

**Washington State Public Disclosure Commission**  
**Personal Financial Affairs Statement**  
**Reporting Modification Application and Certification**

**Application Instructions**

Request for exemption from reporting **business and governmental customers**  
pursuant to RCW 42.17A.120 and WAC 390-28-100

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

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

**To request a modification:**

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

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

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

## Application Questionnaire

### Applicant Information

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

Office Held or Sought: \_\_\_\_\_

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

Filing Status (check one):

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

Is this a renewal of a previously granted request?

- Yes  No

### Instructions

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

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

2. **INCOME AND OWNERSHIP INTERESTS.** Are you requesting to be exempted from disclosing the business or governmental\* customers of an entity listed on the F-1? **If the disclosure of business or governmental customers on the F-1 could violate a confidentiality agreement, create a competitive disadvantage or cause an unreasonable hardship due to customer volume, limited staff resources, or an inability to sort customer list, please explain the hardship in detail.** (\*Please note that the Commission rarely grants an exemption for governmental customers. If you are including this in your request, please provide additional detail regarding the hardship.) **Attach a sheet if more room is needed.**

List the name of each entity, business, union, association, non-profit, charitable organization, or other entity for which you are seeking a modification from reporting the entity's reportable customers. **Attach a sheet if more room is needed.**

- **room is needed.**

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

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- How many business customers have paid the entity more than \$12,000 during the reporting period and would be subject to disclosure? If you are requesting an exemption from identifying governmental customers as well, please include the same detail. **Attach a sheet if more room is needed.**

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- Do you have access to the entity's customer list?  Yes  No

- Are you involved in the day-to-day operations of the entity?  Yes  No

- Are any of the entity's customers listed in public sources, publications, websites or other public records?  Yes  No

- If yes, identify the website or other public location. **Attach a sheet if more room is needed.**

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- Does the entity have the ability to sort its customer list to identify those paying more than \$12,000 during the reporting period?  Yes  No

- Do you have a 10% or more ownership interest in the entity?  Yes  No

- Describe other relevant information you believe the Commission should consider as to why it would be a manifestly unreasonable hardship if the information was required to be disclosed. **Attach a sheet if more room is needed.**

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- Did you disclose the purpose of all payments and the actual dollar amount the entity received from the governmental unit in which you seek or hold office? (Please note that this information is required to be disclosed and will not be granted as part of your request.) Yes  No

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

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

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

Yes  No

If you answered no, please explain why not.

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

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Hearing Process

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

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

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

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

**Certification for an Application  
for a Reporting Modification or Suspension  
When Applicant Is Waiving Personal Appearance  
At the Hearing  
(Notary Not Required)**

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

List the date of the application request: \_\_\_\_\_

Entity or name of individual  
requesting reporting modification: \_\_\_\_\_

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

Applicant's full printed name: \_\_\_\_\_

Business street address: \_\_\_\_\_

City, state and zip code: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

E-Mail Address: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Place Signed (City and County):  
\_\_\_\_\_ City \_\_\_\_\_ County

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

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