

PERSONAL FINANCIAL AFFAIRS STATEMENT

PDC OFFICE USE
 FILED
 18 MAR 15 PM 3:11
 CITY CLERK

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
EISENBERG ADAM

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.

Mailing Address (Use PO Box or Work Address)
P.O. BOX 20776
 City County Zip + 4
SEATTLE KING 98102

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: **MUNICIPAL COURT JUDGE**
 County, city, district or agency of the office,
 name and number: **SEATTLE MUNICIPAL COURT**
 Position number: _____
 Term begins: **01-09-2017** ends: **01-04-2019**

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	Occupation or How Compensation Was Earned	Amount: (Use Code)
	Seattle Municipal Court 600 Fifth Avenue, Room 1037, P.O. Box SEATTLE WA 98103	Magistrate	
S	University of Washington UW Tower 01 Box 359555 SEATTLE WA 98103-6842	Adjunct Professor	B

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	E	UMPQUA BANK P.O. Box 2216 Spokane WA 99210	15 year mortgage None E D

Check here if continued on attached sheet

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 Seattle Seattle owed \$24,000 in time credit during the reporting period. 722 Third Avenue Seattle WA 98104	Type of Account or Description of Asset Checking, Savings, Money Market	Asset Value (Use Code) D	Income Amount (Use Code) 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. Standard Insurance Company 411 108th Ave NE #400 Bellevue WA 98004	Life Insurance	E	0
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 in a stock or other asset in that account. Seattle City Employees Seattle Seattle 411 108th Ave NE #400 Seattle Seattle WA 98104 WA 98104	Retirement Account	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 Alaska USA Federal Credit Union P.O. Box 196613 Anchorage AK 99519-6613	Terms of Payment 7 year loan	Security Given	Original B	Present B		

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 filling 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.

<p>ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.</p> <p><input type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> 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.</p> <p>*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.</p>	<p>CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.</p> <p><u>Adam Eisenberg</u> <u>03-01-2018</u> Signature Date</p> <p>Contact Telephone: 360-602-1535 *</p> <p>Email: <u>adam.eisenberg@seattle.gov</u> (work)*</p> <p>Email: _____ (Home) Optional</p>
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FINANCIAL INSTITUTIONS CONTINUED

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Name **EISENBERG, ADAM**

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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)
Bank of America 3601 Stone Way Avenue N Seattle WA 98103	Checking, Savings, Money Market	D	A
Morgan Stanley 6505 Waterford Blvd., Suite 240 Oklahoma City OK 73118	Investment Accounts including IRA	E	A
American Funds P.O. Box 6273 Indianapolis IN 46206-6273	529 Accounts	D	0

Check here if continued on attached sheet.

INSURANCE CONTINUED

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Name **EISENBERG, ADAM** Page **4**

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

B. Name and address of each insurance company	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
John Hancock Life Insurance Company 1 John Hancock Way, Suite 1700 Boston MA 02117	Long Term Care	E	0
Hartford Insurance One Hartford Plaza Hartford CT 06155	Accidental Death	E	0

Check here if continued on attached sheet.

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

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Name EISENBERG, ADAM

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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)
Morgan Stanley 6505 Waterford Blvd., Suite 240 Oklahoma City OK 73118	Roth IRA	D	A
Morgan Stanley 6505 Waterford Blvd., Suite 240 Oklahoma City OK 73118	IRA STD/Rollover	C	A
American Funds P.O. Box 6273 Indianapolis IN 46206-6273	529 Accounts	D	0

Application Questionnaire

Background Information

Filer Name: Adam Eisenberg

Filer Office Held or Sought: Seattle Municipal Court Judge

Date of Request: 3/1/18

Period Covered by Request: 2018

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: adam.eisenberg@seattle.gov

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).

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.**

I am seeking to keep my residential address and plat description exempted from disclosure for safety reasons. This will not frustrate the purpose of the Public Disclosure Act because there is no potential conflict of interest.



Washington

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.
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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.

Not Applicable

- 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?

Not Applicable



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.

I am a judge in Seattle Municipal Court. Before being appointed in 2017, I served as a commissioner or magistrate in Seattle Municipal Court from 2004-2017. As a judicial officer, I received death threats from a defendant named Fabian Vaksman. In *United States v. Fabian*

Vaksman, CR 09-00059-JLQ-1, he was charged with a felony In U.S. District Court, Eastern District of Washington. Mr. Vaksman was convicted by a jury, and the conviction was upheld on appeal. I believe it would be a manifestly unreasonable hardship to have my residential address or plat location disclosed because it would endanger my safety.

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.
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9. **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.)
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➤ **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 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 1, 2018

Entity or name of individual requesting reporting modification: Adam Eisenberg

Your signature: 

Your printed name: Adam Eisenberg

Business street address: Seattle Municipal Court, 600 Fifth Avenue, P.O. Box 34987

City, state and zip code: Seattle, WA 98124-4987

Telephone number: (360)-602-1535

E-Mail Address: adam.eisenberg@seattle.gov

Date Signed: 3/1/18

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