



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
F-1
 (7/18)

SEEC DOLLAR CODE	AMOUNT
(1)	\$0 -- \$999
(2)	\$1,000 -- \$4,999
(3)	\$5,000 -- \$9,999
(4)	\$10,000 -- \$24,999
(5)	\$25,000 -- \$99,999
(6)	\$100,000 -- \$199,999
(7)	\$200,000 -- \$999,999
(8)	\$1,000,000 -- \$4,999,999
(9)	\$5,000,000 or more

PERSONAL FINANCIAL AFFAIRS STATEMENT

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 Seattle City Clerk

"immediate family" means: (a) a spouse or domestic partner, or (b) a parent, parent of a spouse or domestic partner, child, child of spouse or domestic partner, sibling, uncle, aunt, cousin, niece or nephew, if that person either resides with or is a dependent on the Covered Individual's most recently filed federal income tax return. SMC 4.16.080

Last Name: **Palmer** First: **Victoria** Middle Initial: **M**

Names of immediate family members. 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 domestic partner.

Mailing Address (Use PO Box or Work Address) *
PO Box 30552

Lynne Hoverson, mother

City: **Seattle** County: **King** Zip + 4: **98113**

Filing Status (Check only one box.)

Office Held or Sought

- An elected or appointed official filing annual report
- Final report as an elected official. Term expired: _____ year _____
- Candidate running in an election: month August year 23
- Newly appointed to an elective office

Office title: **City Councilmember**

Position number: **Dist. 6**

Term begins: **2024** ends: **2028**

1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or an immediate family member, received compensation, in any form, of \$2,400 or more during the period. Include stock options received during the reporting period that had a value of more than \$2,400. (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)
D	Schippers & Crew, Inc. 5309 Shilshole Ave NW, Seattle	CFO	(7)
D	Social Security 6401 Security Blvd Baltimore, MD	Social Security income	(5)
S	Vicky's List (self)	Organizer	(2)
			()

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 an immediate family member 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 1-9 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 (eg. 20 yrs at 4.3%)	Security Given	Mortgage Amount - (Use Code)	
	()				Original	Current
	()				()	()
	()				()	()
All Other Property Entirely or Partially Owned		n/a	n/a	n/a		
307 NW 84th Street Seattle King	(7)				(4)	(1)
7329 15th Ave NW Seattle King	(7)	US Bank Oshkosh, WI	15 yrs 3%	20% down	(7)	(7)

Check here if continued on attached sheet

CONTINUE ON NEXT PAGE

FILED
 11:28 am, Fri, May 05, 2023
 OFFICE OF THE CITY CLERK

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 1-9 Code)	Income Amount (Use 1-9 Code)
A. Name and address of each bank or financial institution in which you or an immediate family member had an account over \$24,000 at any time during the report period.	Peoples Bank 5600 24th Ave NW Seattle	(5)	(1)
B. Name and address of each insurance company where you or an immediate family member had a policy with a cash or loan value over \$24,000 during the period.	N/A	()	()
C. Name and address of each company, association, government agency, etc. in which you or an immediate family member, 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 or your immediate family member 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. Stock shall be reported by market value at the time of reporting.	TD Ameritrade TDAmeritrade.com	(4)	(1)
	Swan Investments swan.com	(5)	(1)
	Schippers & Crew 5309 Shilshole Ave NW Seattle	()	()

Check here if continued on attached sheet.

4 CREDITORS

List each creditor you or an immediate family member 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 1-9 CODE)

Creditor's Name and Address	Terms of Payment (eg. 6 years at 5.25%)	Security Given	original	current
WECU PO BOX 9750 Bellingham, WA 98227-9750	5 yrs 6%	30%	(5)	(5)
Check here <input type="checkbox"/> if continued on attached sheet.				

5 NET WORTH

Enter your estimated net worth.

Enter Dollar Amount

\$ 5,000,000.00

6 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 or an appointee to a vacant elective office filing your initial report, no F-1 Supplement is required.

Incumbent elected officials 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 and/or an immediate family member (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 and/or an immediate family member 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 and/or an immediate family member own a business at any time during the reporting period? Y If yes, complete Supplement, Part A.
- D. Did you and/or an immediate family member 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, and/or an immediate family member 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 and/or an immediate family member 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 local elected office. I have read and am familiar with SMC 2.04.300 regarding the use of public facilities in campaigns.

Contact Telephone: (206) 255-9970 *
 Email: VictoriaForSeattle@gmail.com (work)*
 Email: vickimpalmer@hotmail.com (Home) Optional

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

May 4, 2023

Victoria Palmer

Date

Signature

*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information. Report Not Acceptable Without Filer's Signature

Victoria Palmer
SEEC F-1 2023
Additional pages

Section 2 REAL ESTATE continued

11113 S Lake Stevens Rd Snohomish 98258

Caliber Home Loans 30yrs at 3%

Security: 45% down

Original 7

Current 7

Section 3 ASSESTS continued

Bank of America 2010 NW Market St Seattle

Asset code: 5

Income code: 1



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SEEC FORM
F-1
 SUPPLEMENT
 (7/18)

SUPPLEMENT PAGE
PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE INFORMATION FOR YOU AND ANY IMMEDIATE FAMILY MEMBERS

Last Name	First	Middle Initial	DATE
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- A OFFICE HELD, BUSINESS INTERESTS:**
- Provide the following information if, during the reporting period, you or any immediate family member
- (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: POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

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):

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

Name

ENTITY NO. 2

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

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):

Check here if continued on attached sheet

B LOBBYING: List persons for whom you, or any immediate family member, 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 1- 9)
		()
		()
		()

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 Code1-9)
			\$	()
				()
				()

Check here if continued on attached sheet

Information Continued

F-1 Supplement

Name

ENTITY NO. Reporting For: Self Spouse
 Registered Domestic Partner Dependent

LEGAL NAME: POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

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):

B LOBBYING: (Continued)

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code 1-9)
		()
		()
		()

C FOOD TRAVEL SEMINARS (continued)

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code 1-9)
			\$	()
				()
				()

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

Application Instructions

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

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

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

To request a modification:

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

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

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

Application Questionnaire

Applicant Information

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

Office Held or Sought: _____

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

Filing Status (check one):

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

Is this a renewal of a previously granted request?

- Yes No

Instructions

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

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

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

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

- **room is needed.**

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes No

If you answered no, please explain why not.

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

Hearing Process

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

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

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

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

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

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

List the date of the application request: _____

Entity or name of individual
requesting reporting modification: _____

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

Applicant's full printed name: _____

Business street address: _____

City, state and zip code: _____

Telephone number: (____) ____ - ____

E-Mail Address: _____

Date Signed: _____

Place Signed (City and County):
_____ City _____ County

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

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