CLAIM FOR DAMAGES
CITY OF SPOKANE, WASHINGTON

PLEASE PRINT
IN BLUE OR BLACK INK

RECEIVED
Space for Clerk's Stamp
JUL 18 2024
CITY CLERK'S OFFICE
CAF
2:17 pm

1. Claimant's Name: Nadine Woodward
Residence: [redacted]
(List full address: Street, City, State, Zip Code)

Phone #: Home _____ Work _____ Birthdate: _____

2. Residence of claimant for six months prior to the time the claim of damages accrued (if different): _____

3. Name, address and telephone of owner of any damaged property if not given above: _____
TOTAL CLAIM: $ TBD

4. CLAIM INCIDENT DATE: 9/25/2023 TIME: _____ PLACE: Spokane City Council Chamber

DESCRIPTION OF INCIDENT: (Give full account; describe how the City was at fault. List defects causing loss and City acts or omissions)
A four member majority of the Spokane City council, in violation of the state and federal constitutions, "condemned" speech by Woodward which speech is protected by the state and federal constitutions. The City Council did so with the intent of interfering with the then-upcoming mayoral election and promoting the candidacy of Woodward's opponent. The council's violations of speech and association rights and election interference has damaged Woodward in an amount to be determined at jury trial.

☐ Attachments (Attach additional sheets if necessary.)

5. Give an itemization of your claim, listing specific losses actually sustained or expected:
Loss of mayoral salary, health and retirement benefits, and pain and suffering from reputational harm

☐ Attachments (Attach bills, statements, estimates or other proof of your specific items of loss.)

6. Were any other persons involved in the incident? Give details with name, address and telephone:
Betsy Wilkerson, Zack Zappone, Lori Kinnear, Karen Stratton

7. Name, address and telephone of witnesses or persons with further information:
Entire City Attorney's office, most citizens of Spokane

8. Is claimant willing to settle or compromise? If so, state amount acceptable as full settlement: $ 1,400,000

NOTE: Please see Spokane Municipal Code 4.02.030 for further information on claim requirements.

MEDICAL INFORMATION DISCLAIMER: Per chapter 42.56 RCW (Public Records Act), a filed Claim for Damages and its attachments are subject to public disclosure. If you have any attachments to this claim containing medical information, please enclose those attachments in a sealed envelope marked with your name and the phrase "Medical Contents."

STATE OF WASHINGTON)
County of Spokane)

I, Nadine Woodward (print name), being first duly sworn, on oath, depose and say: That I have read the foregoing claim, know the matter therein contained, and the same is true to the best of my knowledge.

Nadine Woodward
Claimant

SUBSCRIBED AND SWORN to before me this 18 day of July, 20 24.

Kelly Klossner
Notary Public in and for the State of Washington,
Residing at Spokane, WA
My commission expires 1/17/2028

KELLY KLOSSNER
Notary Public
State of Washington
Commission # 20102072
My Comm. Expires Jan 17, 2028

FILE COMPLETED FORM WITH:
Spokane City Clerk's Office
Fifth Floor, Municipal Bldg.
808 W. Spokane Falls Blvd.
Spokane WA 99201-3342
509-625-6350

Rev. 04.19.2024