SEEC
SEATTLE ETHICS & ELECTIONS COMMISSION

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-1A
(3/16)

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

POST MARK OFFICE USE

CITY CLERK FILED 2017 APR 17 AM 8:34

The F-1A form is designed to simplify reporting for persons who have no changes or only minor changes to an F-1 report previously filed.

A complete F-1 form must be filed at least every four years; an F-1A form may be used for no more than three consecutive reports.

Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.

"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: Herbold | First: Lisa | Middle Initial: A

Mailing Address (Use PO Box or Work Address*): 7915 9th SW

City: Seattle | County: King | Zip + 4: 98106

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.

Robert Combs

Filing Status (Check only one box.)

- [x] An elected or 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

Office Held or Sought

Office title: Seattle Councilmember

Position number: 1

Term begins: 1/1/16 ends: 12/31/19

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.

- [ ] **NO CHANGE REPORT.** I have reviewed my last complete F-1 report dated _____ and F-1A reports (if any) dated (1) _____ and (2) _____. The information disclosed on those reports is accurate for the current reporting period.
- [x] **MINOR CHANGES REPORT.** I have reviewed my last complete F-1 report dated 7/31/16. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers and describe changes. Provide all information required on F-1 report.

My income has increased from code 5 to code 6, removal of Wells Fargo, Harley Davidson, and Kubota Tractor debts

Check here ☐ if continued on attached sheet

Estimated Net Worth: $ 250,000

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, or an immediate family member, or a combination thereof: 1) Food and beverages costing over $50 per occasion.**

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
7/6	Local Progress, NYC, NY	Annual Convention/Hotel Costs	$ $339.72	(1)
10/16	British Columbia Honey Producers	Annual Convention/Hotel Costs	$ 125.60	(1)

Check here ☐ if continued on attached sheet

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- [x] 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) 768-1122 *

Email: lisa.herbold@seattle.gov (work)*

Email: lisalouh@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.

4/17/2017 Date

Lisa A. Herbold Signature

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

Information Continued

Name

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.

☐ **NO CHANGE REPORT**. I have reviewed my last complete F-1 report dated _____ and F-1A reports (if any) dated (1) _____and (2) _____. The information disclosed on those reports is accurate for the current reporting period.

☐ **MINOR CHANGES REPORT**. I have reviewed my last complete F-1 report dated _____. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers and describe changes. Provide all information required on F-1 report.

FOOD TRAVEL SEMINARS(Continued)

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, or an immediate family member, or a combination thereof: 1) Food and beverages costing over $50 per occasion.

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