State of Washington

PUBLIC DISCLOSURE COMMISSION

711 Capitol Way Rm. 206, PO Box 40908 • Olympia, Washington 98504-0908
(360) 753-1111 • FAX (360) 753-1112
Toll Free 1-877-601-2828 • E-mail: pdc@pdc.wa.gov • **Website:** www.pdc.wa.gov

JEFF JERNIGAN
17745 LITTLEROCK ROAD SW
ROCHESTER, WA 98579

Also delivered electronically to "jjfire54@comcast.net"

October 15, 2018

Subject: F-1 Enforcement Hearing Notice, PDC Case Number 38864

Dear: JEFF JERNIGAN

Public Disclosure Commission (PDC) records indicate that you served as an elected or appointed official during calendar year 2017; officials in these positions are required to file an annual Personal Financial Affairs Statement (F-1 report). The F-1 report discloses your financial activities for calendar year 2017 and was required to have been filed no later than April 16, 2018.

On July 16, 2018, PDC staff sent you an F-1 warning letter, along with a blank copy of the F-1 report for you to complete and file, to avoid a future enforcement hearing. On August 16, 2018, PDC staff sent you a hearing notice, scheduling you for a Brief Adjudicative Proceeding (Brief Enforcement Hearing) to be held on September 24, 2018. However, after reviewing your filings prior to the September hearing date, PDC staff determined you were not eligible for a Brief Enforcement Hearing under the provisions of WAC 390-37-143.

Therefore, in accordance with RCW 42.17A.110 and RCW 42.17A.755, an Enforcement Hearing before the Full Commission has been scheduled to determine if you violated RCW 42.17A.700 by failing to timely file the required F-1 report for calendar year 2017.

Enforcement Hearing Information

Date and time:	**Thursday, October 25, 2018 at 10:30 a.m.**
Place:	Evergreen Plaza Building, Room 206 711 Capitol Way, Olympia, WA, 98504-0908
Presiding Officer:	Anne Levinson, Chair, Public Disclosure Commission

If you do not plan to be present at the hearing, you may submit evidence in your own behalf or in mitigation for distribution to Commission members. Please submit this information so that it is received by the PDC no later than **12:00 p.m. Wednesday, October 24, 2018**.

Evidence can be submitted by email at pdc@pdc.wa.gov or mailed to:

Compliance and Enforcement
Public Disclosure Commission
PO Box 40908
Olympia, WA 98504-0908

Please reference Case Number **38864** in the subject line of the email or on any correspondence.

If a hearing proceeds and you fail to attend or provide information on your own behalf, you may be in default and the Commission may assess appropriate penalties. The Commission has the authority to assess a penalty of up to $10,000 per violation, or they can find apparent violations and refer the matter to the Attorney General for higher penalties.

You are not required by law to personally attend the hearing. PDC staff will present this matter to the Commission. However, the PDC recommends that respondents personally appear whenever possible. If you plan to attend the hearing in-person or by telephone, please notify PDC staff at your earliest convenience but no later than **12:00 p.m. Wednesday, October 24, 2018**.

If you have questions regarding this matter, please contact PDC staff at pdc@pdc.wa.gov.

Sincerely,

Peter Lavallee
Executive Director

Enclosure:

- Blank Personal Financial Affairs Statement (F-1 report)

PUBLIC DISCLOSURE COMMISSION

711 CAPITOL WAY RM 206
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OLYMPIA WA 98504-0908
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TOLL FREE 1-877-601-2828

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

PERSONAL FINANCIAL AFFAIRS STATEMENT

POST MARK — PDC OFFICE USE

RECEIVED

Refer to instruction manual for detailed assistance and examples.

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

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

Last Name | First | Middle Initial

Mailing Address (Use PO Box or Work Address) *

City | County | Zip + 4

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.

Filing Status (Check only one box.)

- ☐ An elected or state appointed official filing annual report
- ☐ Final report as an elected official. Term expired:
- ☐ Candidate running in an election: month year
- ☐ Newly appointed to an elective office
- ☐ Newly appointed to a state appointive office
- ☐ Professional staff of the Governor's Office and the Legislature

Office Held or Sought

Office title:

County, city, district or agency of the office,
name and number:

Position number:

Term begins: ends:

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 $2,400 or more during the period. Include stock options received during the reporting period that had a value of $2,400 or more. (Report interest and dividends in Item 3.)

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)

Check Here ☐ 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 $12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested	Assessed 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 Check here ☐ 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.

	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over $24,000 any time during the report period.			
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 $24,000 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 $2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account.			

Check here ☐ if continued on attached sheet

4 CREDITORS

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

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE) Original	Present

Check here ☐ if continued on attached sheet

5

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

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

A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? ____ 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? ____ 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? ____ 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? ____ If yes, complete Supplement, Part B.

E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over $50 per occasion? ____ or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? ____ If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

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

☐ I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

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

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

Signature _____ Date _____

Contact Telephone: ( ) *

Email: _____ (work) *

Email: _____ (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE