



STATE OF WASHINGTON

PUBLIC DISCLOSURE COMMISSION

711 Capitol Way Rm. 206, PO Box 40908 • Olympia, Washington 98504-0908 • (360) 753-1111 • FAX (360) 753-1112
Toll Free 1-877-601-2828 • E-mail: pdcc@pdcc.wa.gov • Website: www.pdcc.wa.gov

TO: Members, Public Disclosure Commission

FROM: Doug Ellis
Assistant Director

DATE: June 17, 2008

SUBJECT: Discussion and Possible Approval of Draft Language

The following draft rule amendments are presented as rule making activity initiated with the filing of the CR 101 on April 23, 2008.

Statements of Financial Affairs

Possible rule amendments to implement Legislative changes to RCW 42.17.241 (2SHB 3104), to provide clarification to filers concerning assets/investments reporting, making home e-mail addresses optional and clarifying the question on lobbying under Section 5 D of the form.

WAC 390-24-010 Forms for statement of financial affairs

The possible amendments including domestic partners as part of the filer's immediate family as specified in Chapter 6, Laws of 2008. The Personal Financial Affairs Statement (F-1 form) and the F-1 Supplement Page are amended to reference domestic partner where appropriate.

In Section 3 C of the F-1 form, a statement clarifying when assets/investments need to be itemized is included, and in Section 5 D the word "compensation" is substituted for "current".

A footnote advising candidates to not use public agency addresses or telephone numbers for contact information is also included.

The date of the amendments and making home e-mail optional are also reflected on the form.

WAC 390-24-020 Forms for amending statement of financial affairs.

The possible amendments to PDC form F-1A include adding domestic partners as part of the filer's immediate family, making home e-mail optional and the date of the amendments are reflected on the form.

A footnote advising candidates to not use public agency addresses or telephone numbers for contact information is also included.

Action by the Commission. Staff is requesting the Commission approve the draft language. If approved, the draft language will be filed with the Code Reviser's Office and a public hearing will be scheduled for your August 28, 2008 meeting.

WAC 390-24-010 Forms for statement of financial affairs.

The official form for statements of financial affairs as required by RCW 42.17.240 is designated "F-1," revised [9/08](#). Copies of this form are available at the Commission Office, 711 Capitol Way, Room 206, Evergreen Plaza Building, PO Box 40908, Olympia, Washington 98504-0908. Any paper attachments must be on 8-1/2" x 11" white paper.

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

R
E
C
E
I
V
E
D

Last Name	First	Middle Initial
Mailing Address (Use PO Box or Work Address) *		
City	County	Zip + 4

Names of immediate family members, including 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 domestic partner. See F-1 manual for details.

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: _____

County, city, district or agency of the office, name and number: _____

Position number: _____

Term begins: _____ ends: _____

1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including domestic partner, received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse)

	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
<small>Show Self (S) Spouse (SP) <u>Domestic Partner (DP)</u> Dependent (D)</small>			
Check Here <input type="checkbox"/> 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 \$10,000 in which you or a family member, including 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			
Check here <input type="checkbox"/> if continued on attached sheet			

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, <u>including domestic partner</u> , 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)
B. Name and address of each insurance company where you, a family member, <u>including domestic partner</u> , had a policy with a cash or loan value over \$20,000 during the period.			
C. Name and address of each company, association, government agency, etc. in which you, a family member, <u>including domestic partner</u> , owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property. <u>If you, your spouse, 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.</u>			

Check here if continued on attached sheet.

4 CREDITORS List each creditor you or a family member, including 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. **AMOUNT (USE CODE)**

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
Check here <input type="checkbox"/> 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, 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, 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, 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, domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for current 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, your spouse, 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, 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.

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 contract 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 _____

Contact Telephone: () *

Email: _____ (work) *

Email: _____ (Home) Optional

Information Continued

F-1

Name					
1 INCOME (continued)					
Show Self (S) Spouse (SP) Domestic Partner (DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)		
2 REAL ESTATE (continued)					
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					
3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS (continued)					
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)	
B. Name and address of each insurance company					
C. Name and address of each company, association, government agency					
4 CREDITORS (continued)				AMOUNT (USE CODE)	
Creditor's Name and Address	Terms of Payment	Security Given	Original	Present	

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

Last Name	First	Middle Initial	DATE
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A OFFICE HELD, BUSINESS INTERESTS: Provide the following information if, during the reporting period, you, your spouse, **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
Domestic Partner Dependent

LEGAL NAME: _____ POSITION OR PERCENT OF OWNERSHIP _____

TRADE OR OPERATING NAME: _____

ADDRESS: _____

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: _____

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 \$10,000 OR MORE:
 Agency name: _____ Purpose of payment (amount not required) _____

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

Name

ENTITY NO. 2 Reporting For: Self Spouse

Domestic Partner Dependent

LEGAL NAME: POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

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 \$10,000 OR MORE:

Agency name:	Purpose of payment (amount not required)
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PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

Customer name:	Purpose of payment (amount not required)
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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):

Check here if continued on attached sheet

B LOBBYING: List persons for whom you, or any immediate family member, including domestic partner, lobbied or prepared state legislation or state rules, rates, or standards for compensation ~~current~~ 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)

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, 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)
			\$	

Check here if continued on attached sheet

Information Continued

F-1 Supplement

Name

ENTITY NO. Reporting For: Self Spouse
Domestic Partner Dependent

LEGAL NAME: POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

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 \$10,000 OR MORE:
 Agency name: Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

B LOBBYING: (Continued)

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code)

C FOOD TRAVEL SEMINARS (continued)

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
			\$	

WAC 390-24-020 Forms for amending statement of financial affairs.

(1) The official form for amending statements of financial affairs as required by RCW [42.17.240](#) for all persons who have previously filed the Form F-1 is designated Form "F-1A," revised [9/08](#).

(2) No more than three F-1A forms may be filed to amend a previously submitted statement of financial affairs (Form F-1). The form can be used only to update information required on an F-1.

(3) The commission reserves the right to reject amendatory forms and require a new statement of financial affairs (Form F-1) at any time the amendments are confusing or create misunderstandings. Authority is delegated to the commission's executive director to make this determination.

(4) Copies of Form F-1A are available at the Commission Office, 711 Capitol Way, Room 206, Evergreen Plaza Building, PO Box 40908, Olympia, Washington 98504-0908. Any paper attachments must be on 8-1/2" x 11" white paper.

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711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
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TOLL FREE 1-877-601-2828

PDC FORM
F-1A
 (1/08) **(9/08)**

PERSONAL FINANCIAL AFFAIRS STATEMENT
 Short Form

P M PDC OFFICE USE
 O A
 S R
 T K

The F-1A form is designed to simplify reporting for persons who have no changes or only minor changes to an F-1 report previously filed.
A complete F-1 form must be filed at least every four years; an F-1A form may be used for no more than three consecutive reports.
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.

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

R
E
C
E
I
V
E
D

Last Name _____ First _____ Middle Initial _____

Mailing Address (Use PO Box or Work Address) * _____

City _____ County _____ Zip + 4 _____

Names of immediate family members, including 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 domestic partner. See F-1 manual for details.

Filing Status (Check only one box.)

An elected or state appointed official filing annual report

Final report as an elected official. Term expired: _____ year _____

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: _____

County, city, district or agency of the office, name and number: _____

Position number: _____

Term begins: _____ ends: _____

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.

NO CHANGE REPORT. I have reviewed my last complete F-1 report dated _____ and F-1A reports (if any) dated (1) _____ and (2) _____. The information disclosed on those reports is accurate for the current reporting period.

MINOR CHANGES REPORT. I have reviewed my last complete F-1 report dated _____. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers and describing changes. Provide all information required on F-1 report.

Check here if continued on attached sheet

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, 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)
Check here <input type="checkbox"/> if continued on attached sheet				

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

Contact Telephone: () * _____

Email: _____ (work) *
 Email: _____ (Home) Optional

Information Continued

F-1A

Name _____

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.

- NO CHANGE REPORT.** I have reviewed my last complete F-1 report dated _____ and F-1A reports (if any) dated (1) _____ and (2) _____. The information disclosed on those reports is accurate for the current reporting period.
- MINOR CHANGES REPORT.** I have reviewed my last complete F-1 report dated _____. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers **and** describing changes. Provide all information required on F-1 report.

**FOOD
TRAVEL
SEMINARS** (Continued)

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount \$	Value (Use Code)