



711 CAPITOL WAY RM 206  
 P O BOX 40908  
 OLYMPIA WA 98504-0908  
 (360) 753-1111  
 TOLL FREE 1-877-601-2828

**F-1**  
 (11/08)

**PERSONAL FINANCIAL  
 AFFAIRS STATEMENT**

FILED  
 CITY OF SEATTLE  
 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 \$3,999
B	\$4,000 to \$19,999
C	\$20,000 to \$39,999
D	\$40,000 to \$99,999
E	\$100,000 or more

Last Name	First	Middle Initial	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.
McKenna	Edward	J	

Mailing Address (Use PO Box or Work Address) *	Kristin L. McKenna - Spouse
PO Box 34987	
City County Zip + 4 Seattle King 98124-4987	

Filing Status (Check only one box.)	Office Held or Sought
<input checked="" type="checkbox"/> An elected or state appointed official filing annual report	Office title: Judge
<input type="checkbox"/> Final report as an elected official. Term expired: _____	County, city, district or agency of the office, name and number: Seattle Municipal Court
<input type="checkbox"/> Candidate running in an election: month : November	Position number: 1
<input type="checkbox"/> Newly appointed to an elective office	Term begins: January 2015 ends: January, 2019
<input type="checkbox"/> Newly appointed to a state appointive office	
<input type="checkbox"/> Professional staff of the Governor's Office and the Legislature	

**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 \$2,000 or more during the period. (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)
S	City of Seattle, PO Box 34987, Seattle WA 98124	Judge	E
S	Rental Management Company LLC, 7304 10 <sup>th</sup> St. SE, Ste B201, Lake Stevens, WA 98258	Rent from real property	B
SP	City of Medina. 501 Evergreen Pt. Rd, Medina WA 98039	Development Services Coord.	D
S	McKenna Oil, LLC	LLC income	A
S SP	Escrow Services, PO Box 327 Kalispell, MT 59903	Sale of out-of-state real property	A

**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 \$10,000 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 Personal residence	E	SMCU PO Box 780 Seattle, WA 98111	3.5%/15 yr \$3,200/Mo	Mortgage	E	E
6610-173 <sup>rd</sup> Place, SW, Lynnwood,	E	None				

**3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS**

List bank and savings accounts, insurance policies, stock, bonds and other intangible property held during the reporting period.

A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Seattle Metropolitan CU, 1521 1 <sup>st</sup> Ave S #5, Seattle, WA 98134	Money market	D	A
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 \$20,000 during the period.			
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 \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, 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.			
Seattle Employees' Retirement System (self) Seattle Employees' Retirement System (spouse) Washington State Employee's Retirement (spouse) Prudential Retirement (Self) PO Box 8000 Milleville, NJ 08332 This is a deferred compensation fund that includes mixed mutual funds, bond funds and stock funds. Selection within those funds are not self-directed.	Employer retirement fund Former employer retirement fund Employer Retirement Fund Employer provided deferred compensation	E E B D	None None None None
ICMA (Spouse) 777 N Capital St. NE WA DC 20002 This is a deferred compensation fund that includes mixed mutual funds, bond funds and stock funds. Selection within those funds are not self-directed	Employer provided deferred compensation	D	None
McKenna Oil LLC	Family LLC (see F-1 Supplement)	D	A

Check here  if continued on attached sheet.

**4 CREDITORS** List each creditor you or a family member, including registered domestic partner, owed \$2,000 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
Seattle Metropolitan Credit Union, 1521 1 <sup>st</sup> Ave S #5, Seattle, WA 98134	\$582/Month 36 Months	Auto Loan	\$D	\$C
Seattle Metropolitan Credit Union, 1521 1 <sup>st</sup> Ave S #5, Seattle, WA 98134	\$710/Month 52 Months	RV Loan	\$D	\$C

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? **Yes** If yes, complete Supplement, Part A. **Yes**
- 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? **Yes** If yes, complete Supplement, Part A. **Yes**
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? **Yes** If yes, complete Supplement, Part A. **Yes**
- 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? **No** 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? No 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? No 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 42.17.130 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 3-7-18

Contact Telephone: (206) 684-8709

Email: ed.mckenna@seattle.gov (work) \*

Email: \_\_\_\_\_ (Home) Optional

**REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE**

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

Last Name McKenna	First Edward	Middle Initial J	DATE 3-1-18
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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 \$10,000 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:** McKenna Oil, LLC **POSITION OR PERCENT OF OWNERSHIP**  
**TRADE OR OPERATING NAME:** McKenna Oil, LLC **33% Member**  
**ADDRESS:**  
**BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:**  
 Family business with brothers. Oil, gas and mineral exploration and investment. The LLC leases mineral rights and grazing land to others. All assets are located in Montana.  
**PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:**  

Purpose of payments	Amount (actual dollars)
None	\$

**PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:**  

Agency name:	Purpose of payment (amount not required)
None	

**PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE:**  

Customer name:	Purpose of payment (amount not required)
None	

**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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):  
 None

Check here  if continued on attached sheet

## Application Questionnaire

### Background Information

Filer Name: Edward J. McKenna

Filer Office Held or Sought: Judge, Seattle Municipal Court

Date of Request: March 1, 2018

Period Covered by Request: 2017

### 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. **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).

I am requesting renewal of the modification of the F-1 and F-1 Supplement reporting requirements to exclude my personal residential and personal business address. I understand that the modification does not automatically renew for the report due April 15, 2018.



2. **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.

In addition to seeking modification for non-disclosure of my personal residential address, I also seek modification to prevent disclosure of the business location address of McKenna Oil LLC, a small LLC in which I am a member because the business address is the same as my residential address.

- Describe the size of the entity such as annual sales, number of customers or accounts, the number of employees, and other pertinent information.

The business is very small, having gross annual revenue of less than \$10,000. The business assets consist of mineral rights and grazing land located in the State of Montana.

- Describe how many business customers or other sources paying the entity more than \$10,000 would be subject to disclosure.

None

- 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.

Most all assets are leased to others. Although I maintain the business records, there is little business to actually maintain.

- 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.

Unknown

- Describe if any of the entity's customers or sources of compensation/income are already listed on a website.

Unknown

- If the entity has a website address, list it here:

McKenna Oil, LLC has no website or e-mail address.

- 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 \$10,000 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 \$10,000 in the reporting period.

There are no government customers.

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

I have a 33.3% ownership interest.

- Indicate whether your spouse's interest in an entity requires you to complete an F-1 Supplement for that entity.

None

- 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.

The business address is the same as my residential address. It is simply a mailing address for the business. McKenna Oil LLC is not open to the public, does no advertising, has no website and all income generating assets are leased to others. The business is incorporated in the State of Montana. The contact information for the registered agent in Montana is publicly available and the annual report filed with the Montana Secretary of State is publicly available.

The assets belonging to McKenna Oil LLC were inherited and placed into an LLC for the sole purpose of preventing further dilution of the assets for future generations. The business address is easily identifiable as a residential address. With my name on the business, it would be very easy to recognize the business address as my personal residence.



- 3. **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.

Please see #6 below.



*Washington*

- 4. **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.

I am one of seven judges elected to Seattle Municipal Court. I preside over criminal misdemeanor and gross misdemeanor cases occurring within the city limits of Seattle. I routinely set bail, issue arrest warrants and impose sentence, including jail, monetary fines and other probationary conditions on offenders.



- 5. **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.

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- 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?

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6. **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 believe that my family and I would suffer unreasonable hardship if required to disclose our primary residential address. As a Seattle Municipal Court judge, I am required to be a resident within the City of Seattle. Prior to becoming a judge, I was a prosecutor for the Seattle City Attorney's Office. I routinely prosecuted "high impact offenders" and routinely sought maximum sentences for such offenders. On several occasions, I received threats of bodily injury as well as threats to my residence. As indicated in Section 4, I now routinely sentence persons who may be associates of those persons I previously prosecuted or I may unknowingly preside over cases of persons I previously prosecuted.

It is not uncommon for me to receive threats. Until recently, I presided over the mental health court. As such, I occasionally received threats from persons experiencing mental distress. One person was recently prosecuted for threatening me. Although I normally disregard most threats and intimidation attempts, persons experiencing severe mental health issues can be volatile and unpredictable.

Several years ago, I was threatened by a person who has previously assaulted court officials and police. As a prosecutor, I initiated cases against him and I have been a witness in a criminal case against him. He currently owes accumulated court-imposed fines and fees in excess of \$75,000. This person frequently contests infraction cases in Seattle Municipal Court and is well known by court staff as a problem individual. I continue to see him in and near the courthouse on an occasional basis.

Disclosure of my personal residential address would create a manifestly unreasonable hardship for me as well as my family given the history of threats against me. The purpose of the public disclosure act would not be frustrated given that I conduct no public or government-related business from my personal residence, I can be contacted at my place of employment, and I am requesting no additional modification other than that of excluding my personal residential address.



7. **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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8. **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.)

This request is not substantially different from last year's request.



- **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: Edward J. McKenna

Your signature: 

Your printed name: Edward J. McKenna

Business street address: 600 Fifth Ave, Rm 1037, PO Box 34987

City, state and zip code: Seattle, WA 98124

Telephone number: (206) 684 - 8709

E-Mail Address: ed.mckenna@seattle.gov

Date Signed: February 27, 2018

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**