APR 1 1 2018

April 4, 2018

VIA HAND DELIVERY

Seattle Office of the City Clerk 600 4th Ave. 3rd Floor Seattle, WA 98104

Seattle Ethics and Election Commission 700 5th Ave, Suite 4010 PO Box 94729 Seattle, WA 98124-4729

Re: F-1 Reporting Modification Application

I have submitted the attached Reporting Modification Application to the PDC. Because of different dollar thresholds I need to make an additional request to the City with respect to my dependent sons. The request was granted when I was a candidate last June, and I simply seek renewal. My sons and I are participants in the Address Confidentiality Program ("ACP") because of threats I received related to my job as US Attorney and since. I continued to receive threats and harassing calls during the campaign, and the City has assigned me a security detail.

Neither of my sons has my last name. Due to my heightened concern with the safety of my sons. I have been careful to avoid releasing information that would allow someone with a grievance with me to identify or target my sons.

The Commission granted my request last June, allowing me to identify two bank accounts jointly held by my children in terms of name and address of the bank, type of account, asset value and income amount for each bank account, but then the notation "Dependent 1" or "Dependent 2." The Commission apparently agreed last year that we can accomplish the purpose of the financial disclosure rules without publicly releasing the names of my children, and that release of their names would unnecessarily invade their privacy and expose them to risk. I ask the Commission to renew that and the other modification as to law firm sources of income submitted to the PDC.

Very truly yours. Lenny A Deut

Jenny & Durkan

		File with C	-141 - 011 - 01 - 1	CEEO FORM	7					
			eattle City Clerk	SEEC FORM	SEEC				PER	SONAL
	EEC	PO BOX 947	28		DOLLA	R		- 1		
		Seattle, WA	98124-4728	F-1	CODE		AMOUNT	- 1	FINA	NCIAL
1 CBA 55	ATTLE ETHICS &	Questions:	(206) 684-8500					- 1		
CAP EL	ECTIONS COMMISSION	(206) 615-12			(1)	\$0	\$	999	AFFA	VIRS .
		polly.grow@s		(3/16)	(2)	\$1,000	\$4,			
		pony.grow@s	seattle.gov		(3)	\$5,000	\$9,	77577757	STAT	TEMENT
					(4)	\$10,000		00000000		
Deadlines	s: Incumben	t elected and a	ppointed officials	by April 15	25 1.55		- \$24,9			
	Candidate	s and others	within two weeks	of becoming a	(5)	\$25,000	\$99,9			
1	candidate	or heing newly	appointed to a p	ocition	(6)	\$100,000				
1		20mg nom,	appointed to a p	osition.	(7)	\$200,000				
SEND R	EPORT TO Se	attle City Cla	rle		(8)	\$1,000,00	0 \$4,999,9	999		
		attic Oity Oic	I N		(9)	\$5,000,00	0 or more			
"immadia	4- f!!!!	- / \								
immedia	ite ramily mear	ns: (a) a spouse	or domestic partne	er, or (b) a parent, par	ent of a spo	use or dom	estic partner, ch	ild, child	of spouse	or domestic
Partition, Si	billing, diricite, auf	it, cousin, mece	of flebriew. If that I	person either resides	with or is a	dependent of	on the Covered I	ndividual'	's most re	cently filed
federal inc	ome tax return.	SMC 4.16.080							0 11100110	ocinity incu
Last Name	9	F	irst	Middle	Initial	Names o	f immediate fam	ily memb	ore If the	oro in no
						reportable	e information to	disclose f	or denon	are is no
1 _						other den	condenta livina in	uisclose i	or depend	sent children, or
l D	urkan		Jenny	A	V.	thom De	endents living in	your nou	isenoia, a	o not identify
Mailing Ad	dress (Use PO I	Pay or Mark Ad			1.	I them. Do	identify your sp	ouse or d	domestic p	partner.
Walling Au	diess (Use FO	BOX OF VVOIK AG	dress)							
1	0.00			eri i		1	Depend	ent 1		
	Office of	the Mayor, F	P.O. Box 94749	9			Depend	ent 2		
City		Co	ounty	Zip + 4		1				
	C41-			***						
	Seattle		King	98124	4-4749					
Filing Statu	is (Check only o	ne hox)				Office Hol	ld or Sought			
	to (or took of m) o	110 001.7				Office Hel	id of Sought			
X An ele	cted or appointe	d official filing a	nnual report			Office title				
_		7-10-0				Office title	Mayor			
☐ Final re	eport as an elect	ted official. Ten	m expired:							
			37.	.		Position n	umber:			
☐ Candid	late running in a	n election: mon	nth	year						
☐ Newly	appointed to an	elective office				Term begi	ns: 11-28-2017	(ends: 12	2-31-2021
									-	
1	INCOME	ist each empl	oyer, or other so	urce of income (per	nsion, soci	al security	, legal judgme	nt etc.)	from wh	ich vou er en
		inneulate faill	ny member, rece	ived compensation.	in any for	rm. of \$50	O or more duri	ing the	noriod	Include steek
	o	ptions receive	d during the repor	rting period that had	a value of	more than	\$500	ing the p	periou.	melude Stock
	(1	Report interest	and dividends in	Itom 3)			4000.			
Show Self (S) Spouse (SP/DP)	Name and Ad	dress of Employ	yer or Source of Co	mnensation	Occur	notion as Us				
Dependent (D)		areas of Employ	yer or cource or co	mpensation	Occuj		ow Compensation	n	Amou	
	Quinn Fm	anuel Urgubart	& Sullivan, LLP			Was E			(Use Co	de)
(S)	600 Unive	rsity Street, Suit	2800			Attorney			20 1000	
	Seattle, W		.e 2000						(7)	
(6)										
(S)	City of Se					Mayor			/ 3	
	P.O. Box	94749							(3)	
	Seattle, W	/A 98124								
									()	
	0	1.6							()	
	Check Here L		attached sheet						, ,	
•		List stre	et address, asses	ssor's parcel numbe	r, or legal	description	AND county f	or each	narcal of	Machinete
2	REAL ESTATE	- rear esta	ate with value of	over \$2,500 in which	n vou or a	an immedi:	ate family mom	hor hold	1 a norec	anal financial
		interest	during the reporti	ng period. (Show pa	artnership	company	etc real actate	on E.4 a	a perso	mai iinancial
Property Sold	or Interest Dives	ted	Assessed N	lame and Address of P	urchasor	company,	Notice and A	OII F-1 SL	hhiewer	11.)
- W		-500000	Value			1	Nature and Amo Consideration R	ount (Use (Code) of F	'ayment or
			(Use Code)	Jennifer Cast & E	lizabeth Fran	nklin	Consideration R	eceived		
Addre	ess confidentiality	y modification		2647 Cascadia Av			Cook C			
	reviously grante		1 ,			1	Cash Pro	ceeds		
3.45	, ,		(8)	Seattle, WA 98144	1	- 1				(8)
			()			1				()
										` '
Property Purch	hased or Interest	Acquired	C	reditor's Name/Address	Paymer	nt Terms	Security Given	Mortga	ne Amoura	t - (Use Code)
						rs at 4.3%)	, , , , , , , , , , , , , , , , , , , ,		ge Amoun Original	Current
					, , ,			1	Jigiriai	. Current
			()			1			()	101
			()			1) (1) !
II Other Prope	erty Entirely or Pa	artially Owned	 ` 						()	1 ()
	E SW FR 200-22		(6)						, ,	1, .]
Whidbey I			1) " (1	ALIA	1	-			()	()
				N/A	1	1		1	/ \	1 / \

Check here [] if continued on attached sheet

3	ASSETS / INVES	STMENTS - INTEREST / DIVIDENDS	List bank intangible reporting p	and savings account property (including beriod.	ts, insurance ut not limited	policies, st to stock op	ock, bonds tions) held	and othe during the
				of Account or Descript	ion of Asset	Asset Value		e Amount
A.	Name and address o or an immediate fam time during the report	f each bank or financial institution in which ily member had an account over \$5,000 at period. See attached	i you t any			(Use Code) (Us	e Code)
В.	Name and address immediate family mer \$5,000 during the peri	of each insurance company where you on the state of the s	r an over			())
C.	agency, etc. in which had a financial inter- ownership, retirement intangible property.	of each company, association, governryou or an immediate family member, ownest worth over \$500. Include stocks, bot plan, IRA, notes, stock options, and off you or your immediate family member	ed or nds, other had			()	()
	each asset or inves EXAMPLE: If you sel	ority regarding individual assets/investments tment, the value and any income amo f-directed an investment account identify e in that account. Stock shall be reported me of reporting. See attached	ount.			()	()
Cho	eck here if continued					` ,	1	,
4	CREDITORS	List each creditor you or an immediat period. Don't include retail charge ac	te family me counts, cred	mber owed \$500 or r lit cards, or mortgage	nore any time es or real est	e during the		OUNT CODE)
	Credi	in Item 2. tor's Name and Address	Т	erms of Payment	Securit	y Given		T
				6 years at 5.25%)		,	()	()
01-								()
Che	ck here if continued	on attached sheet.						
5	NET WORTH	Enter your estimated net worth.		*	Enter Dollar Ar 5,750,00			
6				\$				
6	All filers answer ques	tions A thru D below. If the answer is YE	S to any of	these questions, the F	-1 Suppleme	nt must also	be comple	ted as
Supp	olement is required.	swers are NO and you are a candidate o	r an appoint	ee to a vacant elective	e office filing	your initial re	port, no F-	1
Incui	mbent elected official eholders unless all an	s filing an annual financial affairs rep swers to questions A thru E are NO.	ort also mu	st answer question	E. An F-1 S	upplement is	s required	of these
A.	At any time during the rep association, joint venture of but not limited to a profess	orting period were you and/or an immediate family or other entity or (2) a partner or member of any lin sional limited liability company? X If yes, comp	member (1) an nited partnershi blete Suppleme	officer, director, general p p, limited liability partnersh nt, Part A.	artner or trustee ip, limited liability	of any corporati company or sir	on, company, nilar entity inc	union, luding
B.	Did you and/or an immediathe reporting period?	ate family member have an ownership of 10% or m _ If yes, complete Supplement, Part A.	ore in any com	pany, corporation, partners	hip, joint venture	or other busine	ess at any time	e during
C.		ate family member own a business at any time duri	ing the reportin	g period? If yes, con	nplete Suppleme	nt, Part A.		1
D.	Did you and/or an immedia	ite family member prepare, promote or oppose sta olic office) at any time during the reporting period?	te legislation ru	les rates or standards for			ensation (othe	er than
	Only for Persons Filing A you, and/or an immediate fa	nnual Report. Regarding the receipt of items not amily member accept a gift of food or beverages c n part for you and/or an immediate family member	provided or pa	d for by your governmenta	agency during t	thar than		
ALL	FILERS EXCEPT CA	NDIDATES. Check the appropriate box.		Contact Telephone:	(206) 68	34-4000		
Ķ	I hold a local elected	d office. I have read and am familia	r with SMC		urkan@sea			
	2.04.300 regarding tr	ne use of public facilities in campaigns.	et.	Email:			(Homo)	_(work)*
ERT	FIFICATION: I certify knowledge	under penalty of perjury that the inform	nation conta		true and corr	ect to the be		Optional
	4-10-201		u di	Des				
	ate	Signature	1	7550				
ANDI	DATES: Do not use pub	lic agency addresses or telephone number	s for contact	information. Report	Not Accept	able Withou	ıt Filer's S	ignature

Jenny A Durkan Seattle City Clerk SEEC Form F-1 Part 3 A.

Name & address of bank or Financial Institution	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
(S) JPM Chase, 1201 Third Avenue, Seattle, WA	Checking & Savings	7	1
(S) Wells Fargo, 999 Third Avenue, Seattle, WA	Checking & Savings	4	1
(DC) Wells Fargo, 999 Third Avenue, Seattle, WA	Checking & Savings	1	1
(DC) Wells Fargo, 999 Third Avenue, Seattle, WA	Checking & Savings	3	1

Jenny A Durkan Seattle City Clerk SEEC Form F-1 Part 3 C.

Name & address of investment Interest	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
(S) Quinn Emanuel Defined Benefit Plan	Defined Benefit Plan	6	None
(S) Merrill Lynch 401(K) & Profit Sharing Plan	Retirement Plan	6	None
(S) Federal Thrift Savings Plan	Retirement Plan -		
	G Fund - Gov't Securities Inv. Fund	6	None
(S) The Riveter, 1517 12th Ave., Seattle, WA (S) Wells Fargo Investment Advisors, 777 108th Ave NE, Bellevue	Private Investment	5	None
WA	IRA	7	None
(S) Charles Schwab Account, 508 Union St; Seattle, WA 98101	Brokerage Account -		
	Money Market	5	1
	Costco Wholesale Co (COST)	4	1
	Nanometrics Inc. (NANO)	2	None
	Energy Select Sector SPDR ETF (XLE)	4	1
	ETFS Gold Trust ETF (SGOL)	5	None
(S) Bessemer Trust, 630 Fifth Ave., New York, NY 10111	Inv Mgmt - Old Westbury Fund, Inc.	8	5
(S) Bessemer Trust, 630 Fifth Ave., New York, NY 10111	Cash - Money Market Sweep	8	3
(S) Bessemer Trust, 630 Fifth Ave., New York, NY 10111	Roth IRA - Old Westbury Fund, Inc	7	None
(S) Bessemer Trust, 630 Fifth Ave., New York, NY 10111	Jenny Durkan, BENE of L Durkan IRA	6	2



File with: Seattle City Clerk PO BOX 94728 Seattle, WA 98124-4728 Questions: (206) 684-8500 (206) 615-1248 Polly.Grow@Seattle.gov

SEEC FORM

SUPPLEMENT (2/16)

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

	N FOR YOU AND ANY IMMEDIATE FAMIL		
Last Name	First	Middle Initial	DATE
Durkan	Jenny	A	April 4, 2018
A OFFICE HE BUSINESS INTEREST:	(1) were an officer, direct organization, union, pa (2) were a partner or mer similar entity, including Legal Name: Report name used on legal	•	e owner of a corporation, non-prof nership, limited liability company on npany.
•		used for business purposes if different from the lega	al name.
		ffice, title and/or percent of ownership held.	
	Payments from Covernmental Units 16 th	ation: Report the purpose, product(s), and/or the se	rvice(s) rendered.
	entity concerning which you're reporting, s	ne governmental unit in which you hold or seek offi show the purpose of each payment and the actual a	mount received.
•	proprietorship, union, association, busine	d Other Government Agencies: List each corporates or other commercial entity and each government of \$2,500 or more during the period to the entity or performed for the compensation.	ant agency (other than the one use
•	Washington Real Estate: Identify real esta	ate owned by the business entity if the qualifications	referenced below are met.
ENTITY NO. 1		Reporting For: Self X	Spouse
		Registered Domestic	Partner Dependent D
LEGAL NAME:		POSITION OR PER	CENT OF OWNERSHIP
Quinn Emanuel, U	rquhart & Sullivan, LLP	Attor	ney
TRADE OR OPERATING I Quinn Emanuel, U ADDRESS:	NAME: rquhart & Sullivan, LLP		
600 University Str	eet, Suite 2800, Seattle, WA 9810	01	
BRIEF DESCRIPTION OF	THE BUSINESS/ORGANIZATION:		
Law Firm			
PAYMENTS ENTITY RECE Purpos	EIVED FROM GOVERNMENTAL UNIT IN V e of payments		ctual dollars)
		\$	
Agency	EIVED FROM OTHER GOVERNMENT AGE name: enewed Modification		payment (amount not required)
Custon	IVED FROM BUSINESS CUSTOMERS OF ner name: Renewed Modification		payment (amount not required)
WASHINGTON REAL ESTA and assessed value of prope	ATE IN WHICH ENTITY HELD A DIRECT orty is over \$5,000. List street address, ass	FINANCIAL INTEREST (Complete only if ownersh essor parcel number, or legal description and count	ip in the ENTITY is 10% or more y for each parcel):
Check here ☐ if continued on at	lached sheet		
***		CONTINUE PARTS B	AND C ON NEXT PAGE

Name				
ENTITY NO. 2		Reporting Fo		
LEGAL NAME:			red Domestic Partner ON OR PERCENT OF OV	
TRADE OR OPERATING	G NAME:	. 55	SIL SILL ENGLISH OF OV	VINEROHIP
ADDRESS:				
BRIEF DESCRIPTION C	OF THE BUSINESS/ORGANIZATION:			
PAYMENTS ENTITY RE	CEIVED FROM GOVERNMENTAL UI	NIT IN WHICH YOU SEEK/HOLD OFFICE:	Amount (actual dollars)	
			\$	
PAYMENTS ENTITY RE	CEIVED FROM OTHER GOVERNME	NT AGENCIES OF \$2,500 OR MORE:	Ψ	
Agen	cy name:	TO POLITOILES OF \$2,500 OK MORE.	Purpose of payment (arr	ount not required)
PAYMENTS ENTITY REC	CEIVED FROM BUSINESS CUSTOME omer name:	ERS OF \$2,500 OR MORE	Purpose of payment (am	ount not required)
Check here ☐ if continued on	List persons for whom you, or	any immediate family member, lobbied or	nrenared state legiclati	lon or state vulce
B LOBBYING:	are an elected official or professi	audii or deterred compensation. Do not lie	t pay from government	oody in which you
Person to Wi	nom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code 1- 9)
			()
			()
			()
heck here [] if continued on a	attached sheet			
FOOD TRAVEL SEMINARS	portion of the following items to	e other than your own governmental agenc you, your spouse, registered domestic p costing over \$50 per occasion; 2) Travel	artner or demandants	
Date Donor's	s Name, City and State	Brief Description	Actual Dollar	Value
			Amount	(Use Code1-9)
			\$	()
				()
leck here ☐ if continued on at	tached sheet			()

Washington State Public Disclosure Commission

Personal Financial Affairs Statement
Reporting Modification Application Questionnaire, Instructions And Certification
June 2017

Application Questionnaire Instructions

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 Disclosure Instructions are also available on the website, under "Learn." 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 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 (<u>except</u> 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 # 9) on this Application Questionnaire, unless otherwise directed below,
- (3) Confirm whether you authorize the PDC to use email may correspond with you about your request by email:
- (4) Sign the Certification, and
- (5) 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, <u>F-1 forms</u> 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 Rule may apply. As noted, the Commission has Rules 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 a specific Rule, please review the applicable Interpretation and provide the information pursuant to the specific Rule as part of your F-1 or F-1 Supplement forms. Copies of the Rules are available on the PDC website at www.pdc.wa.gov under "Learn" then "Laws & Rules."
- 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).

Application Questionnaire

Background Information

Filer Name: Jenny A. Durkan

Filer Office Held or Sought: Mayor of Seattle

Date of Request: April 4, 2018

Period Covered by Request: May 23-November 28, 2017

Questions

Please answer questions # 1 - # 9 below, unless:

- RESIDENTIAL ADDRESS. If you are seeking <u>only</u> nondisclosure of a residential address, answer # 1, # 4, # 6 and # 8.
- SPOUSAL SEPARATION. If you are seeking <u>only</u> 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, # 8 and # 9. A request for nondisclosure may be considered when such financial interest does not constitute a present or prospective source of income for you.
- 1. EMAIL AUTHORIZATION. Check the box below to give the PDC permission to provide future correspondence about your request including hearing orders to you by email.

xx I authorize the PDC to provide future correspondence to me email rather than sending it through the U. S. mail.

Email address: jenny.durkan@seattle.gov with copy to dburman@perkinscoie.com

2. 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).

This is a renewal request. As a candidate last year, I requested and received a modification of the requirements for reporting sources of compensation for a law firm as provided in WAC 390-28-100(1)(e)(i). At that time I was a partner in Quinn Emanuel Urquhart & Sullivan, LLP and received permission to disclose only reportable clients from whom compensation has been paid in excess of the reporting threshold in the following categories: (1) business and government clients for whom I or others in the Seattle office (the firm's only office in or within 500 miles of Washington State) have performed work; and (2) business and government clients with billing addresses in the State of Washington regardless of any connection to the Seattle office. I was not and

am not aware of any other clients of the law firm whose interests would be significantly affected by my actions as Mayor.

That request was approved. I finished one matter, for a disclosed client, since that request and the accompanying disclosure. I then took unpaid leave for the rest of the campaign and then separated from the firm on November 28, 2017. Thus, the same basis for last year's modification applies fully, and there are no additional clients to disclose.

I am attaching last year's modification request and F-1. I am answering the questions below similarly to last year but reflecting the fact that I have left the firm and no longer have access to its information.

- 3. 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.

Quinn Emanuel Urquhart & Sullivan, LLP

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

Quinn Emanuel is an international law firm with twenty one offices on four continents and in ten countries. When I left, the firm employed over 650 attorneys and was one of the 70 largest law firms in the United States. The Seattle office is only a few years old and employed only a few of the over 650 lawyers.

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

Hundreds, if not thousands.

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

Access is very carefully controlled even among partners, and I can no longer learn internal information as to client names and compensation.

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

I am no longer involved at all. Before I left, I was not involved beyond the Seattle office, and only in a limited way there, as described below.

 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.

Yes, some of the clients of the firm are listed on the firm's website or in other promotional materials. Clients are primarily disclosed in the individual attorney bios on the website, and it would be extremely difficult to go through all 650 of those and identify client names. The firm is primarily engaged in litigation, so many clients of the firm are also listed on public court records around the country and in other countries once a lawsuit is commenced. It would also be extraordinarily difficult to compile that information, and it would risk invading the confidentiality of client representations that have not resulted in litigation. The attached Exhibit provides business and government clients that I or other members of the Seattle office of the law firm (the firm's only office in or within 500 miles of Washington State) have worked for, as well as business and government clients with billing addresses in the State of Washington regardless of any connection to the Seattle office. There are no other clients of the law firm that I was aware of when I left the firm, or now, whose interests would be significantly affected by my actions.

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

See above.

- If the entity has a website address, list it here: http://www.quinnemanuel.com/
- 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:

I do not have a full list of public websites where clients of the firm may be disclosed. The full list of publicly disclosed clients would be difficult to compile. My legal work while at the firm also bore no relation to the vast majority of these clients. Therefore, it would be an unreasonable hardship, and would not further the purpose of the Public Disclosure Act, for me to attempt to compile a full list of these clients.

 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.

Yes, but I am no longer entitled to such information.

 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.

The attached Exhibit discloses all government clients for whom I or others in the Seattle office performed legal work as well as governmental clients with billing addresses in the State of Washington regardless of any connection to the Seattle office. We have identified no Washington State government clients for whom others in the firm have done any work.

- Indicate whether you have an ownership interest of 10% or more in the entity.
 No.
- Indicate whether your spouse's interest in an entity requires you to complete an F-1 Supplement for that entity.

Not applicable.

 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.

As noted above, the Seattle office performs a very small amount of the total work performed by the firm as a whole, with only a few out of over 650 firm lawyers working from that office. Even when I was still at the firm, attempting to compile a full list of all clients who paid the firm an amount above the reporting threshold and who are publicly disclosed somewhere would take an enormous amount of time and would result in disclosure of a large number of sensitive and often otherwise confidential relationships. The sensitive information would bear no relation to myself or my duties.

 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 noted above, Quinn Emanuel is an international law firm and the Seattle office, like any small group of firm lawyers, performs only a small amount of the total work performed by the entity as a whole. I did not perform any legal work for, or have any involvement with, the vast majority of the firm's clients. In the general course of my standard practice I did not even have reason to know the identities of these clients. In seeking this modification, I am attempting to ensure full disclosure of the reportable clients with whom I have had any involvement with whatsoever while avoiding the unreasonable hardship that the standard reporting requirements would impose.

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.

Mayor of Seattle.

- 6. 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 was a partner in the Seattle office of the law firm. Day to day management of the office is the responsibility of an administrator. I had no management role or ability to approve contracts for other offices.

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?

Clients whose interests could be significantly affected by my actions as Mayor that I am aware of (if any) are disclosed in the attached Exhibit A.

- 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.
- 8. 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.
- 9. 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, do you promise to recuse yourself from that matter, whether or not you have disclosed that personal interest on an F-1 form?

x `	Yes as appropriate and	required by all applicable laws.
	No	
If y	ou answered no, please	e explain why not.

10. 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.)

I am attaching an Exhibit of the clients of Quinn Emanuel that fall within the categories provided in #2 above during the time I was employed there.

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

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

I am waiving my personal appearance at the hearing regarding my request for a reporting modification or suspension, and request that the Commission consider the information provided in 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: April 4, 2018

Entity or name of individu	En	tity	y or	name	of	ind	livid	ua	I
----------------------------	----	------	------	------	----	-----	-------	----	---

requesting reporting modification. Jenny A. Durkan, Mayor of Seattle

Your signature:

Your printed name: Jenny A. Durkan

Business street address: 600 4th Avenue

City, state and zip code: 98124-4749

Telephone number: (206) 684-4000

E-Mail Address: jenny.durkan@seattle.gov With copy to dburman@perkinscoie.com

Date Signed: March 28, 2018

Place Signed (City and County):

Seattle

King County

lace digited (City and County).

City

*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

Jenny A Durkan Modification Application Questionnaire SEEC Exhibit A

Client Name	Purpose
Confederacion Sudamericana de Futbol (CONMEBOL)	Legal Services
Daimler AG	Legal Services
Dust Pro, Inc.	Legal Services
Esplanade Productions, Inc.	Legal Services
E*Trade Financial Corporation	Legal Services
FIFA	Legal Services
Google Inc.	Legal Services
Home Depot USA	Legal Services
IBM	Legal Services
Muckleshoot Indian Tribe	Legal Services
Port of Seattle	Legal Services
PPG Industries, Inc.	Legal Services
Rhapsody International	Legal Services
Rockefeller Family Fund	Legal Services
Spotify USA Inc.	Legal Services
State Farm Insurance Company	Legal Services
The Coca Cola Company	Legal Services
TV Eyes	Legal Services
Camp Korey	Legal Services
G to G Marysville	Legal Services
Icon Productions	Legal Services
iYogi Inc.	Legal Services
SearchTempest Online	Legal Services