

MODIFICATION REQUEST COVER SHEET

Name of Filer	CHRISTINE SCHALLER
Reporting Period	<input checked="" type="checkbox"/> Annual report – calendar years 2012 and 2013 <input type="checkbox"/> Candidate report
Type of Request	<input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal with No Change – <u>original granted on April 26, 2012</u> <input type="checkbox"/> Renewal with Change
Office Sought & Term	Superior Court Judge, Thurston County Elected term expires December, 2017
PDC Protocol	<input type="checkbox"/> Attorney: Interpretation #02-03 <input type="checkbox"/> Judge / Judicial Candidate: Interpretation #02-04 <input type="checkbox"/> Automobile Dealership: Interpretation #02-05 <input checked="" type="checkbox"/> Spousal: Interpretation #02-06 <input type="checkbox"/> WAC
Supporting Documents (attached)	<input checked="" type="checkbox"/> Current F-1 (calendar year 2013) <input checked="" type="checkbox"/> Previous F-1 (calendar year 2012) <input checked="" type="checkbox"/> Modification Application <input checked="" type="checkbox"/> Prior order (if renewal) – <u>Order #3036</u>
Reason(s) for Modification (as stated by filer)	<ul style="list-style-type: none"> • Judge Schaller is requesting a reporting modification that would exempt her from reporting the business and other governmental customers who paid \$10,000 or more during the reporting periods to Moss Adams LLP, a CPA firm with which her spouse is partner. • Judge Schaller stated that Moss Adams, a CPA firm, provides accounting, tax, and consulting services to public and private middle-market enterprises in many different industries and across many states. The firm has 20 locations in Washington, Oregon, California, Arizona, and New Mexico, more than 2,000 staff including more than 260 partners. The firm has over 20,000 clients and annual revenue of more than \$470 million. • Judge Schaller stated that her spouse, Chris Kradjan, serves as a line partner for Moss Adams with service delivery responsibilities to his clients and specialty group. He is not involved in the day-to-day operations or management of the firm. • Judge Schaller stated that she does not have direct access to client information of her spouse's firm. She stated that she is not aware of the names of her spouse's clients with the exception of one client with which she has a connection.
Other Issues	Judge Schaller stated that if she ever became aware of a connection between one of her spouse's clients and a case she was hearing, she would immediately disclose that information to the parties and recuse herself if requested to do so. She said she would recuse herself if she believed that her decision making would be influenced by the information.
Staff Recommendations	Approve the requested reporting modification.

Chip Beatty

From: Judge Christine Schaller [Schallc@co.thurston.wa.us]
Sent: Thursday, June 12, 2014 11:17 AM
To: Chip Beatty
Subject: Reporting Modification Application

Chip,

I am requesting that Reporting Modification Application be considered for calendars years 2012 and 2013.

Thank you for your attention to this matter.

Christine Schaller, Judge
Thurston County Superior Court
(360) 786-5560

1. **MODIFICATION REQUEST SUMMARY. Describe the general nature of the information you do not wish to disclose.** (Examples: financial interests where reporting the name, would likely adversely affect the competitive position of an entity, customer lists of a business entity or sources of compensation/income for the entity, confidential relationships, information subject to bona fide separate property agreements, personal residential address, other).

My husband works for a West Coast regional CPA and consulting firm, Moss Adams LLP. It was be impossible for me to disclose the information requested. Further, information sought as it relates to financial information and customer information is confidential.

2. **UNREASONABLE HARDSHIP. Describe in detail the manifestly unreasonable hardship in disclosing the information.** Please describe in detail the reasons why you believe disclosing the information would be a hardship. The reasons stated should address the issues such as those listed below. Please address those topics below that are relevant to your specific request. For example, if you are seeking nondisclosure related to an entity, for each entity, please:

- Provide the name and description of the entity, business, union, association, not-for-profit, charitable organization, or other entity for which you are seeking a modification request from reporting the entity's disclosable customers/sources of compensation/income.

Moss Adams LLP is a CPA firm which provides accounting, tax, and consulting services to public and private middle-market enterprises in many different industries and across many states. Moss Adams LLP is also a founding member of Praxity, a global alliance of accounting firms. This alliance is an association of independent firms in the major markets of North America, South America, Europe, and Asia.

Moss Adams LLP's assurance services include audits, accounting, internal controls, business risk management, royalty compliance, and employee benefit plans. Our tax services include tax planning, federal, state and local tax planning and compliance, international tax planning and compliance, cost segregation, and research and development tax credits. We also provide consulting and advisory services for mergers and acquisitions, corporate finance, valuations, personal wealth management, business planning, litigation and forensic accounting, information technology integration and reviews, and compensation.

- Describe the size of the entity such as annual sales, number of customers or accounts, the number of employees, and other pertinent information.

Founded in 1913 and headquartered in Seattle, Washington, Moss Adams LLP has 20 locations in Washington, Oregon, California, Arizona, and New Mexico. Our staff of over 2,000 includes more than 260 partners. Our annual revenue from assurance, tax and consulting services provided to over 20,000 clients is in excess of \$470 million. No one client accounts for more than a fraction of the firm's revenue.

As a private partnership, Moss Adams does not maintain audited financial statements or publicly disclose specific financial data.

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- Describe how many business customers or other sources paying the entity more than \$10,000 would be subject to disclosure.

No direct access to such information. This information would require a specific request to the Administrative Office's of Moss Adams LLP.

- Describe if you have access to information about the entity's customer base or sources of compensation/income.

No direct access to such information. This information would require a specific request to the Administrative Office's of Moss Adams LLP.

- Describe if you are involved with the day-to-day operations of the entity.

As noted above, Moss Adams LLP has over 2,000 staff which includes more than 260 partners. Chris Kradjan serves as a line partner for Moss Adams LLP with service delivery responsibilities to his clients and specialty group. He is not involved in the day-to-day operations or management of the firm.

- Describe if any of the entity's customers or sources of compensation/income are already listed in other public sources or publications including advertisements, or public records.

From time-to-time Moss Adams marketing literature may include testimonials from customers. In some instances, with prior written permission from our clients, we disclose limited information to prospective clients, such as existing client names, general services provided, etc. However, this information is not provided in public sources or publications, nor is it available in public records.

- Describe if any of the entity's customers or sources of compensation/income are already listed on a website.

General information may be found at <http://www.mossadams.com/about/fast-facts>. However, pursuant to professional standards and rules and regulations pertaining to CPA firms, Moss Adams LLP does not provide detailed information about its clients.

- If the entity has a website address, list it here:

www.mossadams.com.

- If the entity's customers or sources of compensation/income are described elsewhere on the Internet, describe why you are seeking a modification (nondisclosure) for those customers or sources of compensation/income:

No such listing on the Internet.

[Note: along with other information provided in the Application Questionnaire, Internet information regarding entities/sources of compensation/income may be reviewed by PDC staff and/or the Commission as part of the modification process.]

- Describe if the entity has the ability to sort its customer list or sources of compensation/income to identify those paying the entity more than \$10,000 during the reporting period.

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Pursuant to the AICPA Code of Professional Conduct and rules and regulations promulgated by the Washington Board of Accountancy and similar regulatory bodies, this information is not publicly available.

- Describe if you disclosed all of the governmental customers or governmental sources of compensation/income that paid the entity more than \$10,000 in the reporting period.

Pursuant to the AICPA Code of Professional Conduct and rules and regulations promulgated by the Washington Board of Accountancy and similar regulatory bodies, this information is not publicly available.

- Indicate whether you have an ownership interest of 10% or more in the entity.

No.

- Indicate whether your spouse's interest in an entity requires you to complete an F-1 Supplement for that entity.

Not applicable.

- 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.

Moss Adams LLP has over 2,000 staff which includes more than 260 partners. Chris Kradjan serves as a line partner for Moss Adams LLP with service delivery responsibilities to his clients and specialty group. He is not involved in the day-to-day operations or management of the firm.

Moss Adams LLP has over 20,000 clients. Disclosure of information pertaining to any particular client is prohibited under the AICPA's Code of Professional Conduct and under rules and regulations adopted by various state boards of accountancy which license the operations of CPA firms.

- 3. NOT FRUSTRATE THE PURPOSES OF THE ACT. Describe how allowing you to not disclose the information described in your modification request does not frustrate the purposes of the Public Disclosure Act.**
- 4. DUTIES. Describe your duties as an elected or appointed official.** Please describe the jurisdiction or agency for which you hold 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 provide as much description as possible.
- 5. CUSTOMERS OR SOURCES OF COMPENSATION/INCOME. If you are seeking a modification related to a particular entity's reportable customers or sources of compensation/income for an entity, describe:**

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- In detail the position you hold in the entity (examples: owner, board member, officer, partner, etc.) and the duties performed by you for that entity, if any (examples: setting policy, hiring, approving contracts, approving budgets, etc.). Please provide as much description as possible.

Partner within the IT Audit and Consulting Group of Moss Adams LLP.

- If you (or if you are seeking office, will you) make any decisions as a public official that may benefit the customers of the entity for which you are seeking a modification, or sources of compensation/income for the entity for which you are seeking a modification?

6. **RESIDENTIAL ADDRESS. Are you requesting to be exempted from disclosing the address of your personal residence in the Real Estate Section of the F-1?** In this situation, you or your spouse may be a law enforcement officer, prosecutor, judge, or other official, and the disclosure of the address of your primary residence on the F-1 form could cause you or your family harm, based upon tangible evidence or a specific threat. If so, please explain in detail the **manifestly unreasonable hardship** if disclosure were required, and **why the purposes of the act would not be frustrated** if disclosure of the address was not required. If nondisclosure is based upon an anti-harassment or similar court order, please state.

N/A.

7. **SPOUSAL SEPARATION. Are you requesting to be exempted from disclosing information related to your spouse based on a pending or recent divorce or separation, or bona fide separate property agreement or other bona fide separate status?** In this situation, the filer has little or no knowledge of spouse's or former spouse's income, assets, liabilities or relationship to outside entities for which reporting may be required. (For example, do you file separate income tax returns?) The filer does not have access to spouse's or former spouse's financial information. The financial interest of the spouse or former spouse does not constitute a present or prospective source of income for the filer. If this is your situation, please describe.

N/A.

8. **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.)

N/A.

Chip Beatty

From: Judge Christine Schaller [Schallc@co.thurston.wa.us]
Sent: Monday, June 16, 2014 1:12 PM
To: Chip Beatty
Subject: Reporting Modification Application

I am requesting a modification for my reporting requirements. As it relates to Moss Adams LLP and/or its clients and my position on the bench, if there is a known relationship or association I would disclose such. If I believed that it would affect my decision making, I would recuse myself from hearing the matter.

Thank you for your consideration.

Christine Schaller, Judge
Thurston County Superior Court
(360) 786-5560

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**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 on my request for a reporting modification or suspension, and request the Commission to consider my written application. I certify (or declare) 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: 4/15/14

Entity or name of individual requesting reporting modification: Christine Schaller

Your signature: *Christine Schaller*

Your printed name: Christine Schaller

Business street address: 200 Lakewidge Drive SW

City, state and zip code: Olympia WA 98512

Telephone number: (360) 786-5560

E-Mail Address: schallc@co.thurston.wa.us

Date Signed: 4/15/15

Place Signed (City and County):

Olympia City Thurston 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."

IF YOU FAX OR SCAN AND SEND A COPY OF THIS SIGNED CERTIFICATION VIA E-MAIL TO THE PDC WITH YOUR MODIFICATION REQUEST, THE ORIGINAL MUST STILL BE PROVIDED. RETURN THE ORIGINAL OF THIS CERTIFICATION TO:

WASHINGTON STATE PUBLIC DISCLOSURE COMMISSION
711 Capitol Way Room 206
P.O. Box 40908
Olympia, WA 98504-0908
Attn: Reporting Modification Request

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	AMOUNT
A	\$1 to \$3,999
B	\$4,000 to \$19,999
C	\$20,000 to \$39,999
D	\$40,000 to \$99,999
E	\$100,000 or more

Last Name SCHALLER	First CHRISTINE	Middle Initial M./
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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.

Mailing Address (Use PO Box or Work Address) *
 2000 Lakeridge Drive SW

Christopher Kradjan

City Olympia	County THURSTON	Zip + 4 98512
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Filing Status (Check only one box.)

An elected or state appointed official filing annual report

Final report as an elected official. Term expired: _____
 Candidate running in an election: month _____ year _____

Newly appointed to an elective office

Newly appointed to a state appointive office

Professional staff of the Governor's Office and the Legislature

Office Held or Sought

Office title SUPERIOR COURT JUDGE

County, city, district or agency of the office, name and number: Thurston County

Position number: 2

Term begins: Jan. 2013 ends Jan. 2017

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 \$2,000 or more during the period. Include stock options received during the reporting period that had a value of \$2,000 or more. (Report interest and dividends in Item 3.)

	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
Show Self (S) Spouse (SP/DP) Dependent (D)	Thurston County Superior Court 2000 Lakeridge Drive SW Olympia, WA 98512	Judge	E
	Moss Adams LLP 999 3 rd Avenue, Ste. 2800 Seattle, WA 98104	Consultant	E
	Estate of Dickenson 2102 SE Beta Lacey, WA 98513	Inheritance	B

Check Here 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 \$10,000 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 None.	Assessed Value (Use Code)	Name and Address of Purchaser <p style="text-align: center; font-size: 2em; opacity: 0.5;">COPY</p>		Nature and Amount (Use Code) of Payment or Consideration Received	
Property Purchased or Interest Acquired THE EAST 3 FEET OF LOT 7, ALL OF LOTS 8 AND 9, BLOCK 3616 OF MAP OF NEW TACOMA, WASHINGTON TERRITORY, ACCORDING TO THE PLAT RECORDED FEBRUARY 3, 1875, RECORDS OF PIERCE COUNTY, WASHINGTON; TOGETHER WITH THE NORTHEASTERLY 10 FEET OF THE ALLEY ABUTTING THEREON VACATED BY ORDINANCE NO 3564 OF THE CITY OF TACOMA	E	Creditor's Name/Address HomeStreet Bank 2000 Two Union Street; 601 Union Street, Seattle, WA	Payment Terms 30 year mortgage	Security Given Deed of Trust	Mortgage Amount - (Use Code) Original E Current E <p style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="text-align: center; font-weight: bold; font-size: 1.2em;">APR 15 2014</p> <p style="text-align: center;">Public Disclosure Commission</p>
All Other Property Entirely or Partially Owned None. 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, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
TwinStar Credit Union 1020 5 th Avenue SE Olympia, WA 98501	Checking/Savings	E	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 \$20,000 during the period. None.			
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 \$2,000. 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.			
Edward Jones 3231 Willamette Drive SE, Ste. F Lacey, WA 98516	IRA Roth IRA Bonds Mutual Funds	D B B B	A A A A
Washington State PERS II 6500 Linderson Way SW, Ste. 101A Tumwater, WA 98501	Retirement	D	A
T. Rowe Price	401K	E	A
Nationwide Retirement Solutions 5900 Parkwood Place PW-05-05 Dublin, OH 43016	457(b)	D	A
Fidelity National Financial Services LLC PO Box 6730000 Dallas, TX 75267-3000	Roth IRA	B	A
Moss Adams LLP 999 3 rd Avenue, Ste. 2800 Seattle, WA 98104	Capitol Account	E	A
Charles Schwab PO Box 52114 Phoenix, AZ 85072	Stock/Bonds	E	A

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Check here if continued on attached sheet.

4 CREDITORS List each creditor you or a family member, including registered domestic partner, owed \$2,000 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
None.				

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 Yes. 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? Yes. 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.

Chris Peck 4/14/14
Signature Date

Contact Telephone: (360) 786-5560

Email: _____ (work) *

Email: _____ (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

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PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828
EMAIL: pdc@pdc.wa.gov

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PDC FORM

F-1

SUPPLEMENT (1/12)

SUPPLEMENT PAGE
PERSONAL FINANCIAL AFFAIRS STATEMENT

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

Last Name: Schaller, First: Christine, Middle Initial: M., DATE: 4-14-14

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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 \$10,000 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 [X]
Registered Domestic Partner [] Dependent []

LEGAL NAME: Moss Adams LLP

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: Moss Adams LLP Partner

ADDRESS: 999 3rd Avenue, Ste. 2800
Seattle, WA 98104

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Certified Public Accounting and Business Consulting

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

Purpose of payments: None. Amount (actual dollars): \$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name: To be Supplemented. Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

Customer name: To be Supplemented. 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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

N/A

Check here [] if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

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Name

ENTITY NO. 2

Public Disclosure Commission Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: **Yakima C & C Family Trust**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **Yakima C & C Family Trust**

ADDRESS: **P.O. Box 6963
Tacoma, WA 98417**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Family Limited Liability C

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

Purpose of payments

Amount (actual dollars)

N/A

\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

N/A

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

Customer name:

Purpose of payment (amount not required)

N/A

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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here if continued on attached sheet

B LOBBYING: List persons for whom you, or any immediate family member, including registered domestic partner, lobbied or prepared state legislation or state rules, rates, or standards for compensation or deferred compensation. Do not list pay from government body in which you are an elected official or professional staff member.

Person to Whom Services Rendered

Description of Legislation, Rules, Etc.

Compensation (Use Code)

N/A

Check here if continued on attached sheet

C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received

Donor's Name, City and State

Brief Description

Actual Dollar Amount

Value (Use Code)

7/17/13


National Judicial College
Reno, NV

\$595 towards tuition and \$1,000 for travel + lodging to attend 2 week General Jurisdiction camp

\$1,595

A

Check here if continued on attached sheet

 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 (1/12)	PERSONAL FINANCIAL AFFAIRS STATEMENT	PDC OFFICE USE 100515866 Covers: 2012 Received: 04-16-2013												
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.		<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 \$3,999</td> </tr> <tr> <td>B</td> <td>\$4,000 to \$19,999</td> </tr> <tr> <td>C</td> <td>\$20,000 to \$39,999</td> </tr> <tr> <td>D</td> <td>\$40,000 to \$99,999</td> </tr> <tr> <td>E</td> <td>\$100,000 or more</td> </tr> </table>	DOLLAR CODE	AMOUNT	A	\$1 to \$3,999	B	\$4,000 to \$19,999	C	\$20,000 to \$39,999	D	\$40,000 to \$99,999	E	\$100,000 or more	
DOLLAR CODE	AMOUNT														
A	\$1 to \$3,999														
B	\$4,000 to \$19,999														
C	\$20,000 to \$39,999														
D	\$40,000 to \$99,999														
E	\$100,000 or more														
SEND REPORT TO PUBLIC DISCLOSURE COMMISSION															
<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>SCHALLER</td> <td>CHRISTINE</td> <td>M</td> </tr> </table>	Last Name	First	Middle Initial	SCHALLER	CHRISTINE	M	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													
SCHALLER	CHRISTINE	M													
Mailing Address (Use PO Box or Work Address) 6963 LITTLEROCK ROAD SW		Christopher Kradjan SP													
City	County	Zip + 4													
TUMWATER	THURSTON	98512													
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: SUPERIOR COURT JUDGE _____ County, city, district or agency of the office, name and number: THURSTON CO _____ Position number: SUPERIOR COURT Term begins: _____ ends: _____ 01-14-2013													
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 \$2,000 or more during the period. (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	Occupation or How Compensation Was Earned	Amount: (Use Code)												
S	Thurston County Superior Court 2000 Lakeridge Drive SW OLYMPIA WA 98512	Court Commissioner	E												
SP	Moss Adams LLP 999 3rd Avenue, Ste. 2800 SEATTLE WA 98104	Consultant	E												
Check Here <input checked="" 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 \$10,000 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	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 The East 3 Feet of Lot 7, All of Lots 8 & 9, Block Check here <input type="checkbox"/> if continued on attached sheet	E	HomeStreet Bank 2000 Two Union Seattle WA	30 year mortgage Deed of Trust E E												

CONTINUE ON NEXT PAGE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS List bank and savings accounts, insurance policies, stock, bonds and other intangible property 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 \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
TwinStar Credit Union 1020 5th Avenue Se Olympia WA 98501	Checking/Savings	E	B
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 \$20,000 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 \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, 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. Edward Jones 3231 Willamette Drive SE, Ste. F Lacey WA 98516	IRA, Roth IRA, Bonds, Mutual Funds	D	A

Check here if continued on attached sheet.

4 CREDITORS List each creditor you or a family member, including registered domestic partner, owed \$2,000 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.

<p>ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.</p> <p><input type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> 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.</p> <p>*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.</p>	<p>CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.</p> <p><u>Christine Madlyn</u> <u>04-15-2013</u> Signature Date</p> <p>Contact Telephone: 360-786-5560 *</p> <p>Email: <u>schallc@co.thurston.wa.us</u> (work)*</p> <p>Email: _____ (Home) Optional</p>
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INCOME CONTINUED

F-1

Name SCHALLER, CHRISTINE M

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 EarnedAmount:
(Use Code)

S	Estate of Dickenson unknown THURSTON COUNTY WA UNKNOWN	Inheritance	C
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Check Here if continued on attached sheet

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name SCHALLER, CHRISTINE M

Page 4

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

C. Name and address of each company, association, government agency	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Washington State PERS II 6500 Linderson Way SE, Ste. 101A Tumwater WA 98501	Retirement	D	0
T. Rowe Price	401K	E	A
Nationwide Retirement Solutions 5900 Parkwood Place, PW-05-05 Dublin OH 43016	457(b)	D	A
Fidelity, National Financial Services PO Box 6730000 Dallas TX 75267	Roth IRA	B	A
Moss Adams 999 3rd Avenue, Ste. 2800 Seattle WA 98104	Capitol Account	E	D

Check here if continued on attached sheet.

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

Last Name SCHALLER	First CHRISTINE	Middle Initial M	DATE 2013-04-15
-----------------------	--------------------	---------------------	--------------------

- 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 \$10,000 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:

Yakima C & C Family Trust

POSITION OR PERCENT OF OWNERSHIP

100%

TRADE OR OPERATING NAME:

Yakima C & C Family Trust

ADDRESS:

PO Box 6963

Tacoma

WA 98417

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Family Limited Liability Company

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

Purpose of payments

N/A

Amount (actual dollars)

\$ N/A

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name:

N/A

Purpose of payment (amount not required)

N/A

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

Customer name:

N/A

Purpose of payment (amount not required)

N/A

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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

N/A

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGES

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

Last Name SCHALLER	First CHRISTINE	Middle Initial M	DATE 2013-04-15
-----------------------	--------------------	---------------------	--------------------

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 \$10,000 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: Moss Adams LLP

TRADE OR OPERATING NAME: Moss Adams LLP

ADDRESS: 999 3rd Avenue, Ste. 2800
Seattle WA 98104

POSITION OR PERCENT OF OWNERSHIP: Partner

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: Certified Public Accounting and Business Consulting

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

Purpose of payments	Amount (actual dollars)
None.	\$ None.

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name:	Purpose of payment (amount not required)
To be Supplemented.	To be Supplemented.

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE:

Customer name:	Purpose of payment (amount not required)
To be Supplemented	To be Supplemented.

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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

N/A

Check here 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: pdc@pdc.wa.gov • Website: www.pdc.wa.gov

BEFORE THE PUBLIC DISCLOSURE COMMISSION
OF THE STATE OF WASHINGTON

IN THE MATTER OF THE APPLICATION)	PDC No. 3036
OF CHRISTINE SCHALLER FOR A)	Findings, Conclusions
REPORTING MODIFICATION)	and Order
_____)	

On April 26, 2012, the application of Christine Schaller, 6963 Littlerock Road SW, Tumwater, Washington 98512, for a modification of the reporting requirements of RCW 42.17.241¹ was brought before the Public Disclosure Commission.

Consideration of the request was made pursuant to RCW 42.17A.120² and chapter 390-28 WAC by the Commission. The proceedings were held in Room 206, Evergreen Plaza Building, 711 Capitol Way, Olympia, Washington, 98504. The applicant, Christine Schaller, appeared in-person and submitted a Modification Application. She requested a reporting modification that would exempt her from disclosing the business and other governmental customers who paid \$10,000 or more during the reporting period to Moss Adams LLP, a CPA firm with which her spouse is partner.

FINDINGS OF FACT

Based upon her appearance and the Modification Application, the Commission makes the following Findings of Fact:

1. Ms. Schaller has not previously been granted a reporting modification.
2. Ms. Schaller is a candidate for Superior Court Judge in Thurston County. The reporting period for Ms. Schaller is February 2011 through February 2012. The general election will be held on November 6, 2012. If elected, her term would begin January 2013 and expire December 2017.
3. Ms. Schaller stated that Moss Adams, a CPA firm, provides accounting, tax, and consulting services to public and private middle-market enterprises in many different industries and across many states. The firm has 20 locations in Washington, Oregon, California, Arizona, and New Mexico, more than 1,700 staff including more than 220 partners. The firm has over 20,000 clients and annual revenue of more than \$300 million.
4. Ms. Schaller stated that her spouse, Chris Kradjan, serves as a line partner for Moss Adams with service delivery responsibilities to his clients and specialty group. He is not involved in the day-to-day operations or management of the firm.

¹ RCW 42.17.241 now codified at RCW 42.17A.710 (effective January 1, 2012).

² RCW 42.17A.120 (effective January 1, 2012) formerly codified at RCW 42.17.370(10).

- Ms. Schaller stated that she does not have direct access to client information of her spouse's firm. She stated that she is not aware of the names of her spouse's clients with the exception of one client with which she has a connection.
- Ms. Schaller stated that if she ever became aware of a connection between one of her spouse's clients and a case she was hearing, she would immediately disclose that information to the parties and recuse herself if requested to do so. She said she would recuse herself if she believed that her decision making would be influenced by the information.

CONCLUSIONS OF LAW

Having made these Findings of Fact, the Commission makes the following Conclusions of Law:

- Literal compliance with all the provisions of the reporting requirements of RCW 42.17.241³ would work a manifestly unreasonable hardship on the applicant.
- Limited suspension or modification of the reporting requirements as specified in the Order would not frustrate the purposes of the Act in this particular case.

ORDER

Having made these Findings of Fact and Conclusions of Law, the Commission issues the following Order:

For the Statement of Personal Financial Affairs required to be filed with the Public Disclosure Commission within two weeks of becoming a candidate:

- The applicant shall report all payments made by Thurston County Superior Court to Moss Adams, LLP during the reporting period.
- The applicant may satisfy the reporting requirements of RCW 42.17.241³ without disclosing the reportable business and other governmental customers of Moss Adams, LLP, except that she must disclose the reportable information of which she is aware.
- The applicant shall disclose the reportable business and other governmental customers or clients of Moss Adams, LLP during the reporting period, whose identities are known to the applicant and whose interests are significantly affected by Thurston County Superior Court, to the extent not otherwise disclosed in (1) and (2).
- In all other matters required to be reported, the applicant shall comply in full with the reporting requirements of RCW 42.17/42.17A.

DATED this 7th day of May, 2012.

FOR THE PUBLIC DISCLOSURE COMMISSION


Andrea McNamara Doyle
Executive Director

I, Ernstin Murphy, certify
that I mailed a copy of this order to the
Respondent/Applicant at his/her respective
address postage pre-paid on the date stated
herein.
Signed Ernstin Murphy
Date 5-7-12

³ RCW 42.17.241 now codified at RCW 42.17A.710 (effective January 1, 2012).