

Complaint Description

Glen Morgan (Thu, 3 Oct 2019 at 3:46 PM)

To whom it may concern,

It has come to my attention that Pedro Olguin 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)

Allegation #1 - Olguin is a council member in the City of Burien. However, according to his financial affairs documents he has filed with the PDC (See F1 covering 2018 attached) over the last few years, Olguin has **failed to disclose his \$7,200 annual salary** as a council member as part of his income on his financial affairs statements. Burien City Council member Nancy Tosta, for example, did disclose this information for reference (see Tosta F1 attached).

It should be noted that Councilmember Olguin has been fined by the Public Disclosure Commission for previous campaign finance violations (**PDC Enforcement Case # 23039** – a fine imposed by an undisclosed Statement of Understanding by the PDC on November 30, 2017). Olguin was fined \$100 in that instance for failing to timely file his F1 financial disclosure documents, and apparently, according to PDC records, it appears he refused to pay that fine and it is still outstanding.

In addition, it should also be noted, for the record that Olguin has also more recently been fined by the PDC for his historic serial violations of the state's campaign finance laws. (See **PDC Statement of Understanding attached – signed August 5, 2019** covering a variety of investigations into Olguin's serial violations). In that recent settlement, he was fined \$900 and it appears he actually paid this fine.

In addition to ensuring that Olguin be educated about the PDC rules, it appears that he would benefit from taking the PDC's very helpful training classes to ensure his compliance improves in the future.

Please note, according to Olguin's original PDC filed with the PDC in 2017 (see attached), his income of \$110,000 per year from the Teamsters as a union organizer, a full time position he has had for several years now, and he should be able to afford to both pay the outstanding balance of \$100 for the first PDC fine, but also perhaps to hire someone to help him with compliance.

Olguin's cavalier attitude towards the PDC reporting requirements despite the friendly and helpful reminder and variety of fines imposed by the PDC in the past probably requires more explicit and tangible response by the PDC, unless there is no longer an expectation that incumbent 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 needs to know where politicians are getting their income

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

all are attached

List of potential witnesses with contact information to reach them.

the candidate, and his treasurer and committee members

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.



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

August 12, 2019

Sent electronically to Glen Morgan at glen@wethegoverned.com

Subject: Complaint regarding Pedro Olguin, PDC Case 21178

Dear Mr. Morgan:

The Public Disclosure Commission (PDC) has completed its review of the complaint you filed on June 26, 2017. The complaint alleged that Pedro Olguin, a first-time candidate for City Council Member for the City of Burien in 2017, may have violated RCW 42.17A.235 and .240 by failing to timely and accurately file the Monetary Contribution reports (C-3 reports) and the Summary Full Campaign Contribution and Expenditure reports (C-4 reports).

PDC staff reviewed your allegations; the applicable statutes, rules, and reporting requirements; the applicable C-4 reports; and the response to the allegation(s) by Pedro Olguin (Campaign).

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

- On April 17, 2017, Pedro Olguin filed a Candidate Registration (C-1 report) declaring his candidacy for City Council Member for the City of Burien in 2017 and selected the Full Reporting Option.
- On July 9, 2017, the Burien for Olguin Committee (Campaign) filed a C-3 report disclosing \$3,000 in monetary contributions received from three contributors between April 18 and April 20, 2017, with all contributions listed as deposited on April 27, 2017. The report was filed 60 days late, but 22 days before the August 1, 2017 primary election.
- On October 12, 2017, the Campaign filed a C-3 report disclosing \$992 in monetary contributions received from three contributors between July 18 and July 27, 2017, with each contribution listed as a separate deposit made on August 31, 2017. The three deposits were required to be deposited within five business days of receipt and listed on separate C-3 reports. The \$992 in contributions were reported 76 days late, but 25 days before the November 7, 2017 general election.
- On October 12, 2017, the Campaign filed an additional C-3 report disclosing \$3,300 in monetary contributions received from six contributors between September 13 and September 25, 2017, with all six

contributions listed as being deposited on October 12, 2017. The six deposits were required to be deposited within five business days of receipt. The C-3 report disclosing the \$3,300 in contributions was filed 52 days late, but 25 days before the November 7, 2017 general election.

- On October 27, 2017, the Campaign filed a C-3 report disclosing \$2,992 in monetary contributions received from seven contributors between September 14 and October 10, 2017, with all seven contributions listed as being deposited on October 16, 2017. The seven deposits were required to be deposited within five business days of receipt. The C-3 report was filed 39 days late, but ten days before the November 7, 2017 general election.

On November 1, 2017, the campaign filed both the 21-Day and 7-Day Pre-General Election C-4 reports on a single C-4 report covering September 1 through October 30, 2017. Separate reports were required.

- The 21-Day Pre-General Election C-4 report, covering the period September 1 through October 16, 2017, was due no later than October 17, 2017. The 21-Day Pre-General C-4 report disclosed \$8,807 in contributions received and \$1,670.17 in expenditures made. This report was filed 14 days late, but six days before the November 7, 2017 general election, disclosing \$164.38 in campaign advertising related expenses.
- The 7-Day Pre-General Election C-4 report, covering the period October 17 through October 30, 2017, was due no later than October 31, 2017. The 7-Day Pre-General C-4 report disclosed \$3,150 in contributions received and \$6,653 in expenditures made. This report was filed 14 days late, but six days before the November 7, 2017 general election, disclosing \$5,238 in campaign advertising related expenses.
- On August 5, 2019, the PDC received an executed Statement of Understanding (SOU) signed by Mr. Pedro Olguin, along with a \$900 civil penalty payment. By signing the SOU, Mr. Olguin acknowledged six violations of RCW 42.17A.235 and .240, by failing to timely and accurately file C-3 and C-4 reports.

Based on this information, and the fact that Mr. Pedro was a first-time candidate for public office in 2017, the PDC has dismissed the complaint in accordance with RCW 42.17A.755(1).

If you have questions, you may contact Erick Agina at (360) 586-2869, toll-free at 1-877-601-2828, or by e-mail at erick.agina@pdc.wa.gov.

Sincerely,

Endorsed by:

s/_____
Erick Agina, Compliance Officer

s/_____
BG Sandahl, Deputy Director
For Peter Lavalley, Executive Director

cc: Pedro Olguin

| 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 100813758 | | | | | | | | | | | | | |
|--|---|--|--|--|----------------|---------------------------------|--|---|---|---|---|---|--|--|--|---|-------------------|--|--|
| 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 | | | | <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 | Covers: 2017 Received: 04-16-2018 | |
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| <table border="1" 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>OLGUIN</td> <td>PEDRO</td> <td>E</td> </tr> </table> | | | Last Name | First | Middle Initial | OLGUIN | PEDRO | 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. | | | | | | | | | | |
| Last Name | First | Middle Initial | | | | | | | | | | | | | | | | | |
| OLGUIN | PEDRO | E | | | | | | | | | | | | | | | | | |
| Mailing Address (Use PO Box or Work Address) 645 SW 153RD ST #A5 | | | | | | | | | | | | | | | | | | | |
| City | County | Zip + 4 | | | | | | | | | | | | | | | | | |
| BURIEN KING 98166 | | | Tlacacl Olguin D Teoti Olguin D | | | | | | | | | | | | | | | | |
| 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 BURIEN Position number: _____ Term begins: _____ ends: _____ | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 10%;"> 1 <small>Show Self (S) Spouse (SP/DP) Dependent (D)</small> </div> <div style="width: 90%;"> 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) </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="width: 50%;">Name and Address of Employer or Source of Compensation</th> <th style="width: 30%;">Occupation or How Compensation Was Earned</th> <th style="width: 20%;">Amount: (Use Code)</th> </tr> <tr> <td> Teamsters Local 117 14675 Interurban Ave S. #307 TUKWILA WA 98168 </td> <td>Organizer</td> <td></td> </tr> </table> <div style="margin-top: 10px;"> Check Here <input type="checkbox"/> if continued on attached sheet </div> | | | | | | | Name and Address of Employer or Source of Compensation | Occupation or How Compensation Was Earned | Amount: (Use Code) | Teamsters Local 117 14675 Interurban Ave S. #307 TUKWILA WA 98168 | Organizer | | | | | | | | |
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| <div style="display: flex; justify-content: space-between;"> <div style="width: 10%;"> 2 </div> <div style="width: 90%;"> 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.) </div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="width: 30%;">Property Sold or Interest Divested</th> <th style="width: 10%;">Assessed Value (Use Code)</th> <th style="width: 30%;">Name and Address of Purchaser</th> <th style="width: 30%;">Nature and Amount (Use Code) of Payment or Consideration Received</th> </tr> <tr> <td>Property Purchased or Interest Acquired</td> <td></td> <td> Creditor's Name/Address Payment Terms </td> <td> Security Given Mortgage Amount - (Use Code) <div style="display: flex; justify-content: space-between;"> Original Current </div> </td> </tr> <tr> <td>All Other Property Entirely or Partially Owned</td> <td></td> <td></td> <td></td> </tr> </table> <div style="margin-top: 10px;"> Check here <input type="checkbox"/> if continued on attached sheet </div> | | | | | | | 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) <div style="display: flex; justify-content: space-between;"> Original Current </div> | All Other Property Entirely or Partially Owned | | | | |
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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 report period. | Type of Account or Description of Asset | Asset Value (Use Code) | Income Amount (Use Code) |
|--|---|------------------------|--------------------------|
| 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 |
|-----------------------------|------------------|----------------|----------|---------|
| | | | | |

Check here ☐ if continued on attached sheet.

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.

Pedro E Olquin 04-16-2018
Signature Date

Contact Telephone: (206) 518-0494 *

Email: pedro.olquin@teamsters117. (work)*

Email: _____ (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

| 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 <div style="font-size: 2em; font-weight: bold;">F-1</div> (1/15) | PERSONAL FINANCIAL AFFAIRS STATEMENT | P M PDC OFFICE USE O A S R DATE FILED PDC <div style="font-size: 1.5em; font-weight: bold;">AUG 17 2017</div> RECEIVED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|---|---|--|---|---|---------------------|---|----------------------|---|-----------------------|---|-------------------|-------------------------|---------------|----------------|-----|--|--|--|--|--|--|--|--|--|-----|--|--|--|--|
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| Last Name Olguin | First Pedro | Middle Initial E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address (Use PO Box or Work Address) * 645 SW 153rd St, #A5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City Burien</td> <td style="width:33%;">County King</td> <td style="width:33%;">Zip + 4 98166</td> </tr> </table> | | | City Burien | County King | Zip + 4 98166 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City Burien | County King | Zip + 4 98166 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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</u> County, city, district or agency of the office, name and number: <u>City of Burien, King</u> Position number: <u>1</u> Term begins: <u>Jan, 2012</u> ends: <u>Dec, 2022</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 10%;"> <div style="font-size: 2em; font-weight: bold;">1</div> <div style="font-size: 0.8em;">Show Self (S) Spouse (SP/DP) Dependent (D)</div> </div> <div style="width: 90%;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 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.) </div> <div style="width: 55%; text-align: right;"> Amount: (Use Code) </div> </div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> Name and Address of Employer or Source of Compensation Teamsters Local 117, 14675 Interurban Ave S, #307 Tukwila, WA. 98168 </td> <td style="width:50%; vertical-align: top;"> Occupation or How Compensation Was Earned Organizing Coordinator </td> <td style="width:50%; vertical-align: top;"> Amount: (Use Code) \$110,000.00 </td> </tr> </table> <div style="margin-top: 10px;"> Check Here <input type="checkbox"/> if continued on attached sheet </div> </div> </div> | | | | Name and Address of Employer or Source of Compensation Teamsters Local 117, 14675 Interurban Ave S, #307 Tukwila, WA. 98168 | Occupation or How Compensation Was Earned Organizing Coordinator | Amount: (Use Code) \$110,000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <div style="display: flex; justify-content: space-between;"> <div style="width: 10%;"> <div style="font-size: 2em; font-weight: bold;">2</div> <div style="font-size: 0.8em;">Show Self (S) Spouse (SP/DP) Dependent (D)</div> </div> <div style="width: 90%;"> 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.) </div> </div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Property Sold or Interest Divested</td> <td style="width:10%;">Assessed Value (Use Code)</td> <td style="width:30%;">Name and Address of Purchaser</td> <td colspan="2" style="width:35%;">Nature and Amount (Use Code) of Payment or Consideration Received</td> </tr> <tr> <td style="height: 40px; vertical-align: top;">N/A</td> <td></td> <td></td> <td colspan="2"></td> </tr> <tr> <td>Property Purchased or Interest Acquired</td> <td></td> <td>Creditor's Name/Address</td> <td>Payment Terms</td> <td>Security Given</td> </tr> <tr> <td style="height: 40px; vertical-align: top;">N/A</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>All Other Property Entirely or Partially Owned</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td style="height: 40px; vertical-align: top;">N/A</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <div style="margin-top: 10px;"> Check here <input type="checkbox"/> if continued on attached sheet </div> | | | | Property Sold or Interest Divested | Assessed Value (Use Code) | Name and Address of Purchaser | Nature and Amount (Use Code) of Payment or Consideration Received | | N/A | | | | | Property Purchased or Interest Acquired | | Creditor's Name/Address | Payment Terms | Security Given | N/A | | | | | All Other Property Entirely or Partially Owned | | | | | N/A | | | | |
| Property Sold or Interest Divested | Assessed Value (Use Code) | Name and Address of Purchaser | Nature and Amount (Use Code) of Payment or Consideration Received | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Property Purchased or Interest Acquired | | Creditor's Name/Address | Payment Terms | Security Given | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All Other Property Entirely or Partially Owned | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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, a family member, including registered domestic partner, had an account over \$24,000 any time during the report period. | Type of Account or Description of Asset | Asset Value (Use Code) | Income Amount (Use Code) |
|---|---|------------------------|--------------------------|
| | N/A | | |
| B. Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$24,000 during the period. | N/A | | |
| C. Name and address of each company, association, government agency, etc. in which you, 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. | N/A | | |

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 |
|-----------------------------|------------------|----------------|----------|---------|
| N/A | | | | |

Check here ☐ if continued on attached sheet.

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? NO 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? NO 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? NO 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 compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? NO 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? NO 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? NO 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.

July 1, 2017

Signature

Date

Contact Telephone: (206) * 518-0494

Email: pedro.olguin@teamsters117.org (work) *

Email: pedro.e.olguin@hotmail.com (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

| 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 <div style="font-size: 2em; font-weight: bold;">F-1</div> (1/15) | | PERSONAL FINANCIAL AFFAIRS STATEMENT | | PDC OFFICE USE 100889668 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|----------------|---------------------------------|--|--|---|---|---|---|-------------------------|---------------|-----------------------|---|-------------------|--|--|--|--|------------------------------|--|--|--|----------|--|--|--|---------|--|--|--|--|
| 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 | | | | <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 | Covers: 2018 Received: 04-15-2019 | | | | | | | | | | | | | | | | |
| DOLLAR CODE | AMOUNT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A | \$1 to \$4,499 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B | \$4,500 to \$23,999 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| E | \$120,000 or more | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" 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>OLGUIN</td> <td>PEDRO</td> <td>E</td> </tr> </table> | | | Last Name | First | Middle Initial | OLGUIN | PEDRO | 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. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | First | Middle Initial | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OLGUIN | PEDRO | E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address (Use PO Box or Work Address) 645 SW 153RD ST #A5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">County</td> <td style="width: 33%;">Zip + 4</td> </tr> <tr> <td>BURIEN</td> <td>KING</td> <td>98166</td> </tr> </table> | | | City | County | Zip + 4 | BURIEN | KING | 98166 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 BURIEN Position number: _____ Term begins: _____ ends: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 10%;"> <div style="font-size: 2em; font-weight: bold;">1</div> <div style="font-weight: bold;">INCOME</div> </div> <div style="width: 90%;"> <p>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)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 10%;">Show Self (S) Spouse (SP/DP) Dependent (D)</th> <th style="width: 40%;">Name and Address of Employer or Source of Compensation</th> <th style="width: 10%;">Occupation or How Compensation Was Earned</th> <th style="width: 40%;">Amount: (Use Code)</th> </tr> <tr> <td></td> <td>Teamsters Local 117 14675 Interurban Ave S. #307 TUKWILA WA 98168</td> <td>Organizer</td> <td></td> </tr> </table> </div> </div> <div style="margin-top: 10px;"> Check Here <input type="checkbox"/> if continued on attached sheet </div> | | | | | | | 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) | | Teamsters Local 117 14675 Interurban Ave S. #307 TUKWILA WA 98168 | Organizer | | | | | | | | | | | | | | | | | | | | | |
| 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) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Teamsters Local 117 14675 Interurban Ave S. #307 TUKWILA WA 98168 | Organizer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 10%;"> <div style="font-size: 2em; font-weight: bold;">2</div> <div style="font-weight: bold;">REAL ESTATE</div> </div> <div style="width: 90%;"> <p>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.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Property Sold or Interest Divested</th> <th style="width: 10%;">Assessed Value (Use Code)</th> <th style="width: 30%;">Name and Address of Purchaser</th> <th style="width: 30%;">Nature and Amount (Use Code) of Payment or Consideration Received</th> </tr> <tr> <td>Property Purchased or Interest Acquired</td> <td></td> <td>Creditor's Name/Address</td> <td>Payment Terms</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Security Given</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Mortgage Amount - (Use Code)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Original</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Current</td> </tr> <tr> <td>All Other Property Entirely or Partially Owned</td> <td></td> <td></td> <td></td> </tr> </table> </div> </div> <div style="margin-top: 10px;"> Check here <input type="checkbox"/> if continued on attached sheet </div> | | | | | | | 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 | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 report period. | Type of Account or Description of Asset | Asset Value (Use Code) | Income Amount (Use Code) |
|--|---|------------------------|--------------------------|
| 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 |
|-----------------------------|------------------|----------------|----------|---------|
| | | | | |

Check here ☐ if continued on attached sheet.

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.

Pedro E Olquin 04-15-2019
Signature Date

Contact Telephone: (206) 518-0494 *

Email: pedro.olquin@teamsters117. (work)*

Email: _____ (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE



RECEIVED

AUG 05 2019

Public Disclosure Commission

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

Statement of Understanding

Pedro Olguin: PDC Cases 21178, 25725, 26963 and 27522

I Pedro E. Olguin, hereby acknowledge that:
(Printed Name of Respondent)

As a candidate for Burien City Council in 2017, I failed to timely file four Monetary Contribution reports (C-3 reports) and two Summary Full Campaign Contribution and Expenditure reports (C-4 reports) that were required to be filed during the accelerated reporting period prior to the primary and general elections in 2017, in violation of RCW 42.17A.235 and 42.17A.240, as follows:

- On July 9, 2017, the Burien for Olguin Committee (Campaign) filed a C-3 report disclosing \$3,000 in monetary contributions received from three contributors between April 18 and April 20, 2017, with all contributions listed as deposited on April 27, 2017. The report was filed 60 days late, but 22 days before the August 1, 2017 primary election.
- On October 12, 2017, the Campaign filed a C-3 report disclosing \$992 in monetary contributions received from three contributors between July 18 and July 27, 2017, with each contribution listed as a separate deposit made on August 31, 2017. The three deposits were required to be deposited within five business days of receipt and listed on separate C-3 reports. The \$992 in contributions were reported 76 days late, but 25 days before the November 7, 2017 general election.
- On October 12, 2017, the Campaign filed an additional C-3 report disclosing \$3,300 in monetary contributions received from six contributors between September 13 and September 25, 2017, with all six contributions listed as being deposited on October 12, 2017. The six deposits were required to be deposited within five business days of receipt. The C-3 report disclosing the \$3,300 in contributions was filed 52 days late, but 25 days before the November 7, 2017 general election.
- On October 27, 2017, the Campaign filed a C-3 report disclosing \$2,992 in monetary contributions received from seven contributors between September 14 and October 10, 2017, with all seven contributions listed as being deposited on October 16, 2017. The seven deposits were required to be

deposited within five business days of receipt. The C-3 report was filed 39 days late, but ten days before the November 7, 2017 general election.

On November 1, 2017, the campaign filed both the 21-Day and 7-Day Pre-General Election C-4 reports on a single C-4 report covering September 1 through October 30, 2017. Separate reports were required.

- The 21-Day Pre-General Election C-4 report, covering the period September 1 through October 16, 2017, was due no later than October 17, 2017. The 21-Day Pre-General C-4 report disclosed \$8,807 in contributions received and \$1,670.17 in expenditures made. This report was filed 14 days late, but six days before the November 7, 2017 general election, disclosing \$164.38 in campaign advertising related expenses.
- The 7-Day Pre-General Election C-4 report, covering the period October 17 through October 30, 2017, was due no later than October 31, 2017. The 7-Day Pre-General C-4 report disclosed \$3,150 in contributions received and \$6,653 in expenditures made. This report was filed 14 days late, but six days before the November 7, 2017 general election, disclosing \$5,238 in campaign advertising related expenses.

I would like to avoid the time and expense resulting from a Brief Adjudicative Proceeding (Brief Enforcement Hearing) being scheduled by the Public Disclosure Commission (PDC) staff.

Therefore, in lieu of PDC staff scheduling a Brief Enforcement Hearing, and pursuant to WAC 390-37-142, I am completing this Statement of Understanding and enclosing a check or money order in the amount of \$900 as a penalty payment in this matter.

The \$900 penalty being assessed is for the six acknowledged violations of RCW 42.17A.235 and .240 for my failure to timely file C-3 and C-4 reports in 2017, in accordance with the Penalty Schedule adopted by the Commission for Brief Enforcement Hearings set forth in WAC 390-37-143.

I understand that this Statement of Understanding conveys the Public Disclosure Commission's expectation that I will fully comply with the statutory requirements to timely and accurately file all Monetary Contribution and Summary Full Campaign Contribution and Expenditure reports in the future.

I also understand that by completing this Statement of Understanding, I am acknowledging six violations of RCW 42.17A.235 and .240 as set forth above, and I am waiving my right to a hearing in these matters.


Pedro Olguin

07-29-2019
Date Signed

Pedro Olguin
Statement of Understanding
PDC Cases 21178, 25725, 26963 and 27522
Page 3

Please make your check or money order payable to the **"Washington State Treasurer"** and be sure to include the PDC Case numbers 21178, 25725, 26963, and 27522 in the memorandum field, and mail or deliver this Statement of Understanding along with your payment to:

Public Disclosure Commission
711 Capitol Way, Room 206
PO Box 40908
Olympia, WA 98504-0908



PO

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 report period. | Type of Account or Description of Asset | Asset Value (Use Code) | Income Amount (Use Code) |
|--|---|------------------------|--------------------------|
| PO Box 182051 Columbus OH 43218-2051 | Checking | B | A |
| 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. | | | |
| Riversource Life Insurance Company 829 Ameriprise Financial Center Minneapolis MN 55474-0008 | Life Insurance Annuity | E | B |
| 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 |
|-----------------------------|------------------|----------------|----------|---------|
| | | | | |

Check here ☐ if continued on attached sheet.

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? 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? 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.

Nancy Tosta 04-12-2019
Signature Date
Contact Telephone: (206) 886-5591 *
Email: nancyt@burienwa.gov (work)*
Email: _____ (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

INCOME CONTINUED

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Name TOSTA, NANCY

Page 3

1

INCOME

Show Self (S)
Spouse (SP)
Dependent (D)

| | Name and Address of Employer or Source of Compensation | Occupation or How Compensation Was Earned | Amount: (Use Code) |
|----|--|---|-----------------------|
| S | CA Public Employees Retirement System PO Box 942716 SACRAMENTO CA 94229 | Pension | B |
| S | City of Burien 400 SW 152nd St, Suite 300 BURIEN WA 98166 | City Council Member | B |
| SP | Department of the Treasury PO Box 2000 RICHMOND CA 94802 | Social Security | C |
| SP | EB Alive 15931 Maplewild Ave SW BURIEN WA 98166 | Consultant | B |
| SP | Wells Fargo IRA 2801 Market Street SAINT LOUIS MO 63103 | IRA Distribution | D |
| S | Department of the Treasury PO Box 2000 RICHMOND CA 94802 | Social Security | D |
| S | Wells Fargo IRA 2801 Market St SAINT LOUIS MO 63103 | IRA Distribution | C |
| S | Thrift Savings Plan PO Box 385021 BIRMINGHAM AL 35238 | Retirement Plan | B |
| S | Nationwide Retirement Solutions Inc PO Box 182797 COLUMBUS OH 43218-2797 | Retirement Account | B |
| S | Riversource Life Insurance Company 829 Ameriprise Financial Center MINNEAPOLIS MN 55474-0008 | Annuity | B |
| SP | Riversource Life Insurance Company 829 Ameriprise Drive MINNEAPOLIS MN 55474-0008 | Annuity | B |

Check Here ☐ if continued on attached sheet

FINANCIAL INSTITUTIONS CONTINUED

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Name TOSTA, NANCY Page 4

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) |
|--|---|---------------------------|-----------------------------|
| Chase Bank | Savings | E | A |
| Burien WA 98166 | | | |
| Sound Credit Union | Money Market | E | A |
| Burien WA 98166 | | | |
| Ameriprise | 401 (k) | E | 0 |
| Seattle WA | | | |
| Thrift Savings Plan PO Box 385021 Birmingham AL 35238 | Deferred Compensation | E | B |
| Ameriprise | Managed Brokerage Account | E | 0 |
| Wells Fargo Advisors | Managed Brokerage Accounts and IRA | E | D |
| Columbia Funds | Mutual Fund | D | A |
| Nationwide Retirement Solutions PO Box 182797 Columbus OH 43218-2797 | 401 (k) | E | B |
| Check here <input type="checkbox"/> if continued on attached sheet. | | | |