

| 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 <div style="font-size: 2em; font-weight: bold;">F-1A</div> (1/15) | | PERSONAL FINANCIAL AFFAIRS STATEMENT Short Form | | P M PDC OFFICE USE O A S R T K | | | | | | | | | | | | | |
|--|------------------------------|--|--|---|--|---|------------------------------|-------------------|----------------------|------------------|--|---|----------------------|---|-----------------------|---|-------------------|--|--|
| The F-1A form is designed to simplify reporting for persons who have no changes or only minor changes to an F-1 report previously filed. A complete F-1 form must be filed at least every four years; an F-1A form may be used for no more than three consecutive reports. Deadlines: Incumbent elected and appointed officials – by April 15. Candidates and others – within two weeks of becoming a candidate or being newly appointed to a position. | | | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DOLLAR CODE</th> <th style="text-align: left;">AMOUNT</th> </tr> <tr> <td>A</td> <td>\$1 to \$4,499</td> </tr> <tr> <td>B</td> <td>\$4,500 to \$23,999</td> </tr> <tr> <td>C</td> <td>\$24,000 to \$47,999</td> </tr> <tr> <td>D</td> <td>\$48,000 to \$119,999</td> </tr> <tr> <td>E</td> <td>\$120,000 or more</td> </tr> </table> | | DOLLAR CODE | AMOUNT | A | \$1 to \$4,499 | B | \$4,500 to \$23,999 | C | \$24,000 to \$47,999 | D | \$48,000 to \$119,999 | E | \$120,000 or more | DATE FILED PDC <div style="font-size: 1.5em; font-weight: bold;">APR 14 2016</div> PUBLIC DISCLOSURE COMMISSION | |
| DOLLAR CODE | AMOUNT | | | | | | | | | | | | | | | | | | |
| A | \$1 to \$4,499 | | | | | | | | | | | | | | | | | | |
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| E | \$120,000 or more | | | | | | | | | | | | | | | | | | |
| Last Name <u>Ranker</u> First <u>Kevin</u> Middle Initial <u>M</u> Mailing Address (Use PO Box or Work Address) * <u>PO Box 40440</u> City <u>Olympia</u> County _____ Zip + 4 <u>98504-0440</u> | | | Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details. <u>Katharina Torri</u> | | | | | | | | | | | | | | | | |
| 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 <u>2015</u> <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>state Senator</u> County, city, district or agency of the office, name and number: <u>40</u> Position number: _____ Term begins: <u>01/13</u> ends: <u>12/16</u> | | | | | | | | | | | | | | | | |
| Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information. <input type="checkbox"/> NO CHANGE REPORT. I have reviewed my last complete F-1 report dated _____ and F-1A reports (if any) dated (1) _____ and (2) _____. The information disclosed on those reports is accurate for the current reporting period. <input checked="" type="checkbox"/> MINOR CHANGES REPORT. I have reviewed my last complete F-1 report dated <u>2013</u> . The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers and describe changes. Provide all information required on F-1 report. <u>1. (5P) Coast Consulting A</u> <u>(5) The Ocean Foundation D</u> <u>2. Hannah Heights 17 - San Juan. = Sold.</u> <u>E Tammy Cotton E</u> <u>Hannah Heights 17</u> Check here <input type="checkbox"/> if continued on attached sheet | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:10%;">Date Received</th> <th style="width:30%;">Donor's Name, City and State</th> <th style="width:40%;">Brief Description</th> <th style="width:10%;">Actual Dollar Amount</th> <th style="width:10%;">Value (Use Code)</th> </tr> <tr> <td colspan="5" style="height: 100px; vertical-align: bottom;"> Check here <input type="checkbox"/> if continued on attached sheet </td> </tr> </table> | | | | | | Date Received | Donor's Name, City and State | Brief Description | Actual Dollar Amount | Value (Use Code) | Check here <input type="checkbox"/> if continued on attached sheet | | | | | | | | |
| Date Received | Donor's Name, City and State | Brief Description | Actual Dollar Amount | Value (Use Code) | | | | | | | | | | | | | | | |
| Check here <input type="checkbox"/> if continued on attached sheet | | | | | | | | | | | | | | | | | | | |
| ALL FILERS EXCEPT CANDIDATES. Check the appropriate box. <input checked="" type="checkbox"/> I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns. <input type="checkbox"/> I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns. | | | CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge. <div style="text-align: center;"> Signature _____ Date _____ Contact Telephone: <u>(360) 786-7678</u> Email: <u>Kevin.Ranker@leg.wa.gov</u> (work) * Email: _____ (Home) Optional </div> | | | | | | | | | | | | | | | | |

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Application Questionnaire

MAR 31 2015

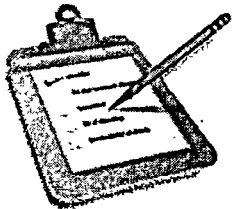
Background Information

Public Disclosure Commission

Filer Name: Kevin RankerFiler Office Held or Sought: State SenatorDate of Request: 3/29/2015Period Covered by Request: 2014 **COPY****Questions**

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

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



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

Last year, I reported: I have contracts with three businesses, all located outside of Washington. In each contract, I work directly with the partners, executives, and board members, evaluating different public policy positions the business may pursue. I provide coaching services related to communications with agencies and government officials, all outside of Washington. I also provide information regarding funding sources related to the activities the businesses wish to pursue. Each of these businesses would be placed at a competitive disadvantage if the contracts were publicly known. For one of the contracts, I am limited by a non-disclosure agreement that would terminate the contract if I am required to disclose the identity of the business.

For 2014, I have added another business to my client list. As before, this business is out-of-state and conducts no business in Washington.

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Public Disclosure Commission



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

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

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

- Describe how many business customers or other sources paying the entity more than \$12,000 would be subject to disclosure.

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

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

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

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



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

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

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

- Describe if the entity has the ability to sort its customer list or sources of compensation/income to identify those paying the entity more than \$12,000 during the reporting period.

- Describe if you disclosed all of the governmental customers or governmental sources of compensation/income that paid the entity more than \$12,000 in the reporting period.

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

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

- 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.



3.

NOT FRUSTRATE THE PURPOSES OF THE ACT Describe how allowing you to not disclose the information described in your modification request does not frustrate the purposes of the Public Disclosure Act.

MAR 31 2015

Public Disclosure Commission



Washington

4. **DUTIES:** Describe your duties as an elected or appointed official. Please describe the jurisdiction or agency for which you hold public office, and the duties performed by you as a public official (examples: adopting rules or ordinances, hiring staff, approving contracts, setting policy, etc.). Please provide as much description as possible.

As a state senator, I develop state-wide policy that affects the function and performance of local governments, state agencies, and businesses within the State of Washington.



5. **CUSTOMERS OR SOURCES OF COMPENSATION/INCOME:** If you are seeking a modification related to a particular entity's reportable customers or sources of compensation/income for an entity, describe:

- In detail the position you hold in the entity (examples: owner, board member, officer, partner, etc.) and the duties performed by you for that entity, if any (examples: setting policy, hiring, approving contracts, approving budgets, etc.). Please provide as much description as possible.
- If you (or if you are seeking office, will you) make any decisions as a public official that may benefit the customers of the entity for which you are seeking a modification, or sources of compensation/income for the entity for which you are seeking a modification?

The direct activities of these businesses do not come before the legislature. There is no action I can take as a legislator that would economically benefit any of them.



6. **RESIDENTIAL ADDRESS:** Are you requesting to be exempted from disclosing the address of your personal residence in the Real Estate Section of the F-1? In this situation, you or your spouse may be a law enforcement officer, prosecutor, judge, or other official, and the disclosure of the address of your primary residence on the F-1 form could cause you or your family harm, based upon tangible evidence or a specific threat. If so, please explain in detail the **manifestly unreasonable hardship** if disclosure were required, and why

the purposes of the act would not be frustrated if disclosure of the address was not required. If nondisclosure is based upon an anti-harassment or similar court order, please state.

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



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



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

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Public Disclosure Commission

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

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

List the date of the application request: 3/30/2014

Entity or name of individual requesting reporting modification: Kevin Ranker

Your signature: _____

Your printed name: Kevin Ranker

Business street address: P.O. Box 40440

City, state and zip code: Olympia WA 98504

Telephone number: (360-) 786 - 7678

E-Mail Address: ranker_ke@leg.wa.gov

Date Signed: 3/30/2015

Place Signed (City and County): Olympia City Thurston County

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

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

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

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Public Disclosure Commission

Washington State Public Disclosure Commission
Personal Financial Affairs Statement
Reporting Modification Application Questionnaire, Instructions And Certification
February 2015

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MAR 31 2015

Application Questionnaire Instructions

Public Disclosure Commission

The purpose of the Public Disclosure Act in chapter RCW 42.17A includes at RCW 42.17A.001(3):

"That the people shall be assured that the private financial dealings of their public officials, and of candidates for those offices, present no conflict of interest between the public trust and private interest."

The form for providing disclosures of financial affairs is the F-1 Personal Financial Affairs Statement. The Act also provides for a process to seek a modification or suspension of reporting some information. RCW 42.17A.110(10) states in part:

*"After hearing, by order approved and ratified by a majority of the membership of the commission, [the commission is empowered to] suspend or modify any of the reporting requirements of this chapter in a particular case if it finds that literal application of this chapter works a **manifestly unreasonable hardship** and if it also finds that the suspension or modification will not **frustrate the purposes of the chapter...***

... Any suspension or modification shall be only to the extent necessary to substantially relieve the hardship. The commission shall act to suspend or modify any reporting requirements only if it determines that facts exist that are clear and convincing proof of the findings required under this section." (Emphasis added).

Possible qualifications for modifications or suspensions (referred to collectively as "modifications") are found at RCW 42.17A.110(10) and WAC 390-28-100. Copies of these provisions and reporting requirements are on the PDC's website at www.pdc.wa.gov under "Laws and Rules." The *Personal Financial Affairs Statement Instruction Manual* is also available on the website, under "Filer Resources – Manuals and Brochures." The Commission has also adopted Interpretations addressing modifications for certain professions and situations, and those are also available under "Laws and Rules" then "Interpretations." Modifications, if granted by the Commission, cover only one reporting period. Another application must be made in the following years if you still need a modification.

PDC staff has implemented this application procedure for filers requesting an F-1 Reporting Modification from the Commission. This is designed to provide more uniform information to the Commission from filers seeking a modification, and to enable a quicker response to possible questions about a request from the Commission at the hearing. **Please fill out this Application Questionnaire prior to having a modification request taken to the full Commission for consideration.** The blanks in this document will expand to accommodate your answers. **It is suggested that you review this entire Application Questionnaire first, before filling out your answers.**



☒ **If you are requesting a modification, whether new or a renewal of an earlier request, please:**

- (1) **Complete or review** your filed Personal Financial Affairs Statement (PDC Form F- 1) including Supplemental attachments (*except* for the information for which you are seeking a modification – leave the relevant sections or lines blank on the F-1 form at this time);
- (2) **Answer all questions (# 1 – # 8)** on this Application Questionnaire, unless otherwise directed below,
- (3) **Sign the Certification** if you do not intend to be present at the Commission hearing on your modification request, and
- (4) **Return** this Application Questionnaire to the PDC via e-mail, mail, fax or other delivery (and also send the original of the Certification to the PDC).

- Please note, however, that while this Application Questionnaire for filers seeking a modification can be returned to the PDC in several ways, **F-1 forms cannot be filed by fax or e-mail**. See filing instructions in the *Personal Financial Affairs Statement Instruction Manual*.

☒ **Other items to consider:**

- Filers for which a PDC Interpretation may apply. As noted, the Commission has adopted Interpretations for specific filers that are requesting modifications. Those filers include attorneys, automobile dealers, judges and judicial candidates, and spouses of elected and appointed officials, and also include candidates for public office. If you qualify as a filer under an Interpretation, please review the applicable Interpretation and provide the information pursuant to the Interpretation as part of your F-1 or F-1 Supplement forms. Copies of the Interpretations are available on the PDC website at www.pdc.wa.gov under "Laws & Rules" then "Interpretations."
- Competitive disadvantage. If you are claiming a competitive disadvantage (in disclosing information), you must describe in detail the competitive environment in which the entity operates and explain how disclosure would likely affect the competitive position of the entity.

☒ **Please carefully review your F-1 and/or F-1 Supplement to ensure each form is fully completed.** Here are some commonly overlooked areas:

- Do you make the buy and sell decisions with regard to the IRA's, stocks and other securities listed as retirement or income generating assets in Section 3c of your F-1? **If the answer is YES** (if you control the buy and sell decisions) **you must identify the individual securities or mutual funds held.**
- Did you disclose all of your retirement accounts (i.e. IRA, 401 k, deferred compensation, PERS 1, 2, 3 or TRS or LEOFF, etc.)?
- Did you complete all of the questions in Section 5 of the F-1?



Questions? If you have questions, you may contact PDC staff at (360) 753-1111; 1-877-601-2828 (toll-free in Washington State). The PDC Fax number is: (360) 753-1112. E-mail: pdc@pdc.wa.gov. The PDC address is on the last page of this form (Certification).

| 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-1A (1/15) | PERSONAL FINANCIAL AFFAIRS STATEMENT Short Form | P M PDC OFFICE USE O S RECEIVED T K MAR 31 2015 | | | | | | | | | | | | |
|---|--|--|--|--------|---|----------------|---|---------------------|---|----------------------|---|-----------------------|---|-------------------|--|
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| E | \$120,000 or more | | | | | | | | | | | | | | |
| Last Name Ranker First Kevin Middle Initial M Mailing Address (Use PO Box or Work Address) * PO Box 40440 City Olympia County _____ Zip + 4 98504-0440 | | Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details. Katharina Torri | | | | | | | | | | | | | |
| 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 2014 <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: state senator County, city, district or agency of the office, name and number: 40 Position number: _____ Term begins: 01/13 ends: 12/16 | | | | | | | | | | | | | |
| Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information. <input type="checkbox"/> NO CHANGE REPORT. I have reviewed my last complete F-1 report dated _____ and F-1A reports (if any) dated (1) _____ and (2) _____. The information disclosed on those reports is accurate for the current reporting period. <input checked="" type="checkbox"/> MINOR CHANGES REPORT. I have reviewed my last complete F-1 report dated 2013 . The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers and describe changes. Provide all information required on F-1 report. 1. Coast Consulting - C The Ocean Foundation (S) - manager - B 3. ING - Retirement - D | | | | | | | | | | | | | | | |
| Check here <input type="checkbox"/> if continued on attached sheet | | | | | | | | | | | | | | | |
| FOOD TRAVEL SEMINARS - Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC 390-20-020A, L-2 Reporting Guide; 2) Travel occasions; or 3) Seminars, educational programs or other training. | | | | | | | | | | | | | | | |
| Date Received | Donor's Name, City and State | Brief Description | Actual Dollar Amount | | | | | | | | | | | | |
| | | | Value (Use Code) | | | | | | | | | | | | |
| Check here <input type="checkbox"/> if continued on attached sheet | | | | | | | | | | | | | | | |
| ALL FILERS EXCEPT CANDIDATES. Check the appropriate box. <input checked="" type="checkbox"/> I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns. <input type="checkbox"/> I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns. | | CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge. <div style="display: flex; justify-content: space-between;"> <div> Signature </div> <div> 3-29-15 Date </div> </div> Contact Telephone: (360) 786-7678 Email: Kevin.ranker@leg.wa.gov (work) * Email: _____ (Home) Optional | | | | | | | | | | | | | |
| *CANDIDATES: Do not use public agency addresses or telephone numbers for contact information | | | | | | | | | | | | | | | |

Report Not Acceptable Without Filer's Signature

Application Questionnaire

MAY -6 2014

Background InformationFiler Name: Kevin RankerFiler Office Held or Sought: State SenatorDate of Request: May 1, 2014Period Covered by Request: 2013 and future years

COPY

Questions

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

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



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

My consulting firm, Coast Consulting, has contracts with three organizations, all located outside of Washington. In each contract, I work directly with the partners, executives, and board members, evaluating different policy positions the organization may pursue. I provide coaching services related to communications and organizational strategy, all for organizations outside of Washington State. I also provide information regarding funding sources related to the activities the organizations wish to pursue. Each of these organizations would be placed at a competitive disadvantage if the contracts were publicly known. For two of the contracts, I am limited by a non-disclosure agreement that would terminate the contract if I am required to disclose the identity of the business. This would put me at a serious competitive disadvantage professionally.

DATE FILED PDC

MAY -6 2014



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

- Provide the name and description of the entity, business, union, association, not-for-profit, charitable organization, or other entity for which you are seeking a modification request from reporting the entity's disclosable customers/sources of compensation/income.
 - Coast Consulting LLC
- Describe the size of the entity such as annual sales, number of customers or accounts, the number of employees, and other pertinent information.
 - Average total sales range between \$100,000 and \$120,000 annually
 - On average, Coast Consulting has three to five clients annually
 - There are currently two employees
- Describe how many business customers or other sources paying the entity more than \$10,000 would be subject to disclosure.
 - Currently three
- Describe if you have access to information about the entity's customer base or sources of compensation/income.
 - I have access to Coast Consulting's customers and income. I do not however, have access to this information for the organizations that Coast consults with.
- Describe if you are involved with the day-to-day operations of the entity.
 - Yes, I am Principal of Coast Consulting LLC and am fully involved in the day-to-day operations of the organization

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

- One previous client of Coast Consulting has been listed with the PDC

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

- None that I am aware of

DATE FILED PDC

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

MAY - 6 2014

- N/A

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

- The modification is requested for new clients who would be placed at a competitive disadvantage if the contracts were publicly known. For two of the contracts, I am limited by a non-disclosure agreement that would terminate the contract if I am required to disclose the identity of the business. This would put me at a serious competitive disadvantage professionally.

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

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

- Yes, Coast only has three to five clients on average

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

- Coast is receiving no government compensation

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

- Yes

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

- No

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- 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.
 - I have contracts with three organizations, all located outside of Washington. In each contract, I work directly with the partners, executives, and board members, evaluating different policy positions the organization may pursue. I provide coaching services for senior executives related to communications and organizational strategy, all for organizations outside of Washington State. I also provide information regarding funding sources related to the activities the organizations wish to pursue. Each of these organizations would be placed at a competitive disadvantage if the contracts were publicly known. For two of the contracts, I am limited by a non-disclosure agreement that would terminate the contract if I am required to disclose the identity of the business. This would put me personally at a serious competitive disadvantage professionally.



3. **NOT FRUSTRATE THE PURPOSES OF THE ACT.** Describe how allowing you to not disclose the information described in your modification request does not frustrate the purposes of the Public Disclosure Act.

As a state legislator, the direct activities of these businesses do not come before the legislature. There is no action I can take as a legislator that would economically benefit any of them.



Washington

4. **DUTIES.** Describe your duties as an elected or appointed official. Please describe the jurisdiction or agency for which you hold public office, and the duties performed by you as a public official (examples: adopting rules or ordinances, hiring staff, approving contracts, setting policy, etc.). Please provide as much description as possible.

As a state senator, I develop state-wide policy that affects the function and performance of local governments, state agencies, and businesses and the well-being of the people of the State of Washington. It is my duty to best represent the values and needs of my constituents and the people of Washington State.

COPY

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5. **CUSTOMERS OR SOURCES OF COMPENSATION/INCOME.** If you are seeking a modification related to a particular entity's reportable customers or sources of compensation/income for an entity, describe:

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

- I am the Principal and owner of Coast Consulting LLC. I work directly with the partners, executives, and board members of organizations, evaluating different policy positions the organizations may pursue. I provide coaching services to senior executives related to communications and organizational strategy, all for organizations outside of Washington State. I also provide information regarding funding sources related to the activities the organizations wish to pursue.

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

- No



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

- No

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

- No!



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



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

MAY - 6 2014

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

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

List the date of the application request: May 1, 14

Entity or name of individual
requesting reporting modification: Kevin Ranker for Coast Consulting LLC

Your signature: 

Your printed name: Kevin Ranker

Business street address: PO Box 165

City, state and zip code: Deer Harbor, WA 98243

Telephone number: (360) 376- 4051

E-Mail Address: kevin@kevinranker.com

Date Signed: 5-1-14

Place Signed (City and County):
Deer Harbor San Juan 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."

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

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

| | | | | | | | |
|---|--|---|--|--|---|---|---|
| PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828 | | PDC FORM F-1 (1/12) | | PERSONAL FINANCIAL AFFAIRS STATEMENT | | P M PDC OFFICE USE O A S R T K DATE FILED PDC APR 14 2014 RECEIVED | |
| Refer to instruction manual for detailed assistance and examples. | | | | DOLLAR CODE AMOUNT A \$1 to \$3,999 B \$4,000 to \$19,999 C \$20,000 to \$39,999 D \$40,000 to \$99,999 E \$100,000 or more | | | |
| Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position. | | | | | | | |
| SEND REPORT TO PUBLIC DISCLOSURE COMMISSION | | | | | | | |
| Last Name First Middle Initial Ranker Kevin M | | | Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details. Katharina Torri | | | | |
| Mailing Address (Use PO Box or Work Address) * PO Box 40440 | | | | | | | |
| City County Zip + 4 Olympia 98504-0440 | | | | | | | |
| 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 <u>2013</u> <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>state Senator</u> County, city, district or agency of the office, name and number: <u>40</u> Position number: _____ Term begins: <u>Jan 13</u> ends: <u>Dec 16</u> | | | | |
| 1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,000 or more during the period. Include stock options received during the reporting period that had a value of \$2,000 or more. (Report interest and dividends in Item 3.) | | | | | | | |
| Show Self (S) Spouse (SP/DP) Dependent (D) | Name and Address of Employer or Source of Compensation | Occupation or How Compensation Was Earned | Amount: (Use Code) | | | | |
| S | WA State Senate | Senator | C | | | | |
| S | Coast Consulting | Principal | B | | | | |
| SP | POB 1605, Eastsound 98245 | | | | | | |
| | Tina Torri ND, LAC, PLLC | Physician | B | | | | |
| | POB 1605, Eastsound 98245 | | | | | | |
| Check Here <input type="checkbox"/> if continued on attached sheet | | | | | | | |
| 2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$10,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.) | | | | | | | |
| Property Sold or Interest Divested | | Assessed Value (Use Code) | Name and Address of Purchaser | | Nature and Amount (Use Code) of Payment or Consideration Received | | |
| Property Purchased or Interest Acquired | | | Creditor's Name/Address | Payment Terms | Security Given | Mortgage Amount - (Use Code) Original Current | |
| All Other Property Entirely or Partially Owned | | E | WA Federal | 20/5.75 30y | | E | E |
| Hannah Heights 17? San Juan | | E | steavings | 20/6.25 30y | mortgage | E | E |
| PR LT 3 TOWNS | | | | | | | |
| Check here <input type="checkbox"/> if continued on attached sheet | | | | | | | |

CONTINUE ON NEXT PAGE

3

ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

| A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period. | Type of Account or Description of Asset | Asset Value (Use Code) | Income Amount (Use Code) |
|---|---|------------------------|--------------------------|
| DATE FILED PDC | | | |
| APR 14 2014 | | | |
| B. Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$20,000 during the period. | | | |
| C. Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. | | | |
| 106 | Retirement | C | N/A |
| TD Ameritrade | Retirement | D | N/A |
| TD Ameritrade | money market/stocks | D | N/A |

Check here ☐ if continued on attached sheet.

4

CREDITORS

List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

AMOUNT
(USE CODE)

| Creditor's Name and Address | Terms of Payment | Security Given | Original | Present |
|---|------------------|----------------|----------|---------|
| Check here <input type="checkbox"/> 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? Y 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? Y 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? Y If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? N 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? Y 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.

Signature

Date

Contact Telephone: (360) * 786-7678

Email: Kevin.Canter@leg.wa.gov (work) *

Email: _____ (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

| | | |
|--|--|--|
| PUBLIC DISCLOSURE COMMISSION DATE FILED PDC 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 (1/12) | SUPPLEMENT PAGE PERSONAL FINANCIAL AFFAIRS STATEMENT |
|--|--|--|

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

| | | | |
|----------------------------|-----------------------|----------------------------|------------------------|
| Last Name <i>Ranker</i> | First <i>Kevin</i> | Middle Initial <i>M</i> | DATE <i>4/13/14</i> |
|----------------------------|-----------------------|----------------------------|------------------------|

A OFFICE HELD, BUSINESS INTERESTS:

Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents

- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
- (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.

- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$10,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self ☒ Spouse ☐
 Registered Domestic Partner ☐ Dependent ☐

LEGAL NAME: *Coast Consulting* POSITION OR PERCENT OF OWNERSHIP
Principal

TRADE OR OPERATING NAME:

ADDRESS: *POB 1605, Eastsound WA 98245*

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Consulting

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 \$10,000 OR MORE:

| | |
|--------------|--|
| Agency name: | Purpose of payment (amount not required) |
| | |

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

| | |
|---|--|
| Customer name: | Purpose of payment (amount not required) |
| <i>Meridian Institute</i> | <i>Consulting</i> |
| <i>Reporting Modification Requested</i> | |

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here ☐ if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

APR 14 2014

Name

ENTITY NO. 2

Reporting For: Self ☐ Spouse ☒Registered Domestic Partner ☐ Dependent ☐

LEGAL NAME: Tina Torri ND, LAc, PLLC

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS: PO Box 1605, Eastsand, WA 98245

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Medical / Health 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 \$10,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here ☐ if continued on attached sheet

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

Person to Whom Services Rendered

Description of Legislation, Rules, Etc.

Compensation (Use Code)

Check here ☐ if continued on attached sheet

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

| Date Received | Donor's Name, City and State | Brief Description | Actual Dollar Amount | Value (Use Code) |
|---------------|--|--|----------------------|------------------|
| 10/7/13 | Economic Opportunity Institute - Seattle, WA | Pay it forward conference + training in Phil | \$ 715.10 | A |

Check here ☐ if continued on attached sheet