 -- \$4,999,999</td></tr> <tr><td>(9)</td><td>\$5,000,000 or more</td></tr> </tbody> </table>	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
SEEC DOLLAR CODE	AMOUNT																						
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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 <u>HOLMES</u>	First <u>PETER</u>	Middle Initial <u>S</u>
Mailing Address (Use PO Box or Work Address*) <u>701 FIFTH AVE, STE 2050</u>		
City <u>SEATTLE</u>	County <u>KING</u>	Zip + 4 <u>98104-7097</u>

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.

ANN M. HOLMES, 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 ATTORNEY

Position number: _____

Term begins: 01-01-2018 ends: 12-31-2021

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 _____ 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 03-22-2016. 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

Estimated Net Worth \$ 1,700,000.

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)
<u>03-14-2017</u>	<u>UNIVERSITY OF VIRGINIA LAW SCHOOL FOUNDATION CHARLOTTESVILLE VA</u>	<u>AIRFARE FOR GUEST SPEAKER, STUDENT LEGAL FORUM</u>	<u>\$ 673.97</u>	<u>(A)</u>
			<u>\$ _____</u>	<u>()</u>

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) 684-8288 *

Email: peter.holmes@seattle.gov (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.

03-19-2018 Date

Peter S. Holmes Signature

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

