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

Re: Formal complaint against gubernatorial candidate and former Seattle Port Commissioner Bill Bryant for violation of RCW 42.17A.710 and a potential violation of RCW 42.17A.435

Dear Public Disclosure Commission:

Subsection (1)(g) of RCW 42.17A.710 states that personal financial affairs statements filed by local elected officials must include:

"The name of any corporation, partnership, joint venture, association, union, or other entity in which is held any office, directorship, or any general partnership interest, or an ownership interest of ten percent or more; the name or title of that office, directorship, or partnership; the nature of ownership interest."

Bill Bryant failed to disclose his involvement with Silver Fir Digital, LLC on his personal financial affairs statement filed with the PDC on April 26, 2016.

At the time Bill Bryant filed his personal financial affairs statement, Bryant was a member of Silver Fir Digital, LLC, according to the Washington Secretary of State, where Silver Fir Digital, LLC is listed as active with Bryant as a governing person (member).

According to a previous personal financial affairs statement filed by Bill Bryant in 2015, he had a 50 percent ownership stake in Silver Fir Digital, LLC, valued between \$4,500 and \$23,999.

Bryant's failure to disclose his position with Silver Fir Digital, LLC leads to suspicions he may also be in violation of RCW 42.17A.435 - making expenditures in a manner to effect concealment.

Silver Fir Digital, LLC filed its Certification of Formation with the Washington Secretary of State on November 24, 2014 – less than six months before Bill Bryant launched his gubernatorial campaign. Cyrus Krohn is the manager of Silver Fir Digital, LLC and the only other governing person besides Bill Bryant, according to the secretary of state.

We also know that Silver Fir Digital, LLC was active last year because Bryant's own campaign paid his company for consulting work – Washingtonians for Bryant reported \$220.39 in expenditures to Silver Fir Digital.

Between May 2015 and December 2015, Bryant's campaign also reported \$39,013.91 in expenditures to his business partner, Cyrus Krohn, and another entity operated by Krohn, the Krohn Zone.

Silver Fir Digital, Cyrus Krohn, and the Krohn Zone are all located at the same address - 300 SE Bush Street, Issaquah, WA 98027 – and all of the expenditures were for similar work – digital consulting.

If any of the payments reported as expenditures to Cyrus Krohn or the Krohn Zone were actually made to Silver Fir Digital – thus concealing that Bill Bryant himself is personally benefitting from the expenditures – this would be a violation of RCW 42.17A.435.

I respectfully request that the PDC begin an investigation of these issues.

Sincerely, Jaxon Ravens Chair, Washington State Democrats

*See Attachments

Bill Bryant's Personal Financial Affairs Statement Filed in April 2016

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111

F-1

(1/15)

PDC FORM

PERSONAL FINANCIAL AFFAIRS STATEMENT

PDC OFFICE USE

100691883

TOLL FREE 1-877-601-2828 DOLLAR Refer to instruction manual for detailed assistance and examples. AMENDS: CODE **AMOUNT** Deadlines: Incumbent elected and appointed officials -- by April 15. \$1 to \$4,499 100691880 Candidates and others -- within two weeks of becoming a В \$4,500 to \$23,999 С candidate or being newly appointed to a position. \$24,000 to \$47,999 Received: D \$48,000 to 119,999 04-26-2016 SEND REPORT TO PUBLIC DISCLOSURE COMMISSION E \$120,000 or more

Last Name	First	Middle Initial	Names of immediate family members, including registered
BRYANT	WILLIAM	L	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 500 UNION STREET	,		Barbara Marie Feasey SP
City	County	Zip + 4	
SEATTLE	KING	98101	
Filing Status (Check only o	one box.)	,	Office Held or Sought
X An elected or state ap	pointed official filing annual report		Office title: GOVERNOR
Candidate running in Newly appointed to an Newly appointed to a		year	County, city, district or agency of the office, name and number: PORT OF SEATTLE Position number: 5 Term begins: 01-01-2012 ends: 12-31-2015
1 INCOME	List each employer, or other source of	f income (pension, :	social security, legal judgment, etc.) from which you or a

family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3 on reverse) Show Self (S) Hame and Address of Employer or Source of Compensation Chair Coppensation or How Compensation Spogse (SP/DP) Ameunt: Dependent (D) 500 Union Street Was Earned (Use Code) SEATTLE WA 98101 SP Frye Art Museum COO D 704 Terry SEATTLE 98 WA

2 REAL ESTATE

Check Here if continued on attached sheet

List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested Assessed Name and Address of Purchaser Nature and Amount (Use Code) of Payment or Value Consideration Received (Use Code) Roger Wilson Yakima, 623 South 17th D D 15 N Naches Avenue Yakima WA 98101 Property Purchased or Interest Acquired Security Given Creditor's Name/Address Payment Terms Mortgage Amount - (Use Code) Original Current All Other Property Entirely or Partially Owned Wells Fargo King Co., 2701 NE 94th Ε 30 yr Ε Ε Street, Seattle Check here 🛛 if continued on attached sheet Seattle

3	IN THE PROPERTY OF THE PROPERTY OF THE	ist bank and stangible prop eporting perio	savings accounts, it erty (including but no d.	nsurance pol ot limited to s	licies, stock, i stock options)	bonds and held durin	other g the
A.	Name and address of each bank or financial institution in which or a family member, including registered domestic partner, had an account over \$24,000 any time during the report period. Seattle WA Name and address of each insurance company where you or a famember, including registered domestic partner had a policy with a cash or loan value over \$24,000 during the period.	d savi	of Account or Description	on of Asset	Asset Value (Use Code) C	Income (Use (Amount Code)
C.	Name and address of each company, association, governmagency, etc. in which you or a family member, including registered domestic partner, owned or had a financial interpretation over \$2,400. Include stocks, bonds, owners retirement plan, IRA, notes, stock options, and other intangorable. If you, your spouse, registered domestic partner and dependents had decision making authority regarding individes assets/investments list each asset or investment, the value and income namount iEXAMPLE. If you self directed an investmation of the stock of the saset in that account. Seattle WA 98101 eck here X if continued on attached sheet.	iding erest ship, gible id/or idual any	rship		E	E	
4	CREDITORS List each creditor you or a family mer or more any time during the period or mortgages or real estate reported in	i. Don't Incl	ng registered dome: lude retail charge	stic partner, of accounts, cr	owed \$2,400 edit cards,	-	OUNT CODE)
	Creditor's Name and Address		erms of Payment	Securi	ity Given	Original	Present
Che	eck here □ if continued on attached sheet.						
5	All filers answer questions A thru D below. If the answer is part of this report. If all answers are NO and you are a can executive officer filing your initial report, no F-1 Supplementary.	adidate for sta	ite or local office, an i	he F-1 Supple appointee to	ement must al a vacant elect	iso be com live office,	pleted as or a state
<u></u>	Incumbent elected officials and state executive officers in Supplement is required of these officeholders unless all ar	nswers to que	estions A thru E are N	NO.			
A.	At any time during the reporting period were you, your spouse, registered decompany, union, association, joint venture or other entity or (2) a partner of entity including but not limited to a professional limited liability company?	or member of an	v limited partnerchin, limi	cer, director, ger ited liability partr	neral partner or tr nership, limited li	rustee of any ability compa	corporation any or simila
В.	Did you, your spouse, registered domestic partner or dependents have an oat any time during the reporting period? \underline{X} If yes, complete Supplement, Posts of the specific partner of the supplement of the specific partner	ownership of 10% art A.	6 or more in any compan	y, corporation, p	partnership, joint	venture or oth	her business
C.	Did you, your spouse, registered domestic partner or dependents own a business.						
	Did you, your spouse, registered domestic partner or dependents prepare, protection (other than pay for a currently-held public office) at any time during the report	rting period?	If yes, complete Suppler	ment, Part B.			
	Only for Persons Filing Annual Report. Regarding the receipt of items no your spouse, registered domestic partner or dependents (or any combinate source other than your governmental agency provide or pay in whole or in seminar or other training? If yes to either or both questions, complete St	tion thereof) acc part for you, yo	ept a gift of food or beve our socuse, registered do	erages costing c	over \$50 per occ	rasion? a	or 2) Did any
ALL	FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATION:	J certify unc	der penalty c	of perjury	that the
	I hold a state elected office, am an executive state officer or profess have read and am familiar with RCW 42.52.180 regarding the u resources in campaigns.	sional staff. I use of public			ontained in this best of my know		true and
	I hold a local elected office. I have read and am familiar with RCI regarding the use of public facilities in campaigns.	W 42.17A.555	<u>William Brya:</u> Signature	nt		04-26- Date	-2016
			Contact Telephone:	(206) 29	92-6340	*	
			Email: <u>billb@br</u>			(work)*	
*CAN	NDIDATES: Do not use public agency addresses or telephone act information.	numbers for	Email:			(Home) (Optional

ALL OTHER REAL ESTATE CONTINUED

F-1

Name BRYANT, WILLIAM L			- 		Page 3	
2 REAL ESTATE						
All Other Property Entirely or Partially Owned	Assessed Value (Use Code)	Creditor's Name/Address	Payment Terms	Security Given	Mortgage Original	Amount Current
kanogan Co., Parcel 521291007	E	Bank of America Seattle, WA	20% 30 year 4.75%	Mortgage	E	Е
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BRYANT, WILLIAM L 3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS A. Name and address of each bank or financial institution Type of Account or Description of Asset Asset Value Income Amount (Use Code) (Use Code) Bank of America checking Α Seattle WA Bank of America Money Market Е Α Seattle WA Charles Schwab MMSavings C Α Seattle WA 98101 Wells Fargo savings D Α PO Box 6995 Portland OR 97228 Bank of America checking Α Α Seattle W 98101 Check here [] if continued on attached sheet.

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

3 ASSETS / INVESTMENTS - IN	TEREST / DIV	/IDENDS			
C. Name and address of each co agency	mpany, assoc	ciation, government	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amoun (Use Code)
Bryant Christie Inc.			401K	E	В
500 Union Street					_
Seattle	AW	98101			
Schwab/Greene Wealth Mana 1301 5th Avenue	agement		managed funds	E	С
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Schwab/Greene Wealth Mana 1301 5th Avenue	agement		managed SEP	С	А
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Schwab/Greene Wealth Mana	agement		managed SEP	E	В
1301 5th Avenue					
Seattle	WA	98101]	
Charles Schwab			SEP	С	A
PO Box 629030					
ElDorado Hills,	CA	95762			
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PO Box 629030					
ElDorado Hills,	CA	95762			
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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

(1/15)

100691883

AMENDMENT

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

	EMAIL: pdc@pdc.wa.gov	(1/15)	04-26-2016			
PROVIDE INFORMATION YOUR HOUSEHOLD	N FOR YOURSELF, SPOUSE, REGISTERED DOME	STIC PARTNER, DE	EPENDENT CHILDRE	EN AND OTHER DEPENDENTS IN		
Last Name	First	Middle Initial		DATE		
BRYANT	WILLIAM	L		2016-04-26		
A OFFICE HE BUSINESS INTEREST	dependents	al partner, trustee, o , joint venture or othe a limited partnership mited to a profession	or 10 percent or more or entity; and/or o, limited liability parti al limited liability com	e owner of a corporation, non-profit		
•	Trade or Operating Name: Report name used for t	-	•	il name.		
•	Position or Percent of Ownership: The office, title		-			
•	Brief Description of the Business/Organization: Re	•	•	ervice(s) rendered.		
•	Payments from Governmental Unit: If the govern entity concerning which you're reporting, show the	mental unit in which	you hold or seek off	ice made payments to the business.		
•	Payments from Business Customers and Other Oproprietorship, union, association, business or of seek/hold office) which paid compensation of \$12 services or other consideration was given or performance.	Sovernment Agencie: her commercial entity ,000 or more during i	s: List each corpora y and each governmenthe period to the entit	tion, partnership, joint venture, sole		
•	Washington Real Estate: Identify real estate owner	d by the business ent	tity if the qualifications	referenced below are met.		
ENTITY NO. 1		Re	porting For; Self X	Spouse		
		Re	gistered Domestic Pa	rtner Dependent D		
LEGAL NAME:			POSITION OR PER	CENT OF OWNERSHIP		
Nisqually River	Foundation	Board				
TRADE OR OPERATING Nisqualy River						
ADDRESS: 12501 Yelm Hiwa	у					
Yelm	WA	98513				
BRIEF DESCRIPTION OF	THE BUSINESS/ORGANIZATION:					
Environmental N	on Profit					
	CEIVED FROM GOVERNMENTAL UNIT IN WHICH Y ose of payments	OU SEEK/HOLD OF		actual dollars)		
	CEIVED FROM OTHER GOVERNMENT AGENCIES by name:	OF \$12,000 OR MOF		of payment (amount not required)		
	CEIVED FROM BUSINESS CUSTOMERS OF \$12,00 omer name:	0 OR MORE	Purpose o	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 mor and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):						

CONTINUE PARTS B AND C ON NEXT PAGES



Check here [] if continued on attached sheet

711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0906 (360) 753-1111 TOLL FREE 1-877-601-2828

EMAIL: pdc@pdc.wa.gov

F-1

SUPPLEMENT (1/15)

100691883

AMENDMENT

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

CONTINUE PARTS B AND C ON NEXT PAGES

04-26-2016

Last Name		First	Middle Initial	I DATE
BRYANT		WILLIAM	L	2016-04-26
A BUSI	CE HELD, NESS RESTS:	(1) were an officer, director, organization, union, partne (2) were a partner or membe	general partner, trustee, or 10 percentship, joint venture or other entity; an	your spouse, registered domestic partner of a corporation, non-profud/or
	• Lega	Il Name: Report name used on legal dod		domy company.
		e or Operating Name: Report name use		om the legal name
		tion or Percent of Ownership: The affice		
		Description of the Business/Organization		
	 Payn 	nents from Governmental Unit: If the gy concerning which you're reporting, show	overnmental unit in which you hold i	or seek office made navments to the business
	 Payn propri seek service 	nents from Business Customers and Or rietorship, union, association, business /hold office) which paid compensation o ces or other consideration was given or p	ther Government Agencies: List ea- or other commercial entity and each f \$12,000 or more during the period performed for the compensation.	ch corporation, partnership, joint venture, sole h government agency (other than the one yo to the entity. Briefly say what property, good
	• Wash	nington Real Estate: Identify real estate	owned by the business entity if the qu	ualifications referenced below are met.
ENTITY NO. 1			Reporting For	: Self X Spouse
			Registered Do	omestic Partner Dependent
LEGAL NAME:				ON OR PERCENT OF OWNERSHIP
Bryant Chri:	stie Inc		Chair	
TRADE OR OPERA Bryant Chris			0.0.1	
ADDRESS: 500 Union St	t			
Seattle			WA 98101	
BRIEF DESCRIPTION	ON OF THE B	BUSINESS/ORGANIZATION:		
Internationa	al Trade	Services		
PAYMENTS ENTIT	Y RECEIVED Purpose of pa	FROM GOVERNMENTAL UNIT IN WHI ayments	CH YOU SEEK/HOLD OFFICE:	Amount (actual dollars)
	Y RECEIVED Agency name	FROM OTHER GOVERNMENT AGENO ::	CIES OF \$12,000 OR MORE:	Purpose of payment (amount not required)
PAYMENTS ENTIT	Y RECEIVED Customer na	FROM BUSINESS CUSTOMERS OF \$1 ame:	12,000 OR MORE	Purpose of payment (amount not required)
WASHINGTON REA	AL ESTATE IN	WHICH ENTITY HELD A DIRECT FIN.	ANCIAL INTEREST (Complete only it soor parcel number, or legal descripti	f ownership in the ENTITY is 10% or more

Bill Bryant's Personal Financial Affairs Statement Filed in April 2015

DISCLOSURE COMMISSION

711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908

PDC FORM

PERSONAL FINANCIAL AFFAIRS STATEMENT

PDC OFFICE USE

100634245

(360) 753-1111 (1/15)TOLL FREE 1-877-601-2828 DOLLAR Refer to instruction manual for detailed assistance and examples. AMENDS: CODE AMOUNT Incumbent elected and appointed officials - by April 15. \$1 to \$4,499 100626261 Candidates and others - within two weeks of becoming a В \$4,500 to \$23,999 candidate or being newly appointed to a position. C \$24,000 to \$47,999 Received: D \$48,000 to 119,999 04-27-2015 SEND REPORT TO PUBLIC DISCLOSURE COMMISSION \$120,000 or more Last Name First Middle Initial Names of immediate family members, including registered domestic partner. If there is no reportable information to BRYANT disclose for dependent children, or other dependents living WILLIAM L 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) Barbara Marie Feasey SP PO BOX 2756 City County Zîp + 4 SEATTLE KING 98101 Filing Status (Check only one box.) Office Held or Sought X An elected or state appointed official filing annual report Office title: PORT COMMISSIONER Final report as an elected official. Term expired: County, city, district or agency of the office, Candidate running in an election: month _____ year __ name and number: PORT OF SEATTLE Newly appointed to an elective office Position number: Newly appointed to a state appointive office Term begins: ends: 01-01-2012 12-31-2015 Professional staff of the Governor's Office and the Legislature List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a INCOME family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report Interest and dividends in Item 3 on reverse) Show Self (S) Harne and Address of Employer or Source of Compensation Chair naupation or How Compensation Spo@e (SP/DP) Ameunt: Dependent (D) 500 Union Street Was Earned (Use Code) SEATTLE WA 98101 SP Woodland Park Zoo External Relations Ε 6500 Phinney SEATTLE 98 WΑ Check Here I if continued on attached sheet List street address, assessor's parcel number, or legal description AND county for each parcel of Washington REAL ESTATE real estate with value of over \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested Assessed Name and Address of Purchaser Nature and Amount (Use Code) of Payment or Value Consideration Received (Use Code) Property Purchased or Interest Acquired Security Given Creditor's Name/Address Payment Terms Mortgage Amount - (Use Code) Original Current All Other Property Entirely or Partially Owned Wells Fargo King Co., 2701 NE 94th Ε 30 yr Е Ε Street, Seattle Check here ☑ if continued on attached sheet Seattle

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS	List bank and Intangible prop reporting perio	savings accounts, i erty (including but n d.	nsurance pol ot limited to s	licies, stock, t stock options)	oonds and held durin	other g the
A. B.	Name and address of each bank or financial institution in whor a family member, including registered domestic partner, weaccome own \$24,000 any time during the report period. Seattle WA Name and address of each insurance company where you or a member, including registered domestic partner had a policy a cash or loan value over \$24,000 during the period.	had savi	of Account or Descripti	on of Asset	Asset Value (Use Code) A	Income (Use (•
C.	Name and address of each company, association, gove agency, etc. in which you or a family member, in registered domestic partner, owned or had a financial i worth over \$2,400. Include stocks, bonds, own retirement plan, IRA, notes, stock options, and other into property. If you, your spouse, registered domestic partner dependents had decision making authority regarding includes a sets/investments list each asset or investment, the value a income, amount is XAMPLE. If you self directed an investigating each spock or other asset in that account. Seattle WA 98101	cluding nterest ership, angible and/or lividual ndany	rship		E	E	
4	List each creditor you or a family of CREDITORS or more any time during the periods.	member, includi	ng registered dome	stic partner, accounts, en	owed \$2,400 edit cards.		OUNT CODE)
	or mortgages or real estate reported Creditor's Name and Address	d in Item 2.	erms of Payment		ty Given	Original	Present
Che	ck here □ if continued on attached sheet.			; ;			
5	All filers answer questions A thru D below. If the answer part of this report. If all answers are NO and you are a continuous contin	er is YES to any	of these questions,	the F-1 Suppl	ement must al	so be com	pleted as
•	executive officer filing your initial report, no F-1 Supple Incumbent elected officials and state executive office Supplement is required of these officeholders unless al	ment is required rs filing an ann	ual financial affairs	report also n			
Α.	At any time during the reporting period were you, your spouse, registers company, union, association, joint venture or other entity or (2) a partnerity including but not limited to a professional limited liability company?	d domestic partner	or dependents (1) an off	cer director de	neral partner or t nership, limited li	rustee of any ability compa	corporation
В.	Did you, your spouse, registered domestic partner or dependents have at any time during the reporting period? \underline{X} If yes, complete Supplement	an ownership of 10 ⁴ It, Part A.	% or more in any compar	y, corporation, p	oartnership, joint	venture or ot	her busines:
C.	Did you, your spouse, registered domestic partner or dependents own a	business at any tim	e during the reporting pe	riod? X If yes,	complete Supple	ement, Part A	h.
D.	Did you, your spouse, registered domestic partner or dependents prepa (other than pay for a currently-held public office) at any time during the re-	re, promote or opp eporting period?	ose state legislation, rule If yes, complete Supple	s, rates or stand ment, Part B.	lards for current of	or deferred c	ompensation
E.	Only for Persons Filing Annual Report. Regarding the receipt of item your spouse, registered domestic partner or dependents (or any comb source other than your governmental agency provide or pay in whole of seminar or other training? If yes to either or both questions, complete	ination thereof) acc or in part for you, yo	ept a gift of food or bev our spouse, registered do	erages costing	over \$50 per occ	easion? o	or 2) Did and
ALL	FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATION:		der penalty o		
	I hold a state elected office, am an executive state officer or pro have read and am familiar with RCW 42.52.180 regarding thresources in campaigns.	fessional staff. I le use of public			best of my kno	,	ine and
Ø	I hold a local elected office. I have read and am familiar with regarding the use of public facilities in campaigns.	RCW 42.17A.55	 <u>William</u> Brya Signat ure	nt		04-27- Date	-2015
			Contact Telephone:	(206) 29	92-6340	*	
			Email: <u>bill.bry</u>				
	ND/DATES: Do not use public agency addresses or telepho act information.	ne numbers for	Email:			(Home)	Optional

Name BRYANT, WILLIAM L					Page 3	
2 REAL ESTATE						
All Other Property Entirely or Partially Owned	Assessed Value (Use Code)	Creditor's Name/Address	Payment Terms	Security Given	Mortgage Original	Amount Current
Yakima Co., 623 So. 17th Ave., Yakima	D				D	0
		WA				
Okanogan Co., Parcel 3521291007	E	Bank of America Seattle, WA	20% 30 year 4.75%	Mortgage	E	E
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Name BRYANT, WILLIAM L 3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS A. Name and address of each bank or financial institution Type of Account or Description of Asset Asset Value Income Amount (Use Code) (Use Code) Bank of America checking D Α Seattle WA Bank of America Money Market Ε Α Seattle WA Charles Schwab MMSavings С Α Seattle WA 98101 Wells Fargo savings D Α PO Box 6995 Portland ÓR 97228 Bank of America checking Α Α Seattle W 98101 Empower Rretirement 401K Е В PO Box 173764 Denver CO 80217 Charles Schwab Managed Funds Е В PO Box 173764 ElDorado Hills, CA 95762 Charles Schwab SEP C Α PO Box 173764 ElDorado Hills, CA 95762 Charles Schwab SEP \mathbf{E} В PO Box 173764 ElDorado Hills, CA95762 Check here if continued on attached sheet.

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

ASSE	TS / INVESTMENTS	- INTEREST / DIVIDENDS			
. Name ar agency	d address of each	company, association, gover	rnment Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
lver Fi	r Digital LLC		investor	В	0
	sh Street	0000-			
saquah		WA 98027			



Check here I if continued on attached sheet

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

F-1

SUPPLEMENT (1/:15)

100634245

AMENDMENT

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

CONTINUE PARTS B AND C ON NEXT PAGES

04-27-2015

PROVIDE INFORMATION YOUR HOUSEHOLD	FOR YOURSELF, SPOUSE, REGISTERED D	DOMESTIC PARTNER, DEPENDENT CHIL	DREN AND OTHER DEPENDENTS IN			
Last Name	First	Middle Initial	DATE			
BRYANT	WILLIAM	L	2015-04-27			
A OFFICE HEI BUSINESS INTERESTS	dependents (1) were an officer, director, organization, union, partner (2) were a partner or membe	f, during the reporting period, you, your general partner, trustee, or 10 percent or ership, joint venture or other entity; and/or er of a limited partnership, limited liability that limited to a professional limited liability	more owner of a corporation, non-profit			
•	Legal Name: Report name used on legal doc					
•	Trade or Operating Name: Report name used		legal name.			
•	Position or Percent of Ownership: The office,					
•	Brief Description of the Business/Organization					
•	Payments from Governmental Unit: If the grentity concerning which you're reporting, show	w the purpose of each payment and the act	ual amount received.			
•	Payments from Business Customers and Ot proprietorship, union, association, business seek/hold office) which paid compensation of services or other consideration was given or p	or other commercial entity and each gove if \$12,000 or more during the period to the	ernment agency (other than the one you			
•	Washington Real Estate: Identify real estate		tions referenced below are met.			
ENTITY NO. 1		Reporting For: Self	X Spouse			
		Registered Domestic	c Partner 🔲 Dependent 🔲			
LEGAL NAME:		POSITION OR PERCENT OF OWNERSHIP				
Nisqually River	Foundation	Board				
TRADE OR OPERATING N Nisqualy River F						
ADDRESS: 12501 Yelm Hiway	,					
Yelm		WA 98513				
BRIEF DESCRIPTION OF	THE BUSINESS/ORGANIZATION:					
Environmental No						
	EIVED FROM GOVERNMENTAL UNIT IN WHI se of payments		ınt (actual dollars)			
	EIVED FROM OTHER GOVERNMENT AGENO y name:		ose of payment (amount not required)			
	EIVED FROM BUSINESS CUSTOMERS OF \$1 mer name:		ose of payment (amount not required)			
WASHINGTON REAL EST/ and assessed value of prop	ATE IN WHICH ENTITY HELD A DIRECT FINA perty is over \$24,000. List street address, asse	ANCIAL INTEREST (Complete only if owne ssor parcel number, or legal description and	rship in the ENTITY is 10% or more I county for each parcel):			



Check here \square if continued on attached sheet

DISCLOSURE COMMISSION

711 CAPITOL WAY RM 205 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

EMAIL: pdc@pdc.wa.gov

PDC FORM

SUPPLEMENT (1/15)

100634245

AMENDMENT

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

CONTINUE PARTS B AND C ON NEXT PAGES

04-27-2015

YOUR HOL	JSEHOLD		OMESTIC PARTNER, DEPENDEN	NT CHILDREN AND OTHER DEPENDENTS IN			
Last Name		First	Middle Initial	DATE			
BRYANT		WILLIAM	L	2015-04-27			
Α	OFFICE HELD, BUSINESS INTERESTS:	(1) were an officer, director, g organization, union, partner (2) were a partner or member	general partner, trustee, or 10 pero rship, joint venture or other entity; a	s, your spouse, registered domestic partner of cent or more owner of a corporation, non-profit nd/or liability partnership, limited liability company of			
	• Lega	al Name: Report name used on legal docu	ments establishing the entity	nability company.			
		de or Operating Name: Report name used		tom the local rame			
	• Posi	tion or Percent of Ownership: The office,	title and/or percent of ownership ha	om the regar hame.			
		f Description of the Business/Organization					
	 Payr 	ments from Governmental Unit: If the go y concerning which you're reporting, show	vernmental unit in which you hold	or sook office made payments to the business			
	 Payr prop seek servi 	ments from Business Customers and Otherietorship, union, association, business or whold office) which paid compensation of ices or other consideration was given or pe	ner Government Agencies: List ea or other commercial entity and eac \$12,000 or more during the period erformed for the compensation.	ach corporation, partnership, joint venture, sole ch government agency (other than the one you to the entity. Briefly say what property, goods,			
_	• Was	hington Real Estate: Identify real estate o	wned by the business entity if the q	ualifications referenced below are met.			
ENTITY NO	ı. 1		Reporting Fo	r: Self X Spouse			
			Registered D	omestic Partner Dependent			
LEGAL NAM	ΛE:			• —			
Bryant (Christie Inc		POSITION OR PERCENT OF OWNERSHIP Chairman				
	OPERATING NAME Chrisite Inc on St						
Seattle		Σγ	/A 98101				
BRIEF DESC	CRIPTION OF THE E	BUSINESS/ORGANIZATION:					
Internat	tional Trade	Services					
PAYMENTS	ENTITY RECEIVED Purpose of pa	FROM GOVERNMENTAL UNIT IN WHIC ayments	H YOU SEEK/HOLD OFFICE:	Amount (actual dollars) \$			
PAYMENTS	ENTITY RECEIVED Agency name	FROM OTHER GOVERNMENT AGENCI e:	ES OF \$12,000 OR MORE:	Purpose of payment (amount not required)			
'AYMENTS	ENTITY RECEIVED Customer na	FROM BUSINESS CUSTOMERS OF \$12 ame:	!,000 OR MORE	Purpose of payment (amount not required)			
VASHINGT(ind assessed	ON REAL ESTATE IN d value of property is	N WHICH ENTITY HELD A DIRECT FINAL over \$24,000. List street address, assess	NCIAL INTEREST (Complete only is sor parcel number, or legal descript	if ownership in the ENTITY is 10% or more ion and county for each parcel):			



Check here if continued on attached sheet

DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206

PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-501-2828 PDC FORM

SUPPLEME

100634245

AMENDMENT

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

EMAIL: pdc@pdc.wa.gov					(<u>1/15)</u>	04-27-2015	
PROVIDE INFO	RMATION HOLD	FOR YOURSE	LF, SPOUSE, REGISTE	RED DOME	STIC PARTNER, D	EPENDENT CHILDRI	EN AND OTHER DEPENDENTS IN
Last Name		•	First		Middle Initia	i	DATE
BRYANT			WILLIAM		L		2015-04-27
A BU	FICE HEI ISINESS FERESTS	depe	ndents (1) were an officer, directly organization, union, (2) were a partner or a similar entity, including	ector, gener partnership, member of a ling but not lii	al partner, trustee, joint venture or oth a limited partnershi mited to a profession	or 10 percent or mor er entity; and/or p, limited liability part nal limited liability com	use, registered domestic partner or e owner of a corporation, non-profit mership, limited liability company or epany.
	•		Report name used on leg	_		•	
	•		rating Name: Report nam			_	al name.
	•		ercent of Ownership: The				
	•		ion of the Business/Organ				
	•	entity concern	iing which you're reporting	g, show the p	purpose of each pay	ment and the actual a	
	•	proprietorship seek/hold office	, union, association, bus	siness or oth ation of \$12.	ter commercial enti 000 or more durina	ty and each governm the period to the enti-	tion, partnership, joint venture, sole ent agency (other than the one you ty. Briefly say what property, goods,
-	•	Washington F	eal Estate: Identify real e	estate owned	d by the business er	ntity if the qualifications	s referenced below are met.
ENTITY NO. 1				"	Re	eporting For: Self X	Spouse
					Re	egistered Domestic Pa	rtner Dependent
LEGAL NAME:						POSITION OR PER	RCENT OF OWNERSHIP
Stewardshi	ip Part	ners				Board	
TRADE OR OPE Stewardshi							
ADDRESS:	. h						
1411 Fourt	.n Aven	ue					
Seattle		T. 15 6. 1611 156	0.000	WA	98101		
			S/ORGANIZATION:				
Envirnment	al Non	Profit					
PAYMENTS EN		EIVED FROM 0 e of payments	GOVERNMENTAL UNIT I	IN WHICH Y	OU SEEK/HOLD OF		actual dollars)
PAYMENTS EN	TITY RECE Agency		OTHER GOVERNMENT A	AGENCIES (OF \$12,000 OR MO		of payment (amount not required)
PAYMENTS EN		IVED FROM E	BUSINESS CUSTOMERS	S OF \$12,000	OOR MORE	Purpose	of payment (amount not required)
WASHINGTON I and assessed va	REAL ESTA	ATE IN WHICH erty is over \$24	ENTITY HELD A DIREC 4,000. List street address	OT FINANCIA s, assessor p	AL INTEREST (Con parcel number, or le	nplete only if ownershi gal description and co	p in the ENTITY is 10% or more unty for each parcel):

CONTINUE PARTS B AND C ON NEXT PAGES



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

F-1

SUPPLEMENT

Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$12,000 or more during the period to the entity. Briefly say what property, goods,

100634245

AMENDMENT

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

CONTINUE PARTS B AND C ON NEXT PAGES

04-27-2015

PROVIDE II		FOR YOURSELF	, SPOUSE, REGISTER	ED DOMESTIC PARTNER, DEPENDENT CHILDRE	EN AND OTHER DEPENDENTS IN	
Last Name			First	Middle Initial	DATE	
BRYANT			WILLIAM	L	2015-04-27	
A	OFFICE HEL BUSINESS INTERESTS	SS dependents			e owner of a corporation, non-profit nership, limited liability company or	
	•	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/Organi	zation: Report the purpose, product(s), and/or the se	ervice(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.				

 services or other consideration was given or p Washington Real Estate: Identify real estate of 		•	alifications referenced below are met.
ENTITY NO. 1		Reporting For:	Self X Spouse
		Registered Do	mestic Partner Dependent
LEGAL NAME:		POSITIO	N OR PERCENT OF OWNERSHIP
Silver Fir Digital LLC		inves	tor 50%
TRADE OR OPERATING NAME: Silver Fir Digital			
ADDRESS: 300 SE Bush Street			
Issaquah	WA 98027		
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:			
Digital Analytics			
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHI Purpose of payments	CH YOU SEEK	/HOLD OFFICE:	Amount (actual dollars) \$
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENC Agency name:	CIES OF \$12,00	00 OR MORE:	Purpose of payment (amount not required)
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$ Customer name:	12,000 OR MOI	RE	Purpose of payment (amount not required)
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FIN and assessed value of property is over \$24,000. List street address, asse	ANCIAL INTER	EST (Complete only inber, or legal descript	if ownership in the ENTITY is 10% or more ion and county for each parcel):
Check here ☐ if continued on attached sheet			

Washington Secretary of State – Corporations Division – Registration Data Search – Silver Fir Digital, LLC

Address

① Online annual report filing for profit corporations and LLCs will be **unavailable from**May 25 to June 5. Be sure to file your annual report before that time! Read more...

(/corps/BLS-Online-Reporting-Unavailable-May-25-to-June-5.aspx)

SILVER FIR DIGITAL, LLC

UBI Number 603454850
Category LLC
Active/Inactive Active
State Of Incorporation WA
WA Filling Date 11/24/2014
Expiration Date 11/30/2016

Inactive Date

Duration Perpetual

Registered Agent Information

Agent Name UNITED STATES CORPORATION AGENTS INC

Address 14205 SE 36TH ST STE 100

 City
 BELLEVUE

 State
 WA

 ZIP
 98006

Special Address Information

Address 14205 SE 36TH ST STE 100-288

Name

 City
 BELLEVUE

 State
 WA

 Zip
 98006

Governing Persons

Title

Manager	300 SE BUSH ST ISSAQUAH , WA 980273915
Member	2701 NE 94TH ST SEATTLE , WA 981153476

Washington Secretary of State – Certificate of Formation – Silver Fir Digital, LLC



Limited Liability Company See attached detailed instructions

☐ Filing Fee \$180.00

★ Filing Fee with Expedited Service \$230.00

Aju0	11/24/14 2788602- 001			
es/)	\$230.00 R tid: 2881454			
Місе				
Š	FILED			
This Box For Office Use Only	SECRETARY OF STATE			
នី NOVEMBER 24, 2014				
· /-	STATE OF WASHINGTON			
UBI N	Imber: 603 454 850			

CERTIFICATE OF FORMATION

	Chapter 25.15 RCW					
	<u> </u>	ARTICLE 1				
NAME	OF LIMITED LIABILITY COMPANY:			İ		
	ER FIR DIGITAL, LLC					
	(Must contain one of the following designations: Limited Liability Company, Limited Liability Co or one of these abbreviations: L.L.C. or LLC. If the designation is omitted, it will default to LLC when processed)					
		ADTIOL 5 O				
		ARTICLE 2		į		
	RESS OF THE PRINCIPAL PLACE OF					
Street	Address 300 SE Bush Street	City Issaquah	State_WA	Zip_98027		
PO Bo	DX	City	State	Zip		
		ARTICLE 3				
EFFECTIVE DATE OF FORMATION: (Please check one of the following)						
	Upon filing by the Secretary of State					
	Specific Date:(Specified effective date must be within 90 days AFTER the Certificate					
	of Formation has been filed by the Office of the Secretary of State)					
ARTICLE 4						
TENURE: (Please check one of the following and indicate the date if applicable)						
⊠	Perpetual existence					
	Specific term of existence (Number of years or date of termination)					

Page 2 of 2					
	ARTICLE 5				
THE LIMITED LIABILITY COMPANY IS MAI	NAGED BY: (see instructions)	☑ Members or	☐ Managers		
	ARTICLE 6				
NAME AND ADDRESS OF THE WASHINGT	ON STATE REGIST	TERED AGENT:			
Name: United States Corporation Agents,	Inc.				
Physical Location Address (required):					
11820 Northup Way, Suite E200					
City Bellevue	State	WA Zip Code 98	005		
Mailing or Postal Address (optional):					
City	State	Zip Code			
CONSENT TO SERVE AS REGISTERED AGENT: I consent to serve as Registered Agent in the State of Washington for the above named Limited Liability Company. I understand it will be my responsibility to accept Service of Process on behalf of the Limited Liability Company; to forward mail to the Limited Liability Company; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.					
x(\lambda V	Cheyenne N	Moseley, Assistant Secre	tary 11/21/2014		
Signature of Registered Agent	Printe	d Name	Date		
ARTICLE 7					
NAME, ADDRESS AND SIGNATURE OF EACH EXECUTOR: (If necessary, attach additional names, addresses and signatures)					
Name: LegalZoom.com, Inc.					
Address: 101 N. Brand Blvd., 11th Floor	City Glendale	State <u>CA</u>	_Zip Code 91203		
This document is hereby executed under penal Cheyenne	Ities of perjury, and is, a Moseley	to the best of my knowled	dge, true and correct.		

Signature of Executor

Address: _____

Signature of Executor

Name: _____

Assistant Secretary, LegalZoom.com, Inc.

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

Printed Name

Printed Name

323-962-8600, ext. 7625

Phone

Phone

11/21/2014

Date

Date

_____City State Zip Code

Washingtonians for Bryant Expenditures To Cyrus Krohn, The Krohn Zone, & Silver Fir Digital, LLC

Washingtonians for Bryant Expenditures To Vendors At 300 SE Bush Street,				
Issaquah, WA 98027				
Date	Vendor	Amount	Description	
12/1/15	Krohn Zone	\$8,881.00	Krohn Zone, Digital Consulting	
5/29/15	Krohn Cyrus	\$8,000.00	Cyrus Krohn, Reimbursement for Website	
7/21/15	Krohn Cyrus	\$4,640.63	Reimbursement: Nationbuilder	
6/30/15	Krohn Cyrus	\$4,640.63	Reimbursement: Nationbuilder	
8/17/15	Krohn Cyrus	\$4,460.00	Cyrus Krohn, Reimbursement: Nationbuilder	
5/29/15	Krohn Cyrus	\$4,390.63	Cyrus Krohn, Reimbursement: Database	
10/6/15	Krohn Cyrus	\$1,279.08	Cyrus Krohn, Reimubrsement: Online Advertising	
8/3/15	Krohn Cyrus	\$1,000.00	Cyrus Krohn, Digital Consulting	
8/3/15	Krohn Cyrus	\$500.00	Cyrus Krohn, Digital Consulting	
9/2/15	Krohn Cyrus	\$259.78	Reimbursement: Online Advertising	
8/17/15	Silver Fir Digital	\$195.39	Silver Fir Digital, Reimbursement: Facebook Ads	
5/29/15	Krohn Cyrus	\$166.18	Cyrus Krohn, Reimbursement: Domain Name	
6/12/15	Krohn Cyrus	\$138.00	Cyrus Krohn, Google Keywords	
7/1/15	Krohn Cyrus	\$100.41	Reimbursement: Facebook Ads	
5/29/15	Krohn Cyrus	\$99.00	Cyrus Krohn, Reimbursement: Website Fonts	
8/17/15	Krohn Cyrus	\$63.32	Reimbursement: Google SEO	
6/12/15	Krohn Cyrus	\$60.00	Cyrus Krohn, Facebook Ads	
7/1/15	Krohn Cyrus	\$57.92	Reimbursement: Google Ads	
5/29/15	Krohn Cyrus	\$50.32	Cyrus Krohn, Reimbursement: Domain Name	
5/29/15	Krohn Cyrus	\$47.01	Cyrus Krohn, Reimbursement: Domain Name	
8/17/15	Silver Fir Digital	\$25.00	Silver Fir Digital, Reimbursement: Google Apps	

[Database Search, Washington State Public Disclosure Commission]