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-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 | First | Middle Initial |
|---|---|---|
| Mosqueda | Teresa | C |

Mailing Address (Use PO Box or Work Address) *
2833 SW Nevada Street Unit B

| City | County | Zip + 4 |
|---|---|---|
| Seattle | King | 98126 |

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.
Manuel Valdes, Husband
Camila Valdes-Mosqueda, Child

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: City Councilmember
Position number: Pos. 8
Term begins: 2017 ends: 2011

## 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) |
|---|---|---|---|
| S | City of Seattle, PO Box 94669 Seattle, WA 98124 | City Councilmember | ( 6 ) |
| SP | Associated Press, 1000 Denny Way Suite 501, Seattle WA 98109 | Reporter | ( 5 ) |
| | | | ( ) |
| | | | ( ) |

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 |
|---|---|---|---|---|---|---|
| 2833 SW Nevada Street Unit B, Seattle WA 98126 | ( 7 ) | Homebridge, 115 NE 100th Street, Suite 110 | 30 yrs at 3.5% | 10% down | ( 7 ) | ( 7 ) |
| | ( ) | | | | ( ) | ( ) |

| All Other Property Entirely or Partially Owned | | | | | | |
|---|---|---|---|---|---|---|
| | ( ) | | | | ( ) | ( ) |
| | ( ) | | | | ( ) | ( ) |

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 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. | | ( ) | ( ) |
| 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. | Lincoln Financial, Life Insurance | ( 6 ) | ( 0 ) |
| 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.** | American Funds IRA/SEP | ( 2 ) | ( 0 ) |
| | | ( ) | ( ) |
| | American Funds 403B | ( ) | ( ) |
| | | ( 2) | ( 0 ) |

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.**

| Creditor's Name and Address | Terms of Payment (eg. 6 years at 5.25%) | Security Given | AMOUNT (USE 1-9 CODE) original | current |
|---|---|---|---|---|
| WSECU, PO Box WSECU<br>Olympia, WA 98507 | 5 years, $357.05 a month | previous car | ( 4 ) | ( 4 ) |
| | | | ( ) | ( ) |

Check here ☐ if continued on attached sheet.

## 5 NET WORTH

**Enter your estimated net worth.**

Enter Dollar Amount

$ 98,000.00

## 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? __n__ 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? __n__ 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? __n__ 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? __n__ 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? __n__ 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) 247-0917 *

Email: Teresa.Mosqueda@seattle.gov (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.

4/13/2020

Date Signature

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

**Teresa Mosqueda**
**SEEC F1 Additional Page**
**Term in Office: 2017-2021**
**Filed April 14, 2020 for 2019**

**Section 3: Assists/Investments**
Subsection C: Added asset value using SEEC codes ( 1 – 9 )

NOTE: None of these investments produced any income amount for me or my spouse for the 2019 filing year. **All of these have a ( 0 ) Income Amount associated**

**Lincoln Financial Group**
*PO Box 8700*
*Dover, NH 03821*
**Account owner:** Spouse or registered domestic partner
**Type:** Life Insurance
**Value:** $100,000.00 to $199,999.00 ( 6 )

**American Funds**
*PO Box 7157*
*Indianapolis, IN 46207*
**Account owner:** TERESA C MOSQUEDA
**Type:** CB&T CUST IRA/SEP
**Value:** $0.00 to $29,999.00 ( 3 )
**Type:** CB&T C/F 403B
**Value:** $0.00 to $29,999.00 ( 3 )

**Vanguard**
*P.O. Box 1110*
*Valley Forge, PA 19482*
**Account owner:** Spouse or registered domestic partner
**Type:** 401K
**Value:** $100,000.00 to $199,999.00 ( 6 )

**Transamerica**
*One Pershing Plaza*
*Jersey City , NJ 07399*
**Account owner:** TERESA C MOSQUEDA
**Type:** IRA FBO
**Value:** $100,000.00 to $199,999.00 ( 6 )

**TIAA CREF FUNDS**
*PO Box 219227*
*Kansas City , MO 64121*
**Account owner:** TERESA C MOSQUEDA
**Type:** CUST ROTH IRA FBO
**Value:** $0.00 to $29,999.00 ( 4 )

**AFL-CIO c/o Benserco Inc**
*140 Sylvan Ave Suite 303*
*Englewood Cliffs, NJ 07632*
**Account owner:** TERESA C MOSQUEDA
**Type:** AFL-CIO Staff Retirement Plan
**Value:** $0.00 to $29,999.00 ( 1 )

Certification: Electronic Signature Included due to COVID19

April 14, 2020

T. Mosqueda

_____ _____
Date Signature