

MODIFICATION REQUEST COVER SHEET

Name of Filer	NANCY WHITTEN
Reporting Period	<input checked="" type="checkbox"/> Annual report – calendar year 2012 <input type="checkbox"/> Candidate/Appointee report
Type of Request	<input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal with No Change – <u>original granted on December 10, 2003</u> <input type="checkbox"/> Renewal with Change
Office Held/Sought & Term	City Council member, City of Sammamish Elected term expires: 2015
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 checked="" type="checkbox"/> WAC 390-28-100 (1)(b) & (1)(e)
Supporting Documents (attached)	<input checked="" type="checkbox"/> Current F-1A <input checked="" type="checkbox"/> Most recent full F-1 report (filed April 5, 2011) <input checked="" type="checkbox"/> Modification Application <input checked="" type="checkbox"/> Letter <input checked="" type="checkbox"/> Prior order (if renewal) – <u>Order # 3069</u>
Reason(s) for Modification (as stated by filer)	<ul style="list-style-type: none"> • Ms. Whitten is requesting a renewal of the reporting modification that would exempt her from disclosing the business and other governmental customers that paid \$10,000 or more during 2012 to the Washington State Medical Association (WSMA). • Ms. Whitten's spouse is a trustee of WSMA, a private, non-profit membership organization for physicians. Ms. Whitten said that her spouse's role as a trustee of WSMA is to establish association policy as it relates to its member physicians. She said her spouse is has no ownership interest in the entity. • Ms. Whitten stated that she has no knowledge of the business or other governmental customers of the WSMA. She stated that, as in past years, the WSMA has denied her request to provide her with a list of reportable business and other governmental customers.
Other Issues	Ms. Whitten stated the City of Sammamish did not make payments or do business with WSMA during 2012.
Staff Recommendations	Approve renewal of the reporting modification with no change.

NANCY S. WHITTEN
P.O. Box 1294
Issaquah, WA 98027
425.392.7336
nancyswhitten@msn.com

RECEIVED

FEB -6 2013

Public Disclosure Commission

February 5, 2013

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

Attn: Reporting Modification Request

Re: Filing of F-1A and Application for Reporting Modification Request and Certification for
2012, due April, 2013

Gentlemen:

Enclosed is my F-1A for 2012 and my completed Application and signed Certification in regard to my request for a reporting modification and waiver of my personal appearance. For the past nine years the same identical modification request has been granted by the PDC.

Sincerely,



Nancy S. Whitten

Application Questionnaire

RECEIVED

Background Information

FEB 6 2013

Filer Name: Nancy Whitten

Public Disclosure Commission

Filer Office Held or Sought: Councilmember, City of Sammamish

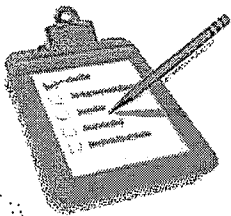
Date of Request: February 5, 2013

Period Covered by Request: 2012

Questions

Please answer questions # 1 - # 8 below, unless:

- RESIDENTIAL ADDRESS. If you are seeking only nondisclosure of a residential address, answer # 1, # 4, # 6 and # 8.
- SPOUSAL SEPARATION. If you are seeking only nondisclosure of information related to your spouse based upon a recent or pending divorce or separation, or because it relates to a bona fide separate property agreement or other bona fide separate status, answer # 1, # 4, # 7 and # 8. A request for nondisclosure may be considered when such financial interest does not constitute a present or prospective source of income for you.



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).

Payments of \$10,000 or more to or from the Washington State Medical Assn. of which spouse is a trustee and its customers if any ---- Information request refused by WSMA

RECEIVED

FEB - 6 2013

Public Disclosure Commission



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.

Washington State Medical Assn. (WSMA), a professional association of physicians practicing in the State of Washington

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

Not known

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

Not known

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

No

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

No

- 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.

Not known

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

Not known

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

FEB - 6 2013

www.wsma.org

Public Disclosure Commission

- 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:
- **Not known**

[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.

Not known

- 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.
- **No. Not known**
- 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.

Yes. Spouse is a trustee of WSMA; no ownership interest

- 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.

The information is not known and is not available to me. WSMA has refused my request to disclose it. I did check with the City of Sammamish of which I am a councilmember and it has reported that it has made no payments to nor received any payments from WSMA.



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.

No purpose is served by requiring disclosure of information which is not available and which is unknown. To enforce the law in this context would prevent a person from serving in public office, since the disclosure requirement could not be met, is frankly unrelated in any way to the position held, and the only remedy would be not to serve in office, would cause significant harm without any corresponding benefit and would raise all sorts of constitutional conflicts. It's a ridiculous information requirement in this context.

RECEIVED

FEB - 6 2013

Public Disclosure Commission



Washington

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.

As a City of Sammamish councilmember I am one of seven with the council having responsibilities for adopting rules, regulations and ordinances, hiring the city manager, approving contracts, setting policy, adopting budget and approving expenditures, and so forth.



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:

- 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.

I hold no position with WSMA. My spouse does as trustee of a professional organization, but has no ownership interest.

- 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?

No, not that I know of.

FEB -6 2013

Public Disclosure Commission



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.



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.

Not applicable



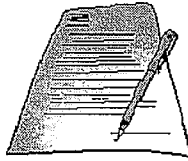
8. **OTHER INFORMATION** Is there any other information you want the Commission to consider regarding your modification request? (If you are attaching any information or documents, please describe attachments.)

This type of process is ridiculous in this context, is unnecessary, especially year after year and has no benefit whatsoever. It wastes public resources and private time to have to request a waiver each year based on the same facts. Why not have a system recognizing a continuing waiver if the facts remain unchanged with perhaps a simple question: Have their been any changes? And the be done with it.

RECEIVED

FEB - 6 2013

Public Disclosure Commission



➤ IF YOU WILL NOT BE ATTENDING THE HEARING IN PERSON OR BY PHONE TO ATTEST THE ABOVE INFORMATION AND RESPOND TO COMMISSION QUESTIONS, YOU MUST ALSO COMPLETE AND SIGN THE ATTACHED CERTIFICATION PRIOR TO SUBMISSION.

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: February 5, 2013

Entity or name of individual requesting reporting modification: Nancy Whitten

Your signature: *Nancy S. Whitten*

Your printed name: Nancy Whitten

Business street address: PO 1294

City, state and zip code: Issaquah, WA 90827

Telephone number: () -

RECEIVED

E-Mail Address: nancyswhitten@msn.com

Date Signed: Feb 5 2013

Place Signed (City and County):

City of Sammamish

King County


FEB - 6 2013

Public Disclosure Commission

*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

 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 <h1 style="margin:0;">F-1A</h1> (11/08)	PERSONAL FINANCIAL AFFAIRS STATEMENT Short Form	P M PDC OFFICE USE O A S R T K RECEIVED FEB -6 2013 Public Disclosure Commission
---	--	---	---

The F-1A form is designed to simplify reporting for persons who have no changes or only minor changes to an F-1 report previously filed.
A complete F-1 form must be filed at least every four years; an F-1A form may be used for no more than three consecutive reports.
Deadlines: Incumbent elected and appointed officials -- by April 15.
 Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.

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

<table style="width:100%;"> <tr> <td style="width:33%;">Last Name Whitten</td> <td style="width:33%;">First Nancy</td> <td style="width:33%;">Middle Initial</td> </tr> <tr> <td colspan="3">Mailing Address (Use PO Box or Work Address) *</td> </tr> <tr> <td>PO 1294</td> <td></td> <td></td> </tr> <tr> <td>City Issaquah</td> <td>County King</td> <td>Zip + 4 98027</td> </tr> </table>	Last Name Whitten	First Nancy	Middle Initial	Mailing Address (Use PO Box or Work Address) *			PO 1294			City Issaquah	County King	Zip + 4 98027	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. Richard Whitten, Spouse
Last Name Whitten	First Nancy	Middle Initial											
Mailing Address (Use PO Box or Work Address) *													
PO 1294													
City Issaquah	County King	Zip + 4 98027											

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: _____ year _____ <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: Councilmember County, city, district or agency of the office, name and number: City of Sammamish Position number: 2 Term begins: 1/1/12 ends: 12/31/2015
--	---

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.

NO CHANGE REPORT. I have reviewed my last complete F-1 report dated _____ and F-1A reports (if any) dated (1) _____ and (2) _____. The information disclosed on those reports is accurate for the current reporting period.


MINOR CHANGES REPORT. I have reviewed my last complete F-1 report dated 4/3/11. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers and describe changes. Provide all information required on F-1 report.

3 (c) Most of Arch Coal stock was sold at a price of A. Remainder of stock is minimal value and under the reportable amount.

Check here if continued on attached sheet

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)
	Exempt for me and my spouse. In each case respectively related to our customary and outside independent employment unrelated to my position as an elected official Check here <input type="checkbox"/> if continued on attached sheet			

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box. <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. <input checked="" type="checkbox"/> I hold a local elected office. I have read and am familiar with RCW 42.17.130 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.  <u>2/5/13</u> Signature Date Contact Telephone: (425) 392.7336 * Email: _____ (work) * Email: <u>nancyswhitten@msn.com</u> (Home)
---	---



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

June 8, 2012

Nancy Whitten
PO Box 1294
Issaquah, WA 98027

Subject: Reporting Modification – calendar year 2011

Dear Ms. Whitten:

Enclosed is a copy of PDC Order No. 3069, granting the reporting modification you requested concerning your Personal Financial Affairs Statement (PDC Form F-1) for the 2011 calendar-year reporting period.

Reporting modifications are granted for one reporting period. If you need to renew your reporting modification request, you must do so each time you file an F-1 report. Please submit your request early enough to allow the Commission time to act on your request before the annual April 15 filing deadline.

Thank you for your cooperation and participation during the reporting modification process. If you have questions, please contact me at (360) 586-4555, toll free at 1-877-601-2828, or by email at kristin.murphy@pdc.wa.gov.

Sincerely,

Kristin Murphy
Political Finance Specialist

Enclosure



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. 3069
OF NANCY WHITTEN FOR A) Findings, Conclusions
REPORTING MODIFICATION) and Order
_____)

On May 24, 2012, the application of Nancy Whitten, Post Office Box 1294, Issaquah, Washington 98027, 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, Nancy Whitten, by letter and modification application, requested a renewal of the reporting modification that would exempt her from disclosing on her Personal Financial Affairs Statement the business and other governmental customers that paid \$10,000 or more during 2011 to the Washington State Medical Association (WSMA).

The Commission was provided with a certification from Ms. Whitten waiving her personal appearance at the hearing and stating that the facts contained in the request are true and accurate.

FINDINGS OF FACT

Based upon the letter and modification application, the Commission makes the following Findings of Fact:

1. Ms. Whitten has previously been granted the requested reporting modification, the most recent being Order No. 2993.
2. Ms. Whitten is an elected City Council Member for the City of Sammamish. Her current term of office expires in December 2015.
3. Ms. Whitten's spouse is a trustee of WSMA, a private, non-profit membership organization for physicians. Ms. Whitten said that her spouse's role as a trustee of WSMA is to establish association policy as it relates to its member physicians. She said her spouse has no ownership interest in the entity.
4. Ms. Whitten stated that she has no knowledge of the business or other governmental customers of the WSMA. She stated that, as in past years, the WSMA has denied her request to provide her with a list of reportable business and other governmental customers.

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. Whitten stated the City of Sammamish did not make payments to, or do business with, WSMA during 2011.

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 between January 1 and April 16, 2012:

- The applicant shall report all payments made by the City of Sammamish to the Washington State Medical Association.
- The applicant may satisfy the reporting requirements of RCW 42.17.241(1)(g)(ii)³ without disclosing the reportable business and other governmental customers of the Washington State Medical Association, 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 the Washington State Medical Association, whose identities are known to the applicant and whose interests are significantly affected by the City of Sammamish, 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 8th day of June, 2012.

FOR THE PUBLIC DISCLOSURE COMMISSION

Andrea M. Doyle
Andrea McNamara Doyle
Executive Director

I, Kristin 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.
Kristin Murphy 6-5-12
Signed Date

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