

PDC OFFICE USE
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 CITY CLERK

PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	PDC FORM F-1 (1/15)	PERSONAL FINANCIAL AFFAIRS STATEMENT
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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	<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
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Last Name</td> <td style="width: 33%;">First</td> <td style="width: 33%;">Middle Initial</td> </tr> <tr> <td>DONOHUE</td> <td>KAREN</td> <td></td> </tr> </table>	Last Name	First	Middle Initial	DONOHUE	KAREN		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.
Last Name	First	Middle Initial					
DONOHUE	KAREN						

Mailing Address (Use PO Box or Work Address) P.O. BOX 34987 City County Zip + 4 SEATTLE KING 98124-4987	John Donohue SP
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Filing Status (Check only one box.) <input type="checkbox"/> An elected or state appointed official filing annual report <input checked="" type="checkbox"/> Final report as an elected official. Term expired: <u>03-02-2018</u> <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature	Office Held or Sought Office title: <u>MUNICIPAL COURT JUDGE</u> County, city, district or agency of the office, name and number: <u>SEATTLE MUNICIPAL COURT</u> Position number: <u>6</u> Term begins: <u>01-12-2015</u> ends: <u>03-02-2018</u>
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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 on reverse)
Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation Seattle Municipal Court P.O. Box 34987 SEATTLE 98 WA	Occupation or How Compensation Was Earned Judge Amount: (Use Code)
S	Various sources NA NA	Wedding income B
Check Here <input checked="" 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 \$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.)
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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 Seattle, WA 98105 Check here <input checked="" type="checkbox"/> if continued on attached sheet	E	Union Bank P.O. Box 85643 San Diego CA 92186	7/1 Arm E E

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 or a family member, including registered domestic partner, had an account over \$24,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
8200 35th Avenue NE Seattle WA 98115	Checking and Savings	C	A
B. Name and address of each insurance company where you or a family member, including registered domestic partner had a policy with a cash or loan value over \$24,000 during the period.			
C. Name and address of each company, association, government agency, etc. in which you or a family member, including registered domestic partner, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self directed an investment account, identify each stock or other asset in the account. Charles Schwab/Baddley, Fields Seattle WA 98101	Money Market, Equities, Bonds	E	B

Check here if continued on attached sheet.

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

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

Check here if continued on attached sheet.

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

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

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

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

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

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

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

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

Karen Donohue 03-10-2018
 Signature Date

Contact Telephone: 206 684-8709 *

Email: karen.donohue@kingcounty.g (work)*

Email: _____ (Home) Optional

INCOME CONTINUED

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Name DONOHUE, KAREN

Page 3

1

INCOME

Show Self (S)
Spouse (SP)
Dependent (D)

Name and Address of Employer or Source of Compensation

Occupation or How Compensation
Was Earned

Amount:
(Use Code)

SP

Rental Properties
See below for various real estate
SNOHOMISH WA 98290

landlord - rental income

C

Check Here if continued on attached sheet

ALL OTHER REAL ESTATE CONTINUED

F-1

Name **DONOHUE, KAREN** Page **4**

2 REAL ESTATE

All Other Property Entirely or Partially Owned	Assessed Value (Use Code)	Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount	
					Original	Current
Bow, Washington 98232	E	N/A			0	0
		WA				
608 Pearl Avenue Snohomish, WA 98290	E	N/A	N/A		D	0
		WA				
931 Mill Avenue Snohomish, WA 98290	E	N/A	N/A		D	0
		WA				
121 Maple Avenue Snohomish, WA 98290	E	Central Mortgage 801 John Barrow, Suite Little Rock AK 72205	30 year fixed		E	E
127 Maple Avenue Snohomish, WA 98290	E	N/A	N/a		0	0
		WA				
123 Maple Avenue Snohomish, WA 98290	E	N/A	N/A		0	0
		WA				
60x Pearl Snohomish, WA 98290	E				0	0
		WA				

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FINANCIAL INSTITUTIONS CONTINUED

F-1

Name DONOHUE, KAREN

Page 5

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

A. Name and address of each bank or financial institution	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Washington Federal Savings and Loan 725 3rd Avenue Seattle WA 98104	Money Market	E	0

Check here if continued on attached sheet.

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

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Name DONOHUE, KAREN

Page 6

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

C. Name and address of each company, association, government agency	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Nationwide 10 W. Nationwide Blvd. Columbus OH 43215	Retirement Funds	E	0

Check here if continued on attached sheet.



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 753-1111
 TOLL FREE 1-877-601-2828
 EMAIL: pdc@pdc.wa.gov

PDC FORM
F-1
 SUPPLEMENT
 (1/15)

SUPPLEMENT PAGE
 PERSONAL FINANCIAL AFFAIRS STATEMENT

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

Last Name DONOHUE	First KAREN	Middle Initial	DATE 03-10-2018
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A

OFFICE HELD, BUSINESS INTERESTS:

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

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

- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$12,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME:

D&L Properties

TRADE OR OPERATING NAME:

N/A

ADDRESS:

P. O. Box15406

Seattle

WA 98115

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Partnership for real estate holdings

POSITION OR PERCENT OF OWNERSHIP

50%

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

Purpose of payments

Amount (actual dollars)
\$

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

Agency name:

Purpose of payment (amount not required)

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

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

121, 123 & 127 Maple Avenue, Snohomish, WA; 608 Pearl Avenue, Snohomish, WA; 60x Pearl

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGES

The Municipal Court of Seattle

From The Chambers of

Judge KAREN DONOHUE



ENCLOSED PLEASE FIND MY FINAL
F.1 AS A SEATTLE MUNICIPAL COURT
JUDGE. I'VE ALSO FILED A COPY OF
MY REQUEST FOR ADDRESS DISCLOSURE
EXEMPTION. I'LL FORWARD THE PDC
DECISION AS SOON AS I RECEIVE IT.
IF YOU HAVE ANY QUESTIONS, I CAN
BE REACHED AT 206.477-3720
OR karen.donohue@kingcounty.gov.

A handwritten signature in black ink, appearing to be "K Donohue", with a horizontal line extending to the right.

FILED
CITY OF SEATTLE
18 MAR 15 PM 4:15
CITY CLERK

Application Questionnaire

Background Information

Filer Name: KAREN DONOHUE

Filer Office Held or Sought: SEATTLE MUNICIPAL & KING COUNTY SUPERIOR

Date of Request: MARCH 9, 2018

Period Covered by Request: 2017-18

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. **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.

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

Email address: karendonohue@comcast.net

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).

PERSONAL RESIDENTIAL ADDRESS

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.
-

- 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.
-

- 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.

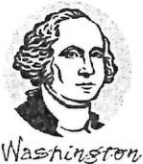
- Indicate whether you have an ownership interest of 10% or more in the entity.

- 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.



4. **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.



5. **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.

UNTIL MARCH 2, 2018 I WAS A SEXUAL MISDEMEANOR COURT JUDGE PRESIDING OVER CRIMINAL MISDEMEANOR & GROSS MISDEMEANOR CASES, INCLUDING DOMESTIC VIOLENCE CASES. AS OF MARCH 5, 2018 I AM A KING COUNTY SUPERIOR COURT JUDGE PRESIDING OVER CIVIL CASES, INCLUDING DISSOLUTIONS. I ALSO PRESIDE OVER FELONY SENTENCINGS.

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.

-
- 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?
-



7. **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.

IN 2014 I RECEIVED A THREAT FROM SOMEONE PURPORTING TO BE AN INMATE IN THE KING COUNTY JAIL. THE PERSON SENT IT TO MY HOME ADDRESS. IVE RECEIVED OTHER NUISANCE MAIL AT MY HOME & HAVE REPORTED SUCH TO THE SEXUAL POLICE. I AM NOW PRESIDING OVER DISSOLUTION CASES, AMONG OTHER TYPES OF CASES. WHEN IN PRIVATE PRACTICE THE SPOUSE OF SOMEONE I REPRESENTED CAME TO MY HOME TO CONFRONT ME. BASED ON THESE INCIDENTS I

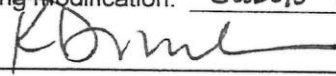
8. **SPOUSAL SEPARATION.** Are you requesting to be exempted from disclosing information related to your spouse based on a pending or recent divorce or separation, ^{REQUEST EXEMPTION,}

**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: MARCH 9, 2018

Entity or name of individual requesting reporting modification: JUDGE KAREN DONOHUE

Your signature: 

Your printed name: KAREN DONOHUE

Business street address: 516 THIRD AVENUE

City, state and zip code: SEATTLE WA 98104

Telephone number: (206) 477-3720

E-Mail Address: karen.donohue@kingcounty.gov

Date Signed: 3/9/18

Place Signed (City and County): SEATTLE KING
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

DOLLOTHUE
514 THIRD AVE # C-203
SEATTLE 98104

Returned for 42 additional postage. When returning, C. 35 out this notice or paste stamps over it.

OFFICE OF THE CITY CLERK
P.O. BOX 94728
SEATTLE, WA 98124-4728



SEATTLE WA 980
12 MAR 2018 PM 7 L



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18 MAR 15 PM 4: 15
CITY CLERK

POSTNET barcode at the bottom of the envelope.