

## MODIFICATION REQUEST COVER SHEET

Name of Filer	<b>DAVID WILSON</b>
Reporting Period	<input checked="" type="checkbox"/> Annual report – calendar year 2012 <input type="checkbox"/> Candidate/Appointee report
Type of Request	<input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal with No Change – <u>original granted on April 26, 2005</u> <input type="checkbox"/> Renewal with Change
Office Held/Sought & Term	School Board Director, Shoreline School District Elected term expires in 2013
PDC Protocol	<input type="checkbox"/> Attorney: Interpretation #02-03 <input type="checkbox"/> Judge / Judicial Candidate: Interpretation #02-04 <input type="checkbox"/> Automobile Dealership: Interpretation #02-05 <input type="checkbox"/> Spousal: Interpretation #02-06 <input checked="" type="checkbox"/> WAC 390-28-100(1)(e)
Supporting Documents (attached)	<input checked="" type="checkbox"/> Current F-1 <input checked="" type="checkbox"/> Modification Application <input checked="" type="checkbox"/> Letter <input checked="" type="checkbox"/> Prior order (if renewal) – <u>Order # 3053</u>
Reason(s) for Modification (as stated by filer)	<ul style="list-style-type: none"> <li>• Mr. Wilson is requesting a renewal of a reporting modification that would exempt him from disclosing financial information concerning three trust accounts that were established for his two children by their grandparents.</li> <li>• Mr. Wilson stated that both of his children have trusts and UTMA accounts in their names. He stated that all investment decisions for the trusts are made by a management company, and that neither himself, his spouse, nor the trustee participates in the daily management of the trust accounts.</li> <li>• Mr. Wilson stated that the trusts and UTMA accounts hold standard Blue Chip equities and bonds. He said that neither he nor his spouse participate in the selection of these bonds and equities, they are not in a position to take an unfair advantage of a particular situation which he believes to be at the core of the purpose of the act.</li> <li>• Mr. Wilson stated that his request is based solely on his desire to provide anonymity for his children. He cited privacy and safety concerns about the disclosure of his children's trust information.</li> </ul>
Staff Recommendations	Approve renewal of the reporting modification with no change.

*Linda and David Wilson*  
*18705 Ridgefield Road Northwest*  
*Shoreline, Washington 98177*

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FEB -6 2013

Public Disclosure Commission

January 30, 2013

Public Disclosure Commission  
711 Capital Way, Suite 206  
PO Box 40908  
Olympia, WA 98504-0908

DATE FILED PDC

FEB -5 2013


Dear PDC,

I have enclosed all the documentation I believe is required to complete my filing for the 2012 calendar year. Enclosed please find:

- A request for renewal of Financial Reporting Modification Order # 3053 using the required application form.
- A newly completed F1 to cover the 2012 calendar year
- A newly completed F1 Supplemental form

If there should be anything further that is required please do not hesitate to contact me.

Sincerely,



David Wilson

Tel# 206 546 5177

Email [Knossosd@comcast.net](mailto:Knossosd@comcast.net)

**Application Questionnaire**

DATE FILED PDC

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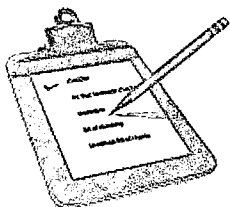
## Background Information

Filer Name: David WilsonFiler Office Held or Sought: School Board Director #412 Pos. #3Date of Request: 1/30/13Period Covered by Request: 1/1/12 – 12/31/12

## 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 asking for a renewal of Modification Order #2979. We have trusts and UTMA accounts in both my children's names. Neither myself, my wife or the trustee participate in the daily management of these accounts.**

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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.

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

- 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.

\_\_\_\_\_

- 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.

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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- 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.
- 

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

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

- 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.

**My son and my daughter both attend post-graduate institutions My son in Gold Coast, Australia and my daughter in Redlands, CA. I believe that privacy and anonymity are paramount in their personal safety**

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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.

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**The Trust and UTMA accounts that are in my children's names hold standard Blue Chip equities and bonds. Because we do not participate in the selection of these bonds and equities we are not in a position to take unfair advantage of a particular financial opportunity which I believe is the core purpose of this act.**

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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.

**Primary responsibilities include approving policy, approving budgets, approving expenditures and approving district hiring, Ensuring the proper oversight of the district through the supervision of the school district Superintendent**

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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.

**None**

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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?

**None**

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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.

**No**

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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.

**No**

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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 based solely on my desire to provide anonymity for my children. My desire to work in the public sector and to support our public school system should never put them in a compromising position.**

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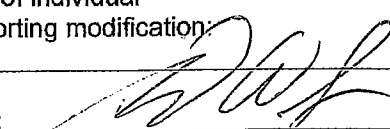
**Certification for an Application for a Reporting Modification or Suspension When Applicant Is Waiving Personal Appearance At the Hearing (Notary Not Required)**

FEB -5 2013

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: 1/30/13

Entity or name of individual requesting reporting modification: David Wilson

Your signature: 

Your printed name: David Wilson

Business street address: 18705 Ridgefield NW

City, state and zip code: Shoreline, WA 98177

Telephone number: (206) 546 - 5177

E-Mail Address: knossosd@comcast.net

Date Signed: 1/30/13

Place Signed (City and County): Shoreline 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



**DATE FILED PDC**

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.

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

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**SEND REPORT TO PUBLIC DISCLOSURE COMMISSION**

Last Name <b>Wilson</b>	First <b>David</b>	Middle Initial
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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.

Mailing Address (Use PO Box or Work Address) \*  
 18705 Ridgefield Road NW

Linda R. B. Wilson

City <b>Shoreline</b>	County <b>King</b>	Zip + 4 <b>98177</b>
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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: Director, Board of Education

County, city, district or agency of the office, name and number: Shoreline School Bd 412

Position number: 3

Term begins: 1/1/10 ends: 1/1/14

**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. Include stock options received during the reporting period that had a value of \$2,000 or more. (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)
None		

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 \$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 18705Ridgefield Road NW Shoreline, WA 98177	E	None			

Check here  if continued on attached sheet

**Information Continued**

**DATE FILED PDC**

**F-1**

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**1**

**INCOME (continued)**

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)
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**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 1722 722 NW 196 <sup>th</sup> Street Shoreline, WA 98177	E	None			

**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)**

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE)	
			Original	Present

**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.

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. Capital Guardian Trust Co. 333 Hope Street LA, CA 90071 US Bank 140 4 <sup>th</sup> Ave S, Edmonds, WA 98020	Type of Account or Description of Asset Investment Checking, Savings	Asset Value (Use Code)	Income Amount (Use Code)
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.			
C. 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, stock options, 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. See attached List	Bonds / Equities		

**DATE FILED PDC**

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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.

**AMOUNT (USE CODE)**

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
None				

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.
- 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.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? NO If yes, complete Supplement, Part A.
- 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 42.17A.555 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 [Signature] Date 1/30/13

Contact Telephone: (206) \*546 5177

Email: Knoossosd@comcast.net (work) \*

Email: Same (Home) Optional

**DATE FILED PDC**

**FEB - 5 2013**

**POSITIONS**

**January 1, 2012 through December 31, 2012**

<b>Equity</b>	<b>Rating</b>
3M COMPANY (MMM)	D
ACCENTURE PLC US\$ (ACN)	C
ACE LTD (ACE)	C
AFLAC INC (AFL)	C
AGILENT TECHNOLOGIES INC (A)	B
AIR PRODUCTS & CHEMICALS INC (APD)	D
ALLEGHENY TECHNOLOGIES INC (ATI)	D
ALLERGAN INC (AGN)	E
ALLSTATE CORP (THE) (ALL)	B
AMERICAN TOWER CORP (AMT)	D
AON CORP	B
AON PLC (AON)	B
APPLE INC (AAPL)	D
BARRICK GOLD CORP US\$ (ABX)	D
BB&T CORP (BBT)	D
BEAM INC (BEAM)	D
BLACKROCK INC (BLK)	C
BOEING CO (BA)	B
BRISTOL-MYERS SQUIBB CO (BMY)	D
BROADCOM CORP (BRCM)	D
CAE INC (CAE)	B
CARNIVAL CORP COMMON PAIRED STOCK (CCL)	D
CATERPILLAR INC (CAT)	D
CENOVUS ENERGY INC US\$ (CVE)	D
CENTENE CORP (CNC)	C
CERNER CORP (CERN)	D
CHEVRON CORP (CVX)	D
CME GROUP INC (CME)	D
COACH INC (COH)	C
COBALT INTERNATIONAL ENERGY (CIE)	B
COLGATE-PALMOLIVE CO (CL)	C
COMCAST CORP CL A (NEW) (CMCSA)	E
COMCAST CORP CL A SPECIAL N/V (NEW) (CMCSK)	B
CONOCOPHILLIPS (COP)	B
DANAHER CORP (DHR)	D
DARDEN RESTAURANTS INC (DRI)	C
DAVITA HEALTHCARE PARTNERS INC (DVA)	B
DIAGEO PLC SPONSORED ADR (DEO)	B
DISCOVERY COMMUNICATIONS INC CL A (DISCA)	B
DOW CHEMICAL CO (DOW)	B
DRIL-QUIP INC (DRQ)	C
EATON CORP (ECE301)	D
EATON CORP PLC (ETN)	D
EBAY INC (EBAY)	C
ECOLAB INC (ECL)	D
EDISON INTERNATIONAL (EIX)	B

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EMERSON ELECTRIC CO (EMR)	D
ENCANA CORP COM US\$ (ECA)	C
ENSCO PLC ADR (ECE295)	C
ENSCO PLC-CL A (ESV)	C
EOG RESOURCES INC (EOG)	C
EXPRESS SCRIPTS HOLDING CO (ESRX)	D
EXPRESS SCRIPTS INC	D
EXXON MOBIL CORP (XOM)	C
FACEBOOK INC-A (FB)	C
FEDEX CORP (FDX)	C
FIRST SOLAR INC (FSLR)	B
GENERAL ELECTRIC CO (USD) (GE)	D
GENERAL MILLS INC (GIS)	B
GENPACT LTD (G)	B
GILEAD SCIENCES INC (GILD)	E
GOLDMAN SACHS GROUP INC (GS)	D
GOOGLE INC CL A (GOOG)	D
HALLIBURTON CO (HAL)	D
HOME DEPOT INC (HD)	D
ILLINOIS TOOL WORKS INC (ITW)	B
INTERNATIONAL BUSINESS MACHINES CORP (IBM)	E
INTERNATIONAL GAME TECHNOLOGY (IGT)	B
IRON MOUNTAIN INC (IRM)	D
JABIL CIRCUIT INC (JBL)	C
JACK HENRY & ASSOC INC (JKHY)	D
JPMORGAN CHASE & CO (JPM)	D
KINDER MORGAN INC (KMI)	C
KLA-TENCOR CORP (KLAC)	D
MARSH & MCLENNAN COS INC (MMC)	D
MAXIM INTEGRATED PRODS INC (MXIM)	C
MICROCHIP TECHNOLOGY INC (MCHP)	C
MICROSOFT CORP (MSFT)	D
MONSANTO CO NEW COM (MON)	D
MOSAIC CO/THE (MOS)	C
NATIONAL GRID PLC - SP ADR (NGG)	B
NESTLE NAM SPON ADR (NSRGY)	D
NEWELL RUBBERMAID INC (NWL)	D
NIELSEN HOLDINGS NV US\$ (NLSN)	D
NIKE INC CL B (NKE)	B
NOBLE ENERGY INC (NBL)	D
NORFOLK SOUTHERN CORP (NSC)	D
NOVO NORDISK A/S CL B ADR (NVO)	B
NUCOR CORP (NUE)	C
ORACLE CORP (ORCL)	D
PEPSICO INC (PEP)	B
PFIZER INC (PFE)	C
PG&E CORP (PCG)	C
PHILIP MORRIS INTERNATIONAL INC (PM)	D
PROGRESSIVE CORP OHIO (PGR)	C
QUALCOMM INC (QCOM)	D
REPUBLIC SERVICES INC (RSG)	C
RIO TINTO PLC ADR SPON (RIO)	C
ROYAL DUTCH SHELL CL A ADR (RDSA)	E

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SAP AG SPON ADR (SAP)	C
SCHLUMBERGER LTD (SLB)	D
SCHWAB CHARLES NEW (SCHW)	C
SCRIPPS NETWORKS INTERACTIVE CLA (SNI)	C
SEATTLE GENETICS INC (SGEN)	D
SHIRE PLC ADR (SHPG)	D
SIGNET JEWELERS LTD (SIG)	C
STANLEY BLACK & DECKER INC (SWK)	D
STARBUCKS CORP (SBUX)	B
TARGET CORP (TGT)	D
TE CONNECTIVITY LTD US\$ (TEL)	C
THE WALT DISNEY CO (DIS)	D
TIFFANY & CO NEW (TIF)	D
TIME WARNER CABLE INC (TWC)	B
UNION PACIFIC CORP (UNP)	C
UNITED PARCEL SERVICE INC CL B (UPS)	C
UNITED TECHNOLOGIES CORP (UTX)	D
UNITEDHEALTH GROUP INC (UNH)	C
VISA INC CL A (V)	C
<b>Cash</b>	
SSGA US GOV MONEY MARKET FUND (SSGXX)	E
<b>Mutual Funds - Equity</b>	
EMERGING MARKETS GROWTH FUND INC (16E01)	E
INTERNATIONAL GROWTH & INCOME FUND CL F2 (IGFFX)	E
ISHARES S&P US PREFERRED STOCK INDEX FND ETF (PFF)	E
<b>Mutual Funds - Fixed</b>	
CAPITAL CORE MUNICIPAL FUND (CCMPX)	E



**PUBLIC DISCLOSURE COMMISSION**  
 711 CAPITOL WAY RM 206  
 PO BOX 40908  
 OLYMPIA WA 98504-0908  
 (360) 753-1111  
 TOLL FREE 1-877-601-2828  
 EMAIL: pdc@pdc.wa.gov

DATE FILED PDC FORM

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**F-1**  
 SUPPLEMENT  
 (1/12)

**SUPPLEMENT PAGE**  
 PERSONAL FINANCIAL AFFAIRS STATEMENT

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

Last Name Wilson	First David	Middle Initial None	DATE 1/30/13
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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: **The Knossos Foundation**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **Same**

**David Wilson – President**  
**Linda R. B. Wilson Sec / Treasurer**

ADDRESS: **18405 Aurora Ave. N**  
**Seattle, WA 98133**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

**Family Charitable Foundation**

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

Name

FEB - 5 2013

ENTITY NO. 2

Reporting For: Self X Spouse

Registered Domestic Partner  Dependent

LEGAL NAME: **Mt. Holyoke College**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **Same**

ADDRESS: **50 College Street  
South Hadley, MA 01075**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

**Liberal Arts College**

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

**B LOBBYING:** List persons for whom you, or any immediate family member, including registered domestic partner, 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)
None		

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)
None			\$	

Check here  if continued on attached sheet





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: [pdc@pdc.wa.gov](mailto:pdc@pdc.wa.gov) • Website: [www.pdc.wa.gov](http://www.pdc.wa.gov)

May 7, 2012

David Wilson  
18705 Ridgefield Road NW  
Shoreline, WA 98177

**Subject: Reporting Modification – calendar year 2011**

Dear Mr. Wilson:

Enclosed is a copy of PDC Order No. 3053, granting the reporting modification you requested concerning your Personal Financial Affairs Statement (PDC Form F-1) for the 2011 calendar-year reporting period.

Reporting modifications are granted for one reporting period. If you need to renew your reporting modification request, you must do so each time you file an F-1 report. Please submit your request early enough to allow the Commission time to act on your request before the annual April 15 filing deadline.

Thank you for your cooperation and participation during the reporting modification process. If you have questions, please contact me at (360) 586-4555, toll free at 1-877-601-2828, or by email at [kristin.murphy@pdc.wa.gov](mailto:kristin.murphy@pdc.wa.gov).

Sincerely,

A handwritten signature in cursive script, appearing to read "Kristin Murphy".

Kristin Murphy  
Political Finance Specialist

Enclosure



STATE OF WASHINGTON

PUBLIC DISCLOSURE COMMISSION

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BEFORE THE PUBLIC DISCLOSURE COMMISSION  
OF THE STATE OF WASHINGTON

IN THE MATTER OF THE APPLICATION )	PDC No. 3053
OF DAVID WILSON FOR A )	Findings, Conclusions
REPORTING MODIFICATION )	and Order
_____ )	

On April 26, 2012, the application of David Wilson, 18705 Ridgefield Road NW, Shoreline, Washington 98177, for a modification of the reporting requirements of RCW 42.17.241<sup>1</sup> was brought before the Public Disclosure Commission.

Consideration of the request was made pursuant to RCW 42.17A.120<sup>2</sup> and chapter 390-28 WAC by the Commission. The proceedings were held in Room 206, Evergreen Plaza Building, 711 Capitol Way, Olympia, Washington, 98504. The applicant, David Wilson, by letter and Modification Application, requested a renewal of the reporting modification that would exempt him from disclosing financial information concerning three trust accounts that were established for his two children by their grandparents.

The Commission was provided with a certification from Mr. Wilson waiving his personal appearance at the hearing and stating that the facts contained in the request are true and accurate.

FINDINGS OF FACT

Based upon the letter and Modification Application, the Commission makes the following Findings of Fact:

1. Mr. Wilson has previously been granted the requested reporting modification, the most recent being Order No. 2979.
2. Mr. Wilson is an elected School Board director for the Shoreline School District. His elected term of office expires in 2013.
3. Mr. Wilson stated that both of his children have trusts and UTMA accounts in their names. He stated that all investment decisions for the trusts are made by a management company, and that neither himself, his spouse, nor the trustee participates in the daily management of the trust accounts.
4. Mr. Wilson stated that the trusts and UTMA accounts hold standard Blue Chip equities and bonds. He said that neither he nor his spouse participate in the selection of these bonds and

<sup>1</sup> RCW 42.17.241 now codified at RCW 42.17A.710 (effective January 1, 2012).

<sup>2</sup> RCW 42.17A.120 (effective January 1, 2012) formerly codified at RCW 42.17.370(10).

equities, and they are not in a position to take an unfair advantage of a particular situation which he believes to be at the core of the purpose of the act.

5. Mr. Wilson stated that his request is based solely on his desire to provide anonymity for his children. He cited privacy and safety concerns about the disclosure of his children's trust information.

### CONCLUSIONS OF LAW

Having made these Findings of Fact, the Commission makes the following Conclusions of Law:

1. Literal compliance with all the provisions of the reporting requirements of RCW 42.17.241<sup>3</sup> would work a manifestly unreasonable hardship on the applicant.
2. Limited suspension or modification of the reporting requirements as specified in the Order would not frustrate the purposes of the Act in this particular case.

### ORDER

Having made these Findings of Fact and Conclusions of Law, the Commission issues the following Order:

For the Statement of Personal Financial Affairs required to be filed with the Public Disclosure Commission between January 1 and April 16, 2012:

1. The applicant may satisfy the reporting requirements of RCW 42.17.241<sup>3</sup>(1), (1)(b), and (1)(g) without identifying the names of his two children, or reporting information about three trust accounts that were established for each child in their names.
2. In all other matters required to be reported, the applicant shall comply in full with the reporting requirements of RCW 42.17/42.17A.

DATED this 7<sup>th</sup> day of May, 2012.

FOR THE PUBLIC DISCLOSURE COMMISSION

Andrea M. Doyle  
Andrea McNamara Doyle  
Executive Director

I, <u>Kristin Murphy</u> , certify that I mailed a copy of this order to the Respondent/Applicant at his/her respective address postage pre-paid on the date stated herein.	
<u>Kristin Murphy</u> Signed	<u>5-7-12</u> Date

<sup>3</sup> RCW 42.17.241 now codified at RCW 42.17A.710 (effective January 1, 2012).