

Complaint Description

[Glen Morgan](#) (Fri, 20 Sep 2019 at 10:04 AM)

To whom it may concern,

It has come to my attention that Jimmy Matta has violated Washington State's campaign finance laws once again (**RCW 42.17A**). The details of these violations are as follows:

1) Failure to provide accurate and timely information on financial affairs statements (Violation of RCW42.17A.700 & RCW 42.17A.710)

Jimmy Matta is the Mayor of Burien. However, according to both his financial affairs documents he has filed with the PDC (See F1 covering 2017 and F1 covering 2018 attached) over the last few years, **Matta has falsely identified himself as the Mayor of Brier**. The City of Brier is located in Snohomish County and according to the City of Brier's website (see <http://www.ci.brier.wa.us/>), **Jimmy Matta is not the Mayor of Brier**. In fact the City of Brier's Mayor is (since 2005) Mayor Bob Colinas, NOT Jimmy Matta. This means the information provided to the PDC by Jimmy Matta on his financial affairs (F-1) documents is false and must be corrected.

It should be noted that Mayor Matta has been reminded in the past by the PDC (**PDC Enforcement Case #25858** – see attached reminder notice from the PDC) that he needs to comply with timely and accurately filings of these documents. Based on that complaint, it was uncovered that he had filed at least eight substantially late disclosure documents. Matta appears to be ignoring this previous PDC reminder to comply with the law.

In addition, it should be noted that Matta has also failed to provide sufficient information of the ownership of a significant piece of property purchased by Mr. Matta (See **PDC report#100889667**, attached). The property in question is given the title of "King County linde Terrace #3" without an address or parcel number, which is insufficient information according to **RCW 42.17A.710(1)(h)**. This lack of legally required information should also be corrected by Matta so that he can finally at least partially be compliant with the statute.

It should also be noted, for the record, that in addition to the legal deficiencies and false information provided to the PDC by Matta in these documents, the 2017 F1 report was filed over a week after the time it was due according to **RCW 42.17A.700**.

In addition to ensuring that Jimmy Matta be educated so that he remembers and can properly identify the correct city where he was elected Mayor, these violations are likely to continue. Matta's cavalier attitude towards the PDC reporting requirements despite the friendly and helpful reminder by the PDC in the past probably requires more explicit and tangible response by the PDC, unless there is no longer an expectation that veteran politicians like this need to follow the law.

Please let me know if you need additional information.

Best Regards,

Glen Morgan

What impact does the alleged violation(s) have on the public?

The public has a right to know if their elected mayor even knows which city he represents, and that Mayor needs to properly be able to identify the city where he serves as Mayor. This isn't too much to ask. Additionally, the public has a right to know the property investments owned by this Mayor, and see this information in a timely manner.

List of attached evidence or contact information where evidence may be found.

see attached

List of potential witnesses with contact information to reach them.

Jimmy Matta, his treasurer, and anyone else on his campaign committee who fills out these forms

Complaint Certification:

I certify (or declare) under penalty of perjury under the laws of the State of Washington that information provided with this complaint is true and correct to the best of my knowledge and belief.

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

Last Name MATTA	First JIMMY	Middle Initial	DATE 2019-03-10
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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:

Ahora Costruction, LLC

POSITION OR PERCENT OF OWNERSHIP

100% Owner

TRADE OR OPERATING NAME:

Ahora Costruction, LLC

ADDRESS:

501 SW 136th St

Burien

WA 98166

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Construction company

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

Purpose of payments

I am paid \$600.00 per month as Mayor of the City of Burien,

Amount (actual dollars)

\$ 7,200

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

CONTINUE PARTS B AND C ON NEXT PAGES

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 100813757
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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	Covers: 2017 Received: 03-23-2018
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<table 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>MATTA</td> <td>JIMMY</td> <td></td> </tr> </table>	Last Name	First	Middle Initial	MATTA	JIMMY		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. Maya Matta D
Last Name	First	Middle Initial					
MATTA	JIMMY						
Mailing Address (Use PO Box or Work Address) 501 SW 136TH ST City: BURIEN County: KING Zip + 4: 98166							

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>CITY COUNCIL MEMBER</u> County, city, district or agency of the office, name and number: <u>CITY OF BRIER</u> Position number: _____ Term begins: <u>01-01-2018</u> ends: <u>11-30-2021</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 Project Manager/ Carpenter Was Earned	Occupation or How Compensation Was Earned	Amount: (Use Code)	Amount: (Use Code)
S	Alicantar and Associates 660 N Thompson St PORTLAND OR 97227	Project Manager/ Carpenter		D
S	J & M Development, LLC 501 SW 136th ST BUIREN WA 98166	Owner		C
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.)		
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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				
Check here <input type="checkbox"/> if continued on attached sheet				

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. 12770 Gateway Dr Tukwila wa 98168</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> <p>Check here <input type="checkbox"/> if continued on attached sheet.</p>	<p>Type of Account or Description of Asset</p> <p>Business Account</p>	<p>Asset Value (Use Code)</p> <p>B</p>	<p>Income Amount (Use Code)</p> <p>A</p>
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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
<p>Check here <input type="checkbox"/> if continued on attached sheet.</p>				

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.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

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.

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.

*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.

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

Jimmy Matta 03-23-2018
Signature Date

Contact Telephone: 206-999-7115 *

Email: jimmymatta@msn.com (work)*

Email: _____ (Home) Optional

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

Last Name MATTA	First JIMMY	Middle Initial	DATE 2018-03-23
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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:

J&M Development LLC

POSITION OR PERCENT OF OWNERSHIP

100% Owner

TRADE OR OPERATING NAME:

J&M Development LLC

ADDRESS:

501 SW 136th St

Burien

WA 98166

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Construction company

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)

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CONTINUE PARTS B AND C ON NEXT PAGES

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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	Covers: 2018 Received: 03-10-2019
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Last Name First Middle Initial MATTA JIMMY	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. Maya Matta D
Mailing Address (Use PO Box or Work Address) 501 SW 136TH ST City County Zip + 4 BURIEN KING 98166	

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: CITY COUNCIL MEMBER County, city, district or agency of the office, name and number: CITY OF BRIER Position number: _____ Term begins: 01-01-2018 ends: 11-30-2021
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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 Owner Occupation or How Compensation Was Earned Amount: (Use Code)	Anora Construction, LLC 501 SW 136th ST BUIREN WA 98166		
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 Property Purchased or Interest Acquired All Other Property Entirely or Partially Owned	Assessed Value (Use Code) Assessed Value (Use Code)	Name and Address of Purchaser Creditor's Name/Address Payment Terms Security Given	Nature and Amount (Use Code) of Payment or Consideration Received Mortgage Amount - (Use Code) Original Current	Nature and Amount (Use Code) of Payment or Consideration Received Mortgage Amount - (Use Code) Original Current	
King county LINDE TERRACE # 3	E	MR. Cooper Lake Vista 4 800 Lewisville TX 75265-	30 years 15,0000	E E	
Check here <input type="checkbox"/> 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.

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 reporting period.	Type of Account or Description of Asset	Asset Value (Use Code) A	Income Amount (Use Code) B
12770 Gateway Dr Tukwila wa 98168	Business Account		
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.			
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.			

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

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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? X 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? X 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.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

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.

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.

*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.

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

Jimmy Matta 03-10-2019
Signature Date

Contact Telephone: 206-999-7115 *

Email: jimmymatta@msn.com (work)*

Email: _____ (Home) Optional

FINANCIAL INSTITUTIONS CONTINUED

Name MATTA, JIMMY

Page 3

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

A. Name and address of each bank or financial institution	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Bank of America Financial Center 230 SW 152nd St Burien WA 98166	Business Account	E	E
Check here <input type="checkbox"/> if continued on attached sheet.			



**State of Washington
PUBLIC DISCLOSURE COMMISSION**

711 Capitol Way Rm. 206, PO Box 40908 • Olympia, Washington 98504-0908
(360) 753-1111 • FAX (360) 753-1112

Toll Free 1-877-601-2828 • E-mail: pdcc@pdcc.wa.gov • Website: www.pdca.wa.gov

January 31, 2019

Delivered electronically to "jimmymatta@msn.com"

Subject: Complaint filed by Glen Morgan, PDC Case 25858

Dear Jimmy Matta:

Below is a copy of an electronic letter sent to Glen Morgan concerning a complaint filed with the Public Disclosure Commission (PDC).

As noted in the letter to Glen Morgan, the PDC has dismissed this matter in accordance with RCW 42.17A.755(1) and will not conduct a more formal investigation into these allegations or take further enforcement action in this matter.

PDC staff is reminding you about the importance of the timely disclosure of all contribution and expenditure activities, and the timely filings of all future PDC reports in accordance with the statutes and rules.

If you have questions, you may contact Fox Blackhorn at 1-360-753-1980 toll-free at 1-877-601-2828, or by email at pdcc@pdcc.wa.gov.

Sincerely,

/s _____
Fox Blackhorn
Compliance Coordinator 2

Endorsed by,

/s _____
Barbara Sandahl
Deputy Director
For Peter Lavallee
Executive Director



**State of Washington
PUBLIC DISCLOSURE COMMISSION**

711 Capitol Way Rm. 206, PO Box 40908 • Olympia, Washington 98504-0908
(360) 753-1111 • FAX (360) 753-1112

Toll Free 1-877-601-2828 • E-mail: pdc@pdc.wa.gov • Website: www.pdc.wa.gov

January 31, 2019

Delivered electronically to “glen@wethegoverned.com”

Subject: Complaint regarding Jimmy Matta, PDC Case 25858

Dear Glen Morgan:

The Public Disclosure Commission (PDC) has completed its review of the complaint you filed on June 26, 2017. Your complaint alleged that Jimmy Matta may have violated RCW 42.17A.235 for failure to timely and accurately file Monetary Contribution reports (C-3 reports) and Summary Full Campaign Contribution and Expenditure reports (C-4 reports), disclosing contributions and expenditures undertaken by the Campaign; and RCW 42.17A.240 for failure to accurately and completely disclose debts and obligations.

PDC staff reviewed your allegations; the applicable statutes, rules, and reporting requirements; the response provided by Jimmy Matta; the applicable PDC reports filed by Respondent; and queried the Respondent’s data in the PDC contribution and expenditure database, to determine whether the record supports a finding of one or more violations.

Based on staff’s review, we found the following:

- Jimmy Matta late filed 8 C-3 reports, between 4-35 days beyond the deadlines set by RCW 42.17A.235, late disclosing \$2,047 in contributions, for 11% of contributions that election cycle.
- Two of the alleged violations of RCW 42.17A.235 presented in the Complaint were for ordinary interest, and 14 of the alleged violations were filed timely, as deadlines move forward to the next business day if they would fall on a weekend or holiday.
- Jimmy Matta properly reported debts in accordance with RCW 42.17A.240 for orders placed in a prior reporting period whose value exceeded \$50 that was outstanding for more than 30 days, or exceeded \$250 without time limitations.

Based on these findings staff has determined that, in this instance, failure to timely file reports of contributions and expenditures does not amount to an actual violation warranting further investigation.

PDC staff is reminding Jimmy Matta about the importance of the timely disclosure of all contribution and expenditure activities, and the timely filings of all future PDC reports in accordance with the statutes and rules.

Based on this information, the PDC finds that no further action is warranted and has dismissed this matter in accordance with RCW 42.17A.755(1).

If you have questions, you may contact Fox Blackhorn at 1-360-753-1980 toll-free at 1-877-601-2828, or by e-mail at pdcc@pdc.wa.gov.

Sincerely,

/s _____
Fox Blackhorn
Compliance Coordinator 2

Endorsed by,

/s _____
Barbara Sandahl
Deputy Director
For Peter Lavalley
Executive Director

cc: Jimmy Matta