Washington State Public Disclosure Commission

Personal Financial Affairs Statement
Reporting Modification Application and Certification

Application Instructions

Request for exemption from reporting **law firm clients**
pursuant to RCW 42.17A.120 and WAC 390-28-100

State law allows filers of the F-1 Personal Financial Affairs Statement to seek a modification or suspension of reporting some information. RCW 42.17A.120 states in part:

> *The commission may suspend or modify any of the reporting requirements of this chapter if it finds that literal application of this chapter works a **manifestly unreasonable hardship** in a particular case and the suspension or modification **will not frustrate the purposes of this chapter**. The commission may suspend or modify reporting requirements only after a hearing is held and the suspension or modification receives approval. The commission shall act to suspend or modify any reporting requirements only to the extent necessary to substantially relieve the hardship. (Emphasis added)*

To request a modification:

(1) Complete your Personal Financial Affairs Statement (F- 1) (when asked about business customers, list only those that would be reportable if the Commission grants the modification. Answer "no" if there would be no reportable business payments/clients);
(2) Answer all applicable questions on this application. All applicants **must** complete questions #1 and #4;
(3) Include an email address for the PDC to use for correspondence regarding your request;
(4) Sign the certification, and
(5) Return this application, the signed certification (if waiving personal appearance at the public hearing) and your completed F-1 to the PDC.

Applications are due March 10th for annual filers, or prior to the two-week deadline for candidates and new appointees.

Questions? Contact PDC staff at (360) 753-1111; 1-877-601-2828 (toll-free in Washington State) or by e-mail at pdc@pdc.wa.gov.

Application Questionnaire

Applicant Information

Filer Name (as it appears on the F-1): _____

Office Held or Sought: _____

Period Covered by Request (calendar year or previous 12 months): _____

Filing Status (check one):

☐ An elected or state appointed official filing annual F-1
☐ Candidate filing F-1
☐ Newly appointed filing F-1

Is this a renewal of a previously granted request?

☐ Yes ☐ No

Instructions

Please answer each question below. You may attach court documents or other relevant items for consideration. **Please note that this application and any documents submitted for consideration are public documents subject to the Public Records Act RCW 42.56.**

1. **EMAIL ADDRESS.** Pursuant to RCW 42.17A.055, email is the official means of communication for the PDC. Please supply an email address to use for correspondence with you about your request.
   Email address: _____

2. **CUSTOMERS (CLIENTS) OF LAW FIRMS.** Are you requesting to be exempted from disclosing the business customers (clients) of a law firm listed on the F-1? Per WAC 390-28-090, the Commission may grant your modification request if it finds that identifying the business customers (clients) of the law firm listed on your F-1 would cause a manifestly unreasonable hardship and that granting the limited modification would not frustrate the purposes of the act. **If the disclosure of all reportable business customers (clients) of the law firm on the F-1 could cause an unreasonable hardship, please explain the hardship in detail. *Attach a sheet if more room is needed.***

- List the name of the law firm for which you are seeking a modification request from reporting the firm's reportable customers (clients). ***Attach a sheet if more room is needed.***

- Describe the size of the law firm such as annual sales, number of customers or accounts, the number of attorneys or other employees, and other pertinent information. ***Attach a sheet if more room is needed.***

- How many business customers (clients) have paid the law firm more than $12,000 during the reporting period and would be subject to disclosure? ***Attach a sheet if more room is needed.***

- Do you have access to the law firm's customer (client) list? ☐ Yes ☐ No
- Are you involved in the day-to-day operations of the law firm? ☐ Yes ☐ No
- Are any of the law firm's customers (clients) listed in public sources, publications, websites or other public records? ☐ Yes ☐ No
- If yes, identify the website or other public location. ***Attach a sheet if more room is needed.***

- Did you disclose all of the law firm's customers (clients) for whom you have done legal work? ☐ Yes ☐ No
- Did you disclose all of the law firm's customers (clients) who are listed in Martindale Hubbell, the firm's resume, website or similar promotional materials? ☐ Yes ☐ No

  If you answered no, please explain why not.

- Did you disclose all of the governmental customers (clients) that have done business with the law firm? ☐ Yes ☐ No If you answered no, please explain why not. ***Attach a sheet if more room is needed.***

- Does the law firm have the ability to sort its customer (client) list to identify those paying more than $12,000 during the reporting period? ☐ Yes ☐ No
- Do you have a 10% or more ownership interest in the law firm? ☐ Yes ☐ No
- Describe other relevant information you believe the Commission should consider as to why it would be a manifestly unreasonable hardship if the information was required to be disclosed. ***Attach sheet if more room is needed***

- Did you disclose the purpose of all payments and the actual dollar amount the law firm received from the governmental unit in which you seek or hold office? (Please note that this

information is required to be disclosed and will not be granted as part of your request.)
☐ Yes ☐ No

If you answered no, please explain why not. ***Attach a sheet if more room is needed.***

3. **NOT FRUSTRATE THE PURPOSES OF THE ACT. Please describe the jurisdiction or agency for which you hold or seek public office, and the duties performed by you as a public official (examples: adopting rules or ordinances, hiring staff, approving contracts, setting policy, etc.). Please explain why not disclosing the business customers of the law firm present no actual or potential conflict of interest.** ***Attach a sheet if more room is needed.***

4. **CONFLICT RECUSAL**. If any matter coming before you at the public entity you serve involves a conflict of interest between your personal interests and your public duties, will you recuse yourself from that matter, regardless of whether you have disclosed that personal interest on an F-1 form?

☐ Yes ☐ No If you answered no, please explain why not. ***Attach a sheet if more room is needed.***

5. **OTHER INFORMATION.** Is there any other information you want the Commission to consider regarding your modification request? (If you are attaching any information or documents, please describe attachments.) ***Attach a sheet if more room is needed***.

Hearing Process

Your request, including the F-1, this Application Questionnaire and any other documents provided, will be presented at a public hearing.

You are not required to participate at the hearing. If you will not be attending the hearing in person or by telephone, you must complete and sign the attached certification prior to submission.

The Commission can grant your request in full, grant part of your request, deny your request, or ask for additional information to be heard at a future public hearing.

An order will be issued to you by e-mail with the Commission's decision.

Certification for an Application for a Reporting Modification or Suspension When Applicant Is Waiving Personal Appearance At the Hearing

(Notary Not Required)

I am waiving my personal appearance at the hearing regarding my request for a reporting modification or suspension, and request that the Commission consider the information provided in my written application. I certify under penalty of perjury under the laws of the State of Washington that the facts set forth in the attached application for a reporting modification are true and accurate to the best of my actual knowledge or belief.

List the date of the application request: _____

Entity or name of individual
requesting reporting modification: _____

By printing your full name below, you CERTIFY that the information in this waiver is true and correct.

Applicant's full printed name: _____

Business street address: _____

City, state and zip code: _____

Telephone number: (_____) _____ - _____

E-Mail Address: _____

Date Signed: _____

Place Signed (City and County): _____ City _____ County

*RCW 9A.72.040 provides that: "(1) A person is guilty of false swearing if he makes a false statement, which he knows to be false, under an oath required or authorized by law. (2) False swearing is a gross misdemeanor."

PLEASE SEND THIS SIGNED CERTIFICATION VIA E-MAIL TO THE PDC WITH YOUR MODIFICATION REQUEST.