

May 3, 2016

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*

EXHIBIT 1

**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 TOLL FREE 1-877-601-2828		PDC FORM F-1 (1/15)	PERSONAL FINANCIAL AFFAIRS STATEMENT	PDC OFFICE USE 100691883 AMENDS: 100691880 Received: 04-26-2016																		
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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: GOVERNOR 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																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 10%;"> 1 </div> <div style="width: 90%;"> INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3 on reverse) </div> </div>																						
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3

ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.

A. Name and address of each bank or financial institution in which you or a family member, including registered domestic partner, had an account over \$24,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Seattle WA	savings	C	A
B. Name and address of each insurance company where you or a family member, including registered domestic partner had a policy with a cash or loan value over \$24,000 during the period.			
C. Name and address of each company, association, government agency, etc. in which you or a family member, including registered domestic partner, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self directed an investment account, identify each stock or other asset in that account. Bryant Christie Inc. 300 Union Street Seattle WA 98101	ownership	E	E

Check here ☒ if continued on attached sheet.

4

CREDITORS

List each creditor you or a family member, including registered domestic partner, owed \$2,400 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

AMOUNT
(USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present

Check here ☐ if continued on attached sheet.

5

All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? X If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? X If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? X If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? If yes, complete Supplement, Part B.
- E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- ☐ I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- ☒ I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

William Bryant 04-26-2016
Signature Date
Contact Telephone: (206) 292-6340 *
Email: billb@bryantchristie.com (work)*
Email: (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

F-1

Page 3

REAL ESTATE

All Other Property Entirely or Partially Owned	Assessed Value (Use Code)	Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount	
					Original	Current
Okanogan Co., Parcel 3521291007	E	Bank of America Seattle, WA	20% 30 year 4.75%	Mortgage	E	E

Check here ☐ if continued on attached sheet

FINANCIAL INSTITUTIONS CONTINUED

F-1

Name **BRYANT, WILLIAM L** Page **4**

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

A. Name and address of each bank or financial institution	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Bank of America Seattle WA	checking	D	A
Bank of America Seattle WA	Money Market	E	A
Charles Schwab Seattle WA 98101	MMSavings	C	A
Wells Fargo PO Box 6995 Portland OR 97228	savings	D	A
Bank of America Seattle W 98101	checking	A	A
Check here <input type="checkbox"/> if continued on attached sheet.			

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name BRYANT, WILLIAM L

Page 5

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)
Bryant Christie Inc. 500 Union Street Seattle WA 98101	401K	E	B
Schwab/Greene Wealth Management 1301 5th Avenue Seattle WA 98101	managed funds	E	C
Schwab/Greene Wealth Management 1301 5th Avenue Seattle WA 98101	managed SEP	C	A
Schwab/Greene Wealth Management 1301 5th Avenue Seattle WA 98101	managed SEP	E	B
Charles Schwab PO Box 629030 ElDorado Hills, CA 95762	SEP	C	A
Charles Schwab PO Box 629030 ElDorado Hills, CA 95762	SEP	E	B

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 EMAIL: pdc@pdc.wa.gov	PDC FORM F-1 SUPPLEMENT (1/15)	100691883 AMENDMENT SUPPLEMENT PAGE PERSONAL FINANCIAL AFFAIRS STATEMENT 04-26-2016
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PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name BRYANT	First WILLIAM	Middle Initial L	DATE 2016-04-26
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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 \$12,000 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:
Nisqually River Foundation

TRADE OR OPERATING NAME:
Nisqually River Foundation

ADDRESS:
12501 Yelm Hiway
Yelm WA 98513

POSITION OR PERCENT OF OWNERSHIP:
Board

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Environmental Non Profit

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

Purpose of payments	Amount (actual dollars) \$
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PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:

Agency name:	Purpose of payment (amount not required)
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PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE:

Customer name:	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 \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here ☐ if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGES

**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

PDC FORM

F-1SUPPLEMENT
(1/15)

100691883

AMENDMENT

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

04-26-2016

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

Last Name	First	Middle Initial	DATE
BRYANT	WILLIAM	L	2016-04-26

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.
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 - Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1Reporting For: Self ☒ Spouse ☐Registered Domestic Partner ☐ Dependent ☐**LEGAL NAME:**

Bryant Christie Inc

POSITION OR PERCENT OF OWNERSHIP

Chairman

TRADE OR OPERATING NAME:

Bryant Chrisite Inc

ADDRESS:

500 Union St

Seattle

WA 98101

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

International Trade Services

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

Purpose of payments

Amount (actual dollars)
\$**PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:**

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

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Purpose of payment (amount not required)

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Check here ☐ if continued on attached sheet**CONTINUE PARTS B AND C ON NEXT PAGES**

EXHIBIT 2

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

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City	County	Zip + 4																			
SEATTLE	KING	98101																			
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: <u>PORT COMMISSIONER</u> County, city, district or agency of the office, name and number: <u>PORT OF SEATTLE</u> Position number: <u>5</u> Term begins: <u>01-01-2012</u> ends: <u>12-31-2015</u>																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 10%;"> <div style="font-size: 2em; font-weight: bold;">1</div> <div style="font-weight: bold;">INCOME</div> </div> <div style="width: 90%;"> <p>List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3 on reverse)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 5%;">Show Sell (S)</th> <th style="width: 5%;">Spouse (SP/DP)</th> <th style="width: 5%;">Dependent (D)</th> <th style="width: 40%;">Name and Address of Employer or Source of Compensation</th> <th style="width: 30%;">Occupation or How Compensation Was Earned</th> <th style="width: 15%;">Amount: (Use Code)</th> </tr> <tr> <td></td> <td></td> <td></td> <td> Bryant Christie Inc 500 Union Street SEATTLE WA 98101 </td> <td>Chairman</td> <td></td> </tr> <tr> <td></td> <td>SP</td> <td></td> <td> Woodland Park Zoo 6500 Phinney SEATTLE 98 WA </td> <td>External Relations</td> <td>E</td> </tr> </table> <p>Check Here <input type="checkbox"/> if continued on attached sheet</p> </div> </div>				Show Sell (S)	Spouse (SP/DP)	Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)				Bryant Christie Inc 500 Union Street SEATTLE WA 98101	Chairman			SP		Woodland Park Zoo 6500 Phinney SEATTLE 98 WA	External Relations	E
Show Sell (S)	Spouse (SP/DP)	Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)																
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	SP		Woodland Park Zoo 6500 Phinney SEATTLE 98 WA	External Relations	E																
<div style="display: flex; justify-content: space-between;"> <div style="width: 10%;"> <div style="font-size: 2em; font-weight: bold;">2</div> <div style="font-weight: bold;">REAL ESTATE</div> </div> <div style="width: 90%;"> <p>List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 25%;">Property Sold or Interest Divested</th> <th style="width: 10%;">Assessed Value (Use Code)</th> <th style="width: 25%;">Name and Address of Purchaser</th> <th style="width: 40%;">Nature and Amount (Use Code) of Payment or Consideration Received</th> </tr> <tr> <td>Property Purchased or Interest Acquired</td> <td></td> <td> Creditor's Name/Address Payment Terms </td> <td> Security Given Mortgage Amount - (Use Code) <div style="display: flex; justify-content: space-between;"> Original Current </div> </td> </tr> <tr> <td> All Other Property Entirely or Partially Owned King Co., 2701 NE 94th Street, Seattle Check here <input checked="" type="checkbox"/> if continued on attached sheet </td> <td>E</td> <td> Wells Fargo Seattle WA </td> <td> 30 yr <div style="display: flex; justify-content: space-between;"> E E </div> </td> </tr> </table> </div> </div>				Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received	Property Purchased or Interest Acquired		Creditor's Name/Address Payment Terms	Security Given Mortgage Amount - (Use Code) <div style="display: flex; justify-content: space-between;"> Original Current </div>	All Other Property Entirely or Partially Owned King Co., 2701 NE 94th Street, Seattle Check here <input checked="" type="checkbox"/> if continued on attached sheet	E	Wells Fargo Seattle WA	30 yr <div style="display: flex; justify-content: space-between;"> E E </div>						
Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received																		
Property Purchased or Interest Acquired		Creditor's Name/Address Payment Terms	Security Given Mortgage Amount - (Use Code) <div style="display: flex; justify-content: space-between;"> Original Current </div>																		
All Other Property Entirely or Partially Owned King Co., 2701 NE 94th Street, Seattle Check here <input checked="" type="checkbox"/> if continued on attached sheet	E	Wells Fargo Seattle WA	30 yr <div style="display: flex; justify-content: space-between;"> E E </div>																		

3**ASSETS / INVESTMENTS - INTEREST / DIVIDENDS**

List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.

A. Name and address of each bank or financial institution in which you or a family member, including registered domestic partner, had an account or any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Seattle WA	savings	A	A
B. Name and address of each insurance company where you or a family member, including registered domestic partner had a policy with a cash or loan value over \$24,000 during the period.			
C. Name and address of each company, association, government agency, etc. in which you or a family member, including registered domestic partner, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self directed an investment account, identify each stock or other asset in that account. 500 Union Street Seattle WA 98101	ownership	E	E

Check here ☒ if continued on attached sheet.

4**CREDITORS**

List each creditor you or a family member, including registered domestic partner, owed \$2,400 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

AMOUNT (USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present

Check here ☐ if continued on attached sheet.

5

All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? X If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? X If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? X If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? If yes, complete Supplement, Part B.
- E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- ☐ I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- ☒ I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

William Bryant 04-27-2015
 Signature Date
 Contact Telephone: (206) 292-6340 *
 Email: bill.bryant@bryantchristie (work)*
 Email: (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

F-1

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 Amount	
					Original	Current
Yakima Co., 623 So. 17th Ave., Yakima	D	WA			D	0
Okanogan Co., Parcel 3521291007	E	Bank of America Seattle, WA	20% 30 year 4.75%	Mortgage	E	E

Check here ☐ if continued on attached sheet

FINANCIAL INSTITUTIONS CONTINUED

F-1

Name		Page	
BRYANT, WILLIAM L		4	
3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS			
A. Name and address of each bank or financial institution	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Bank of America Seattle WA	checking	D	A
Bank of America Seattle WA	Money Market	E	A
Charles Schwab Seattle WA 98101	MMSavings	C	A
Wells Fargo PO Box 6995 Portland OR 97228	savings	D	A
Bank of America Seattle W 98101	checking	A	A
Empower Retirement PO Box 173764 Denver CO 80217	401K	E	B
Charles Schwab PO Box 173764 ElDorado Hills, CA 95762	Managed Funds	E	B
Charles Schwab PO Box 173764 ElDorado Hills, CA 95762	SEP	C	A
Charles Schwab PO Box 173764 ElDorado Hills, CA 95762	SEP	E	B
Check here <input type="checkbox"/> if continued on attached sheet.			

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name BRYANT, WILLIAM L

Page 5

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)
Silver Fir Digital LLC 300 SE Bush Street Issaquah WA 98027	investor	B	0

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 1-877-601-2628 EMAIL: pdc@pdc.wa.gov	PDC FORM F-1 SUPPLEMENT (1/15)	100634245 AMENDMENT SUPPLEMENT PAGE PERSONAL FINANCIAL AFFAIRS STATEMENT 04-27-2015
---	--	--

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

Last Name BRYANT	First WILLIAM	Middle Initial L	DATE 2015-04-27
---------------------	------------------	---------------------	--------------------

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 \$12,000 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

LEGAL NAME:
Nisqually River Foundation

TRADE OR OPERATING NAME:
Nisqually River Foundation

ADDRESS:
12501 Yelm Hiway
Yelm WA 98513

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Environmental Non Profit

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

Purpose of payments	Amount (actual dollars) \$
---------------------	-------------------------------

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:

Agency name:	Purpose of payment (amount not required)
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PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

Customer name:	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 \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

Reporting For: Self ☒ Spouse ☐

Registered Domestic Partner ☐ Dependent ☐

POSITION OR PERCENT OF OWNERSHIP
Board

Check here ☐ if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGES



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

PDC FORM

F-1

SUPPLEMENT

(1/15)

100634245

AMENDMENT

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

04-27-2015

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

Last Name

First

Middle Initial

DATE

BRYANT

WILLIAM

L

2015-04-27

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.
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 - 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:

Bryant Christie Inc

POSITION OR PERCENT OF OWNERSHIP

Chairman

TRADE OR OPERATING NAME:

Bryant Chrisite Inc

ADDRESS:

500 Union St

Seattle

WA 98101

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

International Trade Services

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

Purpose of payments

Amount (actual dollars)

\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

Customer name:

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 \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here ☐ if continued on attached sheet**CONTINUE PARTS B AND C ON NEXT PAGES**

**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

PDC FORM

F-1SUPPLEMENT
(1/15)

100634245

AMENDMENT

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

04-27-2015

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

Last Name BRYANT	First WILLIAM	Middle Initial L	DATE 2015-04-27
---------------------	------------------	---------------------	--------------------

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.
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 - Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1Reporting For: Self ☒ Spouse ☐Registered Domestic Partner ☐ Dependent ☐**LEGAL NAME:**

Stewardship Partners

POSITION OR PERCENT OF OWNERSHIP

Board

TRADE OR OPERATING NAME:

Stewardship Partners

ADDRESS:

1411 Fourth Avenue

Seattle

WA 98101

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Environmental Non Profit

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

Purpose of payments

Amount (actual dollars)
\$**PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:**

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

Customer name:

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 \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here ☐ if continued on attached sheet**CONTINUE PARTS B AND C ON NEXT PAGES**

**PUBLIC DISCLOSURE COMMISSION**

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PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828
EMAIL: pdcc@pdcc.wa.gov

PDC FORM**F-1****SUPPLEMENT**
(1/15)

100634245

AMENDMENT

SUPPLEMENT PAGE**PERSONAL FINANCIAL AFFAIRS STATEMENT**

04-27-2015

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

Last Name	First	Middle Initial	DATE
BRYANT	WILLIAM	L	2015-04-27

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.

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- 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.
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- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1Reporting For: Self ☒ Spouse ☐Registered Domestic Partner ☐ Dependent ☐**LEGAL NAME:**

Silver Fir Digital LLC

POSITION OR PERCENT OF OWNERSHIP

investor 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 WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)
\$**PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:**

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

Customer name:

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 \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here ☐ if continued on attached sheet**CONTINUE PARTS B AND C ON NEXT PAGES**

EXHIBIT 3

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

! 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 Filing 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
City	BELLEVUE
State	WA
Zip	98006

Governing Persons

Title	Name	Address
Manager	KROHN , CYRUS	300 SE BUSH ST ISSAQUAH , WA 980273915
Member	BRYANT , BILL	2701 NE 94TH ST SEATTLE , WA 981153476

EXHIBIT 4

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



STATE OF WASHINGTON
SECRETARY OF STATE

Limited Liability Company

See attached detailed instructions

☐ Filing Fee \$180.00

☒ Filing Fee with Expedited Service \$230.00

This Box For Office Use Only

11/24/14 2788602-
001
\$230.00 R
tid: 2881454

FILED
SECRETARY OF STATE
NOVEMBER 24, 2014
STATE OF WASHINGTON

UBI Number: 603 454 850

CERTIFICATE OF FORMATION

Chapter 25.15 RCW

ARTICLE 1

NAME OF LIMITED LIABILITY COMPANY:

SILVER 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)

ARTICLE 2

ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS:

Street Address 300 SE Bush Street City Issaquah State WA Zip 98027

PO Box _____ 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)

ARTICLE 5

THE LIMITED LIABILITY COMPANY IS MANAGED BY: ☒ Members or ☐ Managers
(see instructions)

ARTICLE 6**NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:**

Name: United States Corporation Agents, Inc.

Physical Location Address (required):

11820 Northup Way, Suite E200

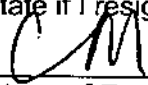
City Bellevue **State** WA **Zip Code** 98005

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  Cheyenne Moseley, Assistant Secretary 11/21/2014
Signature of Registered Agent **Printed Name** **Date**

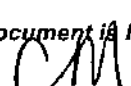
ARTICLE 7**NAME, ADDRESS AND SIGNATURE OF EACH EXECUTOR:**

(If necessary, attach additional names, addresses and signatures)

Name: LegalZoom.com, Inc.

Address: 101 N. Brand Blvd., 11th Floor **City** Glendale **State** CA **Zip Code** 91203

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

X  Cheyenne Moseley 11/21/2014 323-962-8600, ext. 7625
Signature of Executor **Printed Name** **Date** **Phone**

Name: _____

Address: _____ **City** _____ **State** _____ **Zip Code** _____

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

X _____
Signature of Executor **Printed Name** **Date** **Phone**

EXHIBIT 5

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, Reimbursement: 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]