



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
 (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

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: FARRELL
 First: JESSYN
 Middle Initial: S

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.
 TIMOTHY FARRELL, SPOUSE

Mailing Address (Use PO Box or Work Address) *
 P.O. BOX 27113

City: SEATTLE
 County: KING
 Zip + 4: 98165

Filing Status (Check only one box.)
 An elected or appointed official filing annual report
 Final report as an elected official. Term expired: _____
 Candidate running in an election: month 11 year 2017
 Newly appointed to an elective office

Office Held or Sought
 Office title: MAYOR
 Position number: _____
 Term begins: 1/01/2018 ends: 12/31/2022

FILED
 CITY OF SEATTLE
 MAY 26 PM 4:30
 CITY CLERK

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 \$500 or more during the period. Include stock options received during the reporting period that had a value of more than \$500.
 (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)
S	WASHINGTON STATE LEGISLATURE JLOB 370 OLYMPIA, WA 98504	LEGISLATOR	(5)
SP	SELF-EMPLOYED 4501 51ST AVE NE SEATTLE, WA 98105	CONSULTANT	(5)
SP	SELF-EMPLOYED 4501 51ST AVE NE SEATTLE, WA 98105	RENTAL INCOME	(4)
			()

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 \$2,500 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 SEE ATTACHMENT	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received		
	() ()		() ()		
Property Purchased or Interest Acquired SEE ATTACHMENT		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 SEE ATTACHMENT					() () () ()

Check here if continued on attached sheet

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.

	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
A. Name and address of each bank or financial institution in which you or an immediate family member had an account over \$5,000 at any time during the report period.	SEE ATTACHMENT	()	()
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 \$5,000 during the period.		()	()
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 \$500. 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.		()	()
		()	()
		()	()
		()	()

Check here if continued on attached sheet.**4****CREDITORS**

List each creditor you or an immediate family member owed \$500 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 (eg. 6 years at 5.25%)	Security Given		
AMERICAN EDUCATION SERVICES, HARRISBURG, PA 17130	2.125%/20 YRS		(5)	()
BECU, 12770 GATEWAY DR, TUKWILA, WA 98168	5 YRS	2016 HONDA ODYSSEY	(5)	()

Check here if continued on attached sheet.**5****NET WORTH**

Enter your estimated net worth.

Enter Dollar Amount

\$ 2,800,000

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? X 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? X 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? X 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? 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) 856-1669 *

Email: jessyn.farrell@gmail.com (work)*

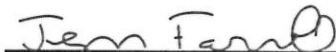
Email: _____ (Home) Optional

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

05/26/2017

Date

Signature



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



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 (3/16)

FARRELL, JESSYN S
 ATTACHMENT

2 Real Estate

FILED
 CITY OF SEATTLE
 2017 MAY 26 PM 4:30
 CITY CLERK

Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received
4401 37th Ave. SE #29 Lacey, WA 98503	5	Kim Sands 4401 37th Ave. SE Lacey, WA 98503	5
9204 206th St. Ct. E. #15 Graham, WA 98338	5	Kevin Akerlund 9204 206th St. Ct. E. Graham, WA 98338	5
3832 East I St. Tacoma, WA 98404	6	Jason Graefen 3832 East I St. Tacoma, WA 98404	6

Property Purchased or Interest Acquired	Assessed Value (Use Code)	Creditor's Name/Address	Payment Terms	Security Given	Original Mortgage Amount	Current Mortgage Amount
602 29th St SE #28 Auburn, WA 98002	4	None	N/A	N/A	N/A	N/A
603 Nisqually Park Dr. Olympia, WA	6	None	N/A	N/A	N/A	N/A
4401 37th Ave. SE #29 Lacey, WA 98503	5	None	N/A	N/A	N/A	N/A
9204 206th St. Ct. E. #15 Graham, WA 98338	5	None	N/A	N/A	N/A	N/A



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FARRELL, JESSYN S
 ATTACHMENT

2 Real Estate (Continued)

All Other Property Entirely or Partially Owned	Assessed Value (Use Code)	Creditor's Name/Address	Payment Terms	Security Given	Original Mortgage Amount	Current Mortgage Amount
4501 51st Ave. NE Seattle, WA 98105	7	Wells Fargo Home Finance	4.5%/20 Yrs.	Subject Property	7	7
7405 S Fife St. Tacoma, WA 98409	6	BECU PO Box 97050 Seattle, WA 98124	Variable rate HELOC	Subject Property	0	0
3832 East I St. Tacoma, WA 98404	6	BECU PO Box 97050 Seattle, WA 98124	Variable rate HELOC	Subject Property	0	0
417 N Yakima Ave #2 Tacoma, WA 98403	4	None	N/A	N/A	N/A	N/A



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FARRELL, JESSYN S
 ATTACHMENT

3 Assets/Investments--Interest/Dividends

Type of Account or Description of Asset	Address	Asset Value (Use Code)	Income Amount (Use Code)
Scottrade Brokerage Account	1301 A St, Tacoma WA 98402	7	4
Scottrade IRA	1301 A St, Tacoma WA 98402	4	1
Scottrade Roth IRA	1301 A St, Tacoma WA 98402	5	2
Scottrade Inherited IRA	1301 A St, Tacoma WA 98402	5	2
Scottrade Rollover IRA	1301 A St, Tacoma WA 98402	7	2
BECU Checking	5105 25th Ave. NE, Seattle, WA 98105	4	1
BECU Checking	5105 25th Ave. NE, Seattle, WA 98105	6	1
BECU Checking	5105 25th Ave. NE, Seattle, WA 98105	2	1
BECU MMKT	5105 25th Ave. NE, Seattle, WA 98105	6	1
BECU Savings	5105 25th Ave. NE, Seattle, WA 98105	4	1
Rain City Capital	12131 113th Ave NE #201 Kirkland WA 98034	7	5
SST Growth Fund	111 Corporate Dr #120 Ladera Ranch CA 92650	5	2
GPB Capital Holdings	535 W 24th St Fl 4 NY NY 10011	5	2
Sealy Strategic Partners	8401 N Central Expwy Dallas TX 75225	5	2
Cater Validus Mission Critical R	PO Box 219731 Kansas City, MO 64121	4	1
ICMA 401(a)	777 N Capitol St NE, Washington DC 20002	6	3
ICMA 457--TJF	777 N Capitol St NE, Washington DC 20002	6	3
ICMA 457--JSF	777 N Capitol St NE, Washington DC 20002	4	2
ICMA RHS	777 N Capitol St NE, Washington DC 20002	5	2
HRA VEBA	PO Box 27810 Minneapolis MN 55427	5	2
WA PERS3	777 N Capitol St NE, Washington DC 20002	6	3
Expert Plan 401(k)	50 Millstone Rd East Windsor NJ 08520	3	1
Washington GET	PO Box 43450 Olympia WA 98504	5	0
Turning Point Asset Managemen	4501 51st Ave. NE Seattle WA 98105	5	2



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 SUPPLEMENT
 (2/16)

SUPPLEMENT PAGE
PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE INFORMATION FOR YOU AND ANY IMMEDIATE FAMILY MEMBERS

Last Name FARRELL	First JESSYN	Middle Initial S	DATE 5/25/17
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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 \$2,500 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: TURNING POINT ASSET
 MANAGEMENT, LLC

POSITION OR PERCENT OF OWNERSHIP
 MANAGER/95.55%

TRADE OR OPERATING NAME: TURNING POINT ASSET MANAGEMENT

ADDRESS: 4501 51ST AVE NE, SEATTLE, WA 98105

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
 REAL ESTATE DEVELOPMENT COMPANY

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

Amount (actual dollars)

\$ \emptyset

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$2,500 OR MORE:
 Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$2,500 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 \$5,000. List street address, assessor parcel number, or legal description and county for each parcel):

4871 GEORGETTE LN, OLALLA, WA 98359
 3314 96TH ST S #104, LAKEWOOD, WA 98449
 4401 37TH AVE SE #56, LACEY, WA 98503

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

FILED
 CITY OF SEATTLE
 2017 MAY 26 PM 4:31
 CITY CLERK

Name

ENTITY NO. 2

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: PEOPLE FOR JESSYN

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

CANDIDATE

ADDRESS: 4501 51ST AVE NE, SEATTLE, WA 98105

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

WA STATE REP CANDIDATE COMMITTEE

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 \$2,500 OR MORE:

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$2,500 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 \$5,000. 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 Code 1-9)
			\$	()
				()
				()

Check here if continued on attached sheet