## MODIFICATION REQUEST COVER SHEET

Name of Filer	KRISTIANNE BLAKE
Reporting Period	☑ Annual report – calendar year 2012 □ Candidate/Appointee report
Type of Request	<ul> <li>□ New</li> <li>☑ Renewal with No Change – <u>original granted on January 25, 2007</u></li> <li>□ Renewal with Change</li> </ul>
Office Held/Sought & Term	Regent, University of Washington Current appointed term expires September 30, 2018
PDC Protocol	<ul> <li>□ Attorney: Interpretation #02-03</li> <li>□ Judge / Judicial Candidate: Interpretation #02-04</li> <li>□ Automobile Dealership: Interpretation #02-05</li> <li>□ Spousal: Interpretation #02-06</li> <li>☑ WAC 390-28-100(1)(b) &amp; (1)(e)</li> </ul>
Supporting Documents (attached)	<ul><li>☑ Current F-1</li><li>☑ Modification Application</li><li>☑ Prior order (if renewal) – Order #3057</li></ul>
Reason(s) for Modification (as stated by filer)	<ul> <li>Ecova</li> <li>Ms. Blake is requesting renewal of a reporting modification that would exempt her from disclosing the business customers that paid \$10,000 or more during 2012 to Ecova (formerly known as Advantage IQ, Inc.).</li> <li>Ms. Blake is a director of Ecova, a provider of energy efficiency and cost management programs and services for multi-site customers and utilities throughout North America. Its primary product lines include expense management services for utility, telecom, and lease needs as well as strategic energy management and efficiency services that include procurement, conservation, performance reporting, financial planning, and energy efficiency program management for commercial enterprises and utilities.</li> <li>For 2012, Ecova, had annual sales revenues of \$156.2 million, with 740 customers and 1,349 employees. Of these customers, 600 paid the entity over \$10,000 in 2012.</li> <li>Ms. Blake said she is not involved in the day-to-day operations of the business and does not have access to information about the entity's customers.</li> </ul>
	Ms. Blake stated that disclosing the business customers of Ecova would adversely affect the competitive position of the company and in many cases their customers agreements preclude them from disclosing their relationship. She also stated that it is an unreasonable hardship to her because Ecova is unwilling to provide the information to her.

	Ms. Blake stated that as a board member, she does not deal with individual customer accounts. She said that the reporting requirements do not relate to a business customer that would be subject to the regulatory authority of her appointed position.
·	Laird Norton Wealth Management (formally known as Laird Norton Tyee)
	Ms. Blake is requesting renewal of a reporting modification that would exempt her from disclosing the business customers that paid \$10,000 or more during 2012 to Laird Norton Wealth Management.
	Ms. Blake is a director of Laird Norton Wealth Management, a privately held wealth management firm that had \$3.524 billion in assets under their management for 416 clients in 2012, and 83 employees. She said that a total of 358 clients of Laird Norton Wealth Management would be subject to disclosure.
·	Ms. Blake said that Laird Norton Wealth Management serves high-net- worth clients including individuals, families, private foundations and nonprofit organizations with investment stewardship, personal strategic planning, generation-to-generation wealth transfer, and family and business governance.
·	Ms. Blake stated the industry and market place in which Laird Norton Wealth Management markets and provides its services to customers is highly competitive. She also said that the entity is unwilling to provide her with information regarding clients and client payments because it would violate the firm's client privacy policy.
	Ms. Blake said she is a non-executive director of Laird Norton Wealth Management. She is not involved in the day-to-day operations of the business and does not have access to the business customer information. She stated that she has no knowledge of the entities paying more than \$10,000 to Laird Norton Wealth Management and the company does not disclose the identities of its clients or its transactions to the board of directors.
Other Issues	Ms. Blake stated that the University of Washington did not conduct any business with and made no payments to Ecova or Laird Norton Wealth Management during 2012.
Staff Recommendations	Approve renewal of the reporting modification with no change.

#### RECEIVED

#### **Application Questionnaire**

FEB 25 2013

Public Disclosure Commission

Background Information

Filer Name: Kristianne Blake

Filer Office Held or Sought: Regent - University of Washington

Date of Request: February 22, 2013

Period Covered by Request: 2012

#### Questions

Please answer questions # 1 - # 8 below, unless:

- PRESIDENTIAL ADDRESS. If you are seeking <u>only</u> nondisclosure of a residential address, answer # 1, # 4, # 6 and # 8.
- SPOUSAL SEPARATION. If you are seeking <u>only</u> 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).

Payments over \$10,000 received during 2012 from a business customer or government agency by an entity of which I have been a director.



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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-forprofit, charitable organization, or other entity for which you are seeking a modification request from reporting the entity's disclosable customers/sources of compensation/income.

Laird Norton Wealth Management is a privately held wealth management firm that serves high-net-worth clients including individuals, families, private foundations and nonprofit organizations. Laird Norton Wealth Management provides assistance with investment stewardship, personal strategic planning, generation-to-generation wealth transfer, and family and business governance. The industry and marketplace in which Laird Norton Wealth Management markets and provides its services is highly competitive.

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

Laird Norton Wealth Management has 83 employees and approximately \$3.744 billion in assets under management for 416 clients. Client privacy is of paramount importance to Laird Norton Wealth Management and its clients, and its Client Privacy Policy provides that no personal client information will be shared with anyone outside Laird Norton Wealth Management. In addition, disclosure of any portion of Laird Norton Wealth Management's client list would adversely affect the competitive position of the company.

- Describe how many business customers or other sources paying the entity more than \$10,000 would be subject to disclosure.
  - 358 clients would be subject to disclosure.
- Describe if you have access to information about the entity's customer base or sources of compensation/income.

As a non-executive member of the board of directors, I do not deal with individual customer accounts, and I have no knowledge of entities paying more than \$10,000 to Laird Norton Wealth Management, nor do these types of transactions come before the board. In fact, Laird Norton Wealth Management does not disclose the identities of its clients to the board of directors. Laird Norton Wealth Management is unwilling to provide information regarding clients or client payments to me because this would violate the firm's Client Privacy Policy.

• Describe if you are involved with the day-to-day operations of the entity.

I am not involved in the day-to-day operations of Laird Norton Wealth Management.

• 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.

<u>Laird Norton Wealth Management's clients or sources of compensation are not listed in other public sources or publications.</u>

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

<u>Laird Norton Wealth Management's clients or sources of compensation are not listed on a website</u>

- If the entity has a website address, list it here: http://www.lairdnortonwm.com/
- 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: Not applicable

[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.

Laird Norton Wealth Management has the ability to sort its client list or sources of compensation to identify those paying the entity more than \$10,000 during the reporting period; however, disclosure of this information would be a violation of Laird Norton Wealth Management's Client Privacy Policy and would also adversely affect the competitive position of the company.

• 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.

Laird Norton Wealth Management received no fee revenues from governmental customers or governmental sources of compensation during the reporting period (this includes the University of Washington; Laird Norton Wealth Management received no revenues from the University of Washington during the reporting period).

- Indicate whether you have an ownership interest of 10% or more in the entity.
   I do not have an ownership interest in Laird Norton Wealth Management
- Indicate whether your spouse's interest in an entity requires you to complete an F-1 Supplement for that entity.

Not applicable to this application

 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.

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**Public Disclosure Commission** 

NOT FRUSTRATE THE PURPOSES OF THE ACT. Describe how allowing you to not 3. disclose the information described in your modification request does not frustrate the purposes of the Public Disclosure Act.

The reporting requirements under RCW 42.17.241 do not relate to a business customer that would be subject to the regulatory authority of my appointed position. Furthermore, the reporting of the information requested does present actual difficulties for Laird Norton Wealth Management, and the interest in question regarding Laird Norton Wealth Management (my position as a non-executive director of Laird Norton Wealth Management) does not present any actual or potential conflict with the proper performance of my duties as a Regent of the University of Washington.



DUTIES. Describe your duties as an elected or appointed official. Please describe the 4. 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.

The powers and duties of the Board of Regents are described in RCW28B.20.130



- 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.

I am a non-executive member of the boards of directors of Laird Norton Wealth
Management, Inc. and Laird Norton Tyee Trust Company (together, these corporations
operate as Laird Norton Wealth Management) and Chairman of the Audit Committee. I do not
participate in any way in the day-to-day affairs of Laird Norton Wealth Management, nor do I
have access to client information of any kind (including client identities, which are not
disclosed to the board of directors). As a director, I participate in the election of officers,
approval of major contracts relating to corporate structure (not contracts related to the
operation of Laird Norton Wealth Management's business), review of policies and strategic
plans adopted by management, budget approval, and other high-level matters which do not
relate to the day-to-day operations of the business. As Chairman of the Audit Committee, I
participate in general oversight of the audits by outside accounting firms of the company's
financial statements and general oversight of the firm's compliance programs and policies
(which are, however, administered on a day-to-day basis by management and not by the
board).

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?

The decisions that I make as a Regent of the University of Washington will not benefit the clients of Laird Norton Wealth Management, bearing in mind, however, that I do not know who the clients of Laird Norton Wealth Management are, nor do I know the amount of compensation that individual clients pay to Laird Norton Wealth Management.



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.

<u>No</u>

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FEB 25 2013



**Public Disclosure Commission** 

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.

<u>No</u>

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FEB 25 2013

Public Disclosure Commission

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.)

I was granted a reporting modifications for 2006, 2007, 2008, 2009,2010 and 2011 relative to this matter. See Order No. 2745, Order No. 2812, Order No. 2866, Order No. 2925, Order No. 2989 and Order No. 3057.



> IF YOU WILL NOT BE ATTENDING THE HEARING IN PERSON OR BY PHONE TO ATTEST THE ABOVE INFORMATION AND RESPOND TO COMMISSION QUESTIONS, YOU MUST ALSO COMPLETE AND SIGN THE ATTACHED CERTIFICATION PRIOR TO SUBMISSION.

FEB 25 2013
Public Disclosure Commission

## Certification for an Application for a Reporting Modification or Suspension When Applicant Is Waiving Personal Appearance At the Hearing

At the Hearing (Notary Not Required)

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.

Entity or name of individual requesting reporting modification: Kristianne Blake  Your signature: Kristianne Blake  Your printed name: Kristianne Blake  Business street address: P.O. Box 28338  City, state and zip code: Spokane, WA 99228  Telephone number: (509) 464 - 0037  E-Mail Address: kristib@ptera.net  Date Signed: February 22, 2013  Place Signed (City and County): Spokane Spokane	_ist the date of the application request: <u>Februa</u>	ary 22, 2013		
Your printed name: Kristianne Blake Business street address: P.O. Box 28338 City, state and zip code: Spokane, WA 99228 Telephone number: (509) 464 - 0037 E-Mail Address: kristib@ptera.net Date Signed: February 22, 2013		ake		
Business street address: P.O. Box 28338  City, state and zip code: Spokane, WA 99228  Telephone number: (509) 464 - 0037  E-Mail Address: kristib@ptera.net  Date Signed: February 22, 2013	Your signature: <u>Kwoti annu Blad</u>	Le.		
City, state and zip code: Spokane, WA 99228 Telephone number: (509) 464 - 0037 E-Mail Address: kristib@ptera.net Date Signed: February 22, 2013	Your printed name: <u>Kristianne Blake</u>			
Telephone number: (509) 464 - 0037  E-Mail Address: kristib@ptera.net  Date Signed: February 22, 2013	Business street address: P.O. Box 28338			
E-Mail Address: kristib@ptera.net  Date Signed: February 22, 2013	City, state and zip code: Spokane, WA 99228			
Date Signed: February 22, 2013	Геlephone number: ( <u>509</u> ) <u>464</u> - <u>0037</u>			
	E-Mail Address: <u>kristib@ptera.net</u>			
Place Signed (City and County): Spokane Spokane	Date Signed: <u>February 22, 2013</u>			
City County	Place Signed (City and 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

#### RECEIVED

#### **Application Questionnaire**

FEB 25 2013

**Background Information** 

Public Disclosure Commission

Filer Name: Kristianne Blake

Filer Office Held or Sought: Regent – University of Washington

Date of Request: February 22, 2013

Period Covered by Request: 2012

#### Questions

Please answer questions # 1 - # 8 below, unless:

- RESIDENTIAL ADDRESS. If you are seeking <u>only</u> nondisclosure of a residential address, answer # 1, # 4, # 6 and # 8.
- SPOUSAL SEPARATION. If you are seeking <u>only</u> 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 seeking a modification of the reporting requirement that would require me to report all payments in excess of \$10,000 received by the entity of which I have been a director from any business or governmental agency during the reporting period. Reporting of the clients of this entity would constitute a hardship to the entity since many of their customer agreements preclude the entity from disclosing the client's name. In addition, due to the highly competitive nature of the entity's business, disclosure of customer names could put the entity at a competitive disadvantage.



FFR 25 2013

**Public Disclosure Commission** 

- 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-forprofit, charitable organization, or other entity for which you are seeking a modification request from reporting the entity's disclosable customers/sources of compensation/income.

#### Ecova

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

#### Annual sales revenues \$156.2 million, 740 customers and 1,349 employees

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

## 632 customers paid the entity over \$10,000 in 2012. Of the 632 customers, 22 are governmental or quasi-governmental agencies.

• Describe if you have access to information about the entity's customer base or sources of compensation/income.

As a non-executive director I do not have access to information about the entity's customer base or sources of compensation/income other than what is provided to me as a board member when discussing particular issues.

Describe if you are involved with the day-to-day operations of the entity.

## As a non-executive director I am not involved in the day-to-day operations of the entity's business.

• 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.

The entity does not publically list its customers, the amount of revenue paid by the customer to the entity or all of the services provided by the entity to the customer. The revenues of the entity are included in periodic reports filed with the SEC by its

## parent corporation. These SEC reports are posted on the SEC website and on the Avistacorp.com website.

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

The entity does not publically list its customers, the amount of revenue paid by the customer to the entity or all of the services provided by the entity to the customer. The revenues of the entity are included in periodic reports filed with the SEC by its parent corporation. These SEC reports are posted on the SEC website and on the Avistacorp.com website.

• If the entity has a website address, list it here: **Ecova.com** 

FFB 25 2013

• If the entity's customers or sources of compensation in compensation elsewhere on the Internet, describe why you are seeking a modification (nondisclosure) for those customers or sources of compensation/income:

The entity does not publically list its customers, the amount of revenue paid by the customer to the entity or all of the services provided by the entity to the customer.

[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.

#### Yes

• 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.

#### No, see above.

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

No	

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

#### Not applicable

 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. Ecova is a provider of energy efficiency and cost management programs and services for multi-site customers and utilities throughout North America. Its primary product lines include expense management services for utility, telecom and lease needs as well as strategic energy management and efficiency services that include procurement, conservation, performance reporting, financial planning and energy efficiency program management for commercial enterprises and utilities.

It constitutes an unreasonable hardship to Ecova to provide this information to me since many of their customer agreements preclude them from disclosing that they have been engaged by them to perform services as well as the fact that disclosure of their client list would adversely affect the competitive position of the company. It constitutes an unreasonable hardship to me to provide this information since Ecova is unwilling to provide the information to me. As a board member I do not deal with individual customer accounts. Ecova did not received any payments from the University of Washington during 2012.

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FEB 25 2013

Public Disclosure Commission

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.

The reporting requirements do not relate to a business customer that would be subject to the regulatory authority of my appointed position, therefore, modification of this requirement would not frustrate the purpose of the Act. Furthermore, the reporting of the information requested does present actual difficulties for Ecova and the interest in question regarding Ecova, and does not present any actual or potential conflict with the proper performance of my duties as a Regent at the University of 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.

The powers and duties of the Board of Regents are described in RCW28B.20.130



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.

I am a non-executive board member of Ecova In my position I perform the duties of a director of a Washington corporation as described in RCW23B.08.010. I have no day to day involvement in the business.

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 to my knowledge.

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FEB 25 2013

Public Disclosure Commission

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



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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FEB 2.5 2013

Public Disclosure Commission

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.)

I was granted a reporting modification for 2006, 2007, 2008,2009, 2010 and 2011 relative to this matter. See Order No. 2745, Order No. 2812, Order No. 2866, Order No. 2925, Order No. 2989 and Order No. 3057.



> IF YOU WILL NOT BE ATTENDING THE HEARING IN PERSON OR BY PHONE TO ATTEST THE ABOVE INFORMATION AND RESPOND TO COMMISSION QUESTIONS, YOU MUST ALSO COMPLETE AND SIGN THE ATTACHED CERTIFICATION PRIOR TO SUBMISSION.

FEB 25 2013

Public Disclosure Commission

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

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 th	e application request: February 22, 2013	
Entity or name of	individual	
	ing modification: Kristianne Blake	
Your signature:	Kristianne Blake	

Your printed name: Kristianne Blake

Business street address: P.O. Box 28338

City, state and zip code: Spokane, WA 99228

Telephone number: (509) 464 - 0037

E-Mail Address: kristib@ptera.net

Date Signed: February 22, 2012

Place Signed (City and County):

<u>Spokane</u>

Spokane 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."

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WASHINGTON STATE PUBLIC DISCLOSURE COMMISSION 711 Capitol Way Room 206
P.O. Box 40908
Olympia, WA 98504-0908
Attn: Reporting Modification Request

DISCLOSURE COMMISSION PDC FORM PUBLIC PDC OFFICE USE 711 CAPITOL WAY RM 206 PERSONAL FINANCIAL PO BOX 40908 OLYMPIA WA 98504-0908 100514156 AFFAIRS STATEMENT (360) 753-1111 (1/12)TOLL FREE 1-877-601-2828 **DOLLAR** AMENDS: Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** \$1 to \$3,999 Deadlines: Incumbent elected and appointed officials -- by April 15. 100506630 В Candidates and others -- within two weeks of becoming a \$4,000 to \$19,999 С \$20,000 to \$39,999 candidate or being newly appointed to a position. Received: D \$40,000 to \$99,999 02-21-2013 SEND REPORT TO PUBLIC DISCLOSURE COMMISSION \$100,000 or more Last Name Middle Initial Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living BLAKE KRISTIANNE 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) JOHN C BLAKE SP PO BOX 28338 SULLIVAN M BLAKE  $\Box$ City Zip + 4 SPOKANE SPOKANE 992288338 Office Held or Sought Filing Status (Check only one box.) Office title: REGENT/COLLEGE TRUSTEE X An elected or state appointed official filing annual report Final report as an elected official. Term expired: County, city, district or agency of the office, Candidate running in an election: month \_\_\_\_\_ year \_\_ name and number: UNIVERSITY OF <u>WASHINGT</u>ON Newly appointed to an elective office Position number: Newly appointed to a state appointive office Term begins:  $\underbrace{10-01-2012}$ ends: 09-30-2018 Professional staff of the Governor's Office and the Legislature List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family INCOME member, including registered domestic partner, received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse) Show Self (S) Name and Address of Employer or Source of Compensation Occupation or How Compensation Amount: Spouse (SP/DP)
Dependent (D) (Use Code) Was Earned KRISTIANNE GATES BLAKE PS CPA D PO BOX 28338 SPOKANE WA 99228 S WH AND MARY M GATES CHARITABLE TRUST TRUSTEE PO BOX 28338 SPOKANE WA 99228 Check Here I if continued on attached sheet List street address, assessor's parcel number, or legal description AND county for each parcel of Washington REAL ESTATE 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.) Name and Address of Purchaser Property Sold or Interest Divested Assessed Nature and Amount (Use Code) of Payment or Value Consideration Received (Use Code) Property Purchased or Interest Acquired Security Given Mortgage Amount - (Use Code) Creditor's Name/Address Payment Terms All Other Property Entirely or Partially Owned Wells Fargo Bank 26104.9009 SPOKANE COUNTY  $\mathbf{E}$ interest deed of only trust. Concord Check here if continued on attached sheet

3		t bank and savings accounts, insurance		k, bonds a	nd other
Α.	Name and address of each bank or financial institution in which you or a family member, including registered domestic partner, had an account over \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income / (Use (	3
	WELLS FARGO	CHECKING/SAVINGS	E	A	
В.	SPOKANE WA  Name and address of each insurance company where you or a family member, including registered domestic partner had a policy with a cash or loan value over \$20,000 during the period.  Sun Life Financial	Whole Life Insurance	E	0	
C.	Name and address of each company, association, government agency, etc. in which you or 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, 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.				
	SMITH BARNEY MUNICIPAL MONEY MARKET	MONEY MARKET FUND	E'	A	
Che	ck here 🔟 if continued on attached sheet.				
4	List each creditor you or a family member, i CREDITORS more any time during the period. Don' mortgages or real estate reported in Item 2.			AMO (USE C	
	Creditor's Name and Address	Terms of Payment Secur	ity Given	Original	Present .
Che	ck here ☐ if continued on attached sheet.				
5	All filers answer questions A thru D below. If the answer is YE part of this report. If all answers are NO and you are a candida executive officer filing your initial report, no F-1 Supplement is	te for state or local office, an appointee to	element must al o a vacant elect	iso be comp ive office, c	oleted as or a state

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.

- 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? X If yes, complete Supplement, Part A.
- 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? X If yes, complete Supplement, Part A.
- Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? X If yes, complete Supplement, Part A. C.
- Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for current 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.
- 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? \_\_ 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? \_\_\_ If yes to either or both questions, complete Supplement, Part C.

ALI	FILERS EXCEPT CANDIDATES. Check the appropriate box.	CERTIFICATION:	I certify under penalty	
X	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.		information contained in the correct to the best of my known	•
	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.	<u>Kristianne I</u> Signature	Blake	02-21-2013 Date
		Contact Telephone	: 5094640037	*
		Email: <u>kristib</u>	eptera.net	(work)*
	NDIDATES: Do not use public agency addresses or telephone numbers for tact information.	Email:		(Home) Optional

Name BLA	KE, KRISTIANNE			Page 3
1	INCOME			
show Self (S) spouse (SP) spendent (D)	Name and Address of Employer or Source of	f Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
S	AVISTA CORPORATION 1411 E. MISSION SPOKANE WA	99202	DIRECTOR	E ,
S	RUSSELL INVESTMENT COMPAN' 909 A STREET TACOMA WA	Y 98402	TRUSTEE	E
S	PRINCIPAL INVESTMENT FUND: 711 HIGH STREET DES MOINES IA	50392	TRUSTEE	E
S	LAIRD NORTON TYEE 801 2ND AVE	98104	DIRECTOR	D
SP	Social Security Administration PO Box 2000		Social Security	В
		94802		
	·			
	Check Here ☐ if continued on attached she			

#### **ALL OTHER REAL ESTATE CONTINUED**

F-1

Name BLAKE, KRISTIANNE				·	Page 4	
2 REAL ESTATE	· · · · · · · · · · · · · · · · · · ·					
All Other Property Entirely or Partially Owned	Assessed Value (Use Code)	Creditor's Name/Address	Payment Terms	Security Given	Mortgage Original	Amount Current
26112.9032 SPOKANE COUNTY	E				0	0
6112.9033 SPOKANE COUNTY	E				0	0
				·		
		·				
		·				
					·	
				·		
·						
Check here ☐ if continued on attached sheet						-

### COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

ASSETS / INVESTMENTS - INTEREST / DIVIDENDS C. Name and arithmes of each company, association, government agono, strained actimes of each company, association actimes actim	Name BLAKE, KRISTIANNE			Page 5		
AVISTA CORP  STOCK  STOCK  E  C  STOCK  E  STOCK  STOCK  E  STOCK  STOCK  E  STOCK  S	3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS					
AVISTA CORP  STOCK  E  B  MICROSOFT  STOCK  E  C  A  METROPOLITAN TRANSN ANTH N Y  BOND  D  A  MANDAN N D RFDG & PMPT - SER D  BOND  D  A  MANDAN N D RFDG & PMPT - SER D  BOND  D  A  STOCKS  E  O  RUSSELL INVESTMENT GRADE BOND  MUTUAL FUND  E  B  PRINCIPAL MONEY MARKET FUND  MUTUAL FUND  E  SCEWAB CASH RESERVES  CASH  D  A  STOCKS E  O  MUTUAL FUND  E  B  MUTUAL FUND  E  O	C. Name and address of each company, association, government agency	Type of Account or Description of Asset		Income Amount (Use Code)		
ISHARES LEHMAN TRUST  MUTUAL FUND  B  A  INDIAN WELLS CALIF REDEV AGY  BOND  D  D  METROPOLITAN TRANSN ANTH N Y  BOND  C  A  MIAMI DADE CNTY FLA WTR & SWR  BOND  C  A  MANDAN N D RFDG & FMFT - SER D  BOND  D  A  IRA MANAGED BY NAVELLIER & ASSOCIATES  STOCKS  E  O  RUSSELL INVESTMENT GRADE BOND  MUTUAL FUND  E  B  SCEWAB CASH RESERVES  CASH  D  A  TIAA - CREF STOCK FUND  MUTUAL FUND  E  O		STOCK				
ISHARES LEHMAN TRUST  MUTUAL FUND  B  A  INDIAN WELLS CALIF REDEV AGY  BOND  D  D  METROPOLITAN TRANSN ANTH N Y  BOND  C  A  MIAMI DADE CNTY FLA WTR & SWR  BOND  C  A  MANDAN N D RFDG & FMFT - SER D  BOND  D  A  IRA MANAGED BY NAVELLIER & ASSOCIATES  STOCKS  E  O  RUSSELL INVESTMENT GRADE BOND  MUTUAL FUND  E  B  SCEWAB CASH RESERVES  CASH  D  A  TIAA - CREF STOCK FUND  MUTUAL FUND  E  O						
INDIAN WELLS CALIF REDEV AGY  BOND  D  D  METROPOLITAN TRANSN ANTH N Y  BOND  C  A  MIAMI DADE CNTY FLA WTR & SWR  BOND  C  A  MANDAN N D RFDG & PMPT - SER D  BOND  D  A  IRA MANAGED BY NAVELLIER & ASSOCIATES  STOCKS  E  O  RUSSELL INVESTMENT GRADE BOND  MUTUAL FUND  E  B  SCHWAB CASH RESERVES  CASH  D  A  TIAA - CREF STOCK FUND  MUTUAL FUND  E  O  D  D  A  D  D  A  D  A  D  D  A  D  D	MICROSOFT	STOCK	E	С		
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METROPOLITAN TRANSN ANTH N Y  BOND  D  A  MIAMI DADE CNTY FLA WTR 6 SWR  BOND  C  A  MANDAN N D RFDG & FMPT - SER D  BOND  D  A  IRA MANAGED BY NAVELLIER & ASSOCIATES  STOCKS  E  0  RUSSELL INVESTMENT GRADE BOND  MUTUAL FUND  E  B  SCHWAB CASH RESERVES  CASH  D  A  TIAA - CREF STOCK FUND  D  A	ISHARES LEHMAN TRUST	MUTUAL FUND	В	A		
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MIAMI DADE CNTY FLA WIR & SWR  BOND  C  A  MANDAN N D RFDG & FMPT - SER D  BOND  D  A  IRA MANAGED BY NAVELLIER & ASSOCIATES  STOCKS  E  O  RUSSELL INVESTMENT GRADE BOND  MUTUAL FUND  E  B  PRINCIPAL MONEY MARKET FUND  MUTUAL FUND  E  A  SCHWAB CASH RESERVES  CASH  D  A  TIAA - CREF STOCK FUND  MUTUAL FUND  E  O	INDIAN WELLS CALIF REDEV AGY	BOND	D	D		
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MANDAN N D RFDG & PMPT - SER D  BOND  D  A  IRA MANAGED BY NAVELLIER & ASSOCIATES  STOCKS  E  0  RUSSELL INVESTMENT GRADE BOND  MUTUAL FUND  E  B  PRINCIPAL MONEY MARKET FUND  MUTUAL FUND  E  A  SCHWAB CASH RESERVES  CASH  D  A  TIAA - CREF STOCK FUND  MUTUAL FUND  E  0	METROPOLITAN TRANSN ANTH N Y	BOND	D	A		
MANDAN N D RFDG & PMPT - SER D  BOND  D  A  IRA MANAGED BY NAVELLIER & ASSOCIATES  STOCKS  E  0  RUSSELL INVESTMENT GRADE BOND  MUTUAL FUND  E  B  PRINCIPAL MONEY MARKET FUND  MUTUAL FUND  E  A  SCHWAB CASH RESERVES  CASH  D  A  TIAA - CREF STOCK FUND  MUTUAL FUND  E  0						
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RUSSELL INVESTMENT GRADE BOND  MUTUAL FUND  E  B  PRINCIPAL MONEY MARKET FUND  MUTUAL FUND  E  A  SCHWAB CASH RESERVES  CASH  D  A  TIAA - CREF STOCK FUND  MUTUAL FUND  E  0						
RUSSELL INVESTMENT GRADE BOND  MUTUAL FUND  E  B  PRINCIPAL MONEY MARKET FUND  MUTUAL FUND  E  A  SCHWAB CASH RESERVES  CASH  D  A  TIAA - CREF STOCK FUND  MUTUAL FUND  E  0	TRA MANAGED BY NAVELLIER & ASSOCIATES	STOCKS	E.	0		
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SCHWAB CASH RESERVES  CASH  D  A  TIAA - CREF STOCK FUND  MUTUAL FUND  E  0	DDINGIDAL MONEY MADVET EUND	MILITAR T THIND		71		
TIAA - CREF STOCK FUND MUTUAL FUND E 0	FRINCIPAL MONEI MARKEI FUND	MOICAL FUND	T.	A		
TIAA - CREF STOCK FUND MUTUAL FUND E 0	COUNTAIN CACH DECEDING	GP GH		79		
	CAVALCAN REDLAVED	CASH	ט	А		
	TIAN OPER OFFICE PURCE					
Check here ⊠ if continued on attached sheet.	IIAA - CREF STOCK FUND	MUTUAL FUND	E	U .		
Check here ⊠ if continued on attached sheet.						
	. Check here ☒ if continued on attached sheet.					

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS	····		
C. Name and address of each company, association, government	Type of Account or Description of Asset	Asset Value	Income Amount
agency PRINCIPAL BALANCED PORTFOLIO	MUTUAL FUND	(Use Code)	(Use Code) A
EL PASO TX	BOND	В	A
LEWISVILLE TX	BOND	D I	A
MONTGOMERY NJ	BOND	С	A
PROVIDENCE RI	BOND	D	A
SACRAMENTO CA	BOND	D	A
PRINCIPAL PREFERRED SECURITIES - IRA	MUTUAL FUND	E	0
ANACORTES, WA	BOND	C .	A
STERLING FINANCIAL	STOCK	В	0
Principal Equity Income - IRA	mutual fund	E	0
Principal Global Diversified Income Fund	mutual fund	E	0
East Orange New Jersey	bond	С	A
Check here ☑ if continued on attached sheet.			

## COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name BLAKE, KRISTIANNE			Page 7
3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS			
C. Name and address of each company, association, government agency	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Morgan Stanley Callable Note	bond	E	В
Rio Grande City Texas	bond	D	A
Washington State GO	bond	E	В
Russell Global Infastructure	mutual fund	D	A
Russell Balanced Strategy	mutual fund	D	A
iShares High Dividend Equity	ETF	С	A
Principal Income Fund	mutual fund	В	A
El Paso Cnt Texas	bond	C	A
Alerian MLP ETF	ETF	С	A
TECO Energy	Stock	С	A .
Check here ☐ if continued on attached sheet.			



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 PDC FORM

-1

SUPPLEMENT (1/12)

100514156

AMENDMENT

#### **SUPPLEMENT PAGE**

PERSONAL FINANCIAL AFFAIRS STATEMENT

**CONTINUE PARTS B AND C ON NEXT PAGES** 

02-21-2013

PROVIDE II	NFORMATION	FOR YOURSELF, SPOUSE.	REGISTERED DOMES	STIC PARTNER, DEPEND	DENT CHILDRE	EN AND OTHER DEPENDENTS IN
YOUR HOU Last Name		First		Middle Initial		DATE
BLAKE		KRISTIA	ANNE	<del>.</del>		2013-02-21
Λ	OFFICE HEL	Provide the following dependents	ng information if, duri	ng the reporting period,	you, your spou	use, registered domestic partner or
_	INTERESTS	: (1) were an organizati (2) were a p	ion, union, partnership, artner or member of a	joint venture or other entity	y; and/or ed liability part	e owner of a corporation, non-profit nership, limited liability company or pany.
	•	Legal Name: Report name u	used on legal document	s establishing the entity.		
	•	Trade or Operating Name: F	Report name used for b	usiness purposes if differe	nt from the lega	al name.
	•	Position or Percent of Owner				
	•	Brief Description of the Busin		,		ervice(s) rendered
	•	•	tal Unit: If the governr	nental unit in which you h	 old or seek off	ice made payments to the business
<ul> <li>Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture proprietorship, union, association, business or other commercial entity and each government agency (other than the on seek/hold office) which paid compensation of \$10,000 or more during the period to the entity. Briefly say what property, g services or other consideration was given or performed for the compensation.</li> </ul>					ent agency (other than the one you	
	. •	Washington Real Estate: Ide	entify real estate owned	by the business entity if the	ne qualifications	referenced below are met.
ENTITY NO.	. 1			Reporting	For: Self X	Spouse L
		•		Registere	ed Domestic Pa	rtner Dependent D
LEGAL NAM	ΛE:			POS	SITION OR PER	RCENT OF OWNERSHIP
		Traded Funds True	s†		ustee	ioent or ownerton
	_		5.0	11.	ascee	
	OPERATING N Exchange	Traded Funds Tru	st			
ADDRESS: 1301 Se	cond Ave,	18th Floor				
Seattle			WA	98101		
BRIEF DESC	CRIPTION OF	THE BUSINESS/ORGANIZAT	TION:			
		fund (ETF)				
·	e craded	runa (Err)				
PAYMENTS		EIVED FROM GOVERNMENT e of payments	FAL UNIT IN WHICH YO	DU SEEK/HOLD OFFICE:		actual dollars)
PAYMENTS	ENTITY RECE Agency	EIVED FROM OTHER GOVER name:	RNMENT AGENCIES (	OF \$10,000 OR MORE:	Purpose	of payment (amount not required)
PAYMENTS		EIVED FROM BUSINESS CU mer name:	STOMERS OF \$10,000	OR MORE	Purpose	of payment (amount not required)
		ATE IN WHICH ENTITY HEL is over \$20,000. List street a				p in the ENTITY is 10% or more and for each parcel):



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 PDC FORM

SUPPLEMENT

100514156

AMENDMENT

#### SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

**CONTINUE PARTS B AND C ON NEXT PAGES** 

02-21-2013

Last Name	First	Middle Initial	DATE				
BLAKE	KRISTIANNE		2013-02-21				
OFFICE HELD, BUSINESS INTERESTS:	dependents (1) were an officer, director, organization, union, partn (2) were a partner or memb	general partner, trustee, or 10 per ership, joint venture or other entity; a	liability partnership, limited liability company o				
• Legal	l Name: Report name used on legal do	cuments establishing the entity.					
• Trade	rade or Operating Name: Report name used for business purposes if different from the legal name.						
• Positi	Position or Percent of Ownership: The office, title and/or percent of ownership held.						
• Brief	Description of the Business/Organization	on: Report the purpose, product(s), a	and/or the service(s) rendered.				
entity	concerning which you're reporting, sho	ow the purpose of each payment and					
propr seek/	ietorship, union, association, business	or other commercial entity and ear	ach corporation, partnership, joint venture, sole ch government agency (other than the one you d to the entity. Briefly say what property, goods				
• Wash	nington Real Estate: Identify real estate	owned by the business entity if the	qualifications referenced below are met.				
ENTITY NO. 1		Reporting Fo	or: Self 🗓 Spouse 🗌				
		Registered I	Domestic Partner Dependent				
LEGAL NAME:		POSITI	ON OR PERCENT OF OWNERSHIP				
AVISTA CORPORATION		DIRECTOR					
TRADE OR OPERATING NAME: AVISTA CORPORATION							
ADDRESS: 1411 E MISSION AVE							
SPOKANE		WA 99202					
BRIEF DESCRIPTION OF THE B	BUSINESS/ORGANIZATION:						
DIVERSIFIED ENERGY S							
PAYMENTS ENTITY RECEIVED Purpose of pa	FROM GOVERNMENTAL UNIT IN WA ayments	HICH YOU SEEK/HOLD OFFICE:	Amount (actual dollars) \$				
PAYMENTS ENTITY RECEIVED Agency name	FROM OTHER GOVERNMENT AGEN	ICIES OF \$10,000 OR MORE:	Purpose of payment (amount not required)				
PAYMENTS ENTITY RECEIVED Customer na NOT APPLICABLE	FROM BUSINESS CUSTOMERS OF Same:	\$10,000 OR MORE	Purpose of payment (amount not required) EXEMPT AS SET FORTH UNDER F				



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

PDC FORM

SUPPLEMENT

(1/12)

100514156

AMENDMENT

#### SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

02-21-2013

PROVIDE INFORMATYOUR HOUSEHOLD	IRSELF, SPOUSE, REC	GISTERED DOMESTIC PARTNER, DEPENDENT CHILDI	REN AND OTHER DEPENDENTS IN
Last Name	First	Middle Initial	DATE

BLAKE

DATE

KRISTIANNE

2013-02-21

Δ

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
- 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.

proprietorship, union, ass seek/hold office) which p services or other consider	sociation, business or other commercial entity and each aid compensation of \$10,000 or more during the period ration was given or performed for the compensation.  Identify real estate owned by the business entity if the compensation.	ch government agency (other than the one you I to the entity. Briefly say what property, goods,
ENTITY NO. 1	Reporting Fo	or: Self X Spouse
	Registered D	Domestic Partner Dependent
LEGAL NAME:	Ť	ON OR PERCENT OF OWNERSHIP
YMCA Retirement Fund	Trus	tee
TRADE OR OPERATING NAME: YMCA Retirement Fund		
ADDRESS: 140 Broadway		
New York	NY 10005	
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZ	ZATION:	
nonprofit corporation		
PAYMENTS ENTITY RECEIVED FROM GOVERNME Purpose of payments	ENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:	Amount (actual dollars)
PAYMENTS ENTITY RECEIVED FROM OTHER GO' Agency name:	VERNMENT AGENCIES OF \$10,000 OR MORE:	Purpose of payment (amount not required)
PAYMENTS ENTITY RECEIVED FROM BUSINESS ( Customer name:	CUSTOMERS OF \$10,000 OR MORE	Purpose of payment (amount not required)
	HELD A DIRECT FINANCIAL INTEREST (Complete only et address, assessor parcel number, or legal description	

Check here T if continued on attached sheet



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 PDC FORM

1

SUPPLEMENT (1/12)

100514156

AMENDMENT

#### SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

**CONTINUE PARTS B AND C ON NEXT PAGES** 

02-21-2013

PROVIDE INFORMATION YOUR HOUSEHOLD	FOR YOURSELF, SPOUSE, REGISTERED DO	OMESTIC PARTNER, DEPENDEN	NT CHILDREN AND OTHER DEPENDENTS IN
Last Name BLAKE	First KRISTIANNE	Middle Initial	DATE 2013-02-21
A OFFICE HE BUSINESS INTERESTS	dependents (1) were an officer, director, g organization, union, partner (2) were a partner or member	eneral partner, trustee, or 10 per ship, joint venture or other entity; a of a limited partnership, limited not limited to a professional limited	liability partnership, limited liability company or
•	Trade or Operating Name: Report name used	•	rom the legal name.
•	Position or Percent of Ownership: The office,	•	
•	Brief Description of the Business/Organization		` '
•	entity concerning which you're reporting, show		I or seek office made payments to the business the actual amount received.
•	proprietorship, union, association, business of	r other commercial entity and ead \$10,000 or more during the period erformed for the compensation.	ach corporation, partnership, joint venture, sole ch government agency (other than the one you d to the entity. Briefly say what property, goods, qualifications referenced below are met.
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>		
ENTITY NO. 1		Reporting Fo	or: Self X Spouse
		Registered [	Domestic Partner Dependent D
LEGAL NAME:		POSITI	ION OR PERCENT OF OWNERSHIP
PRINCIPAL VARIAE	BLE CONTRACT FUNDS	TRUS	TEE
TRADE OR OPERATING I PRINCIPAL VARIAE	NAMÉ: BLE CONTRACT FUNDS		*
ADDRESS: 711 HIGH STREET			
DES MOINES	כ	IA 50392	
BRIEF DESCRIPTION OF	THE BUSINESS/ORGANIZATION:		
MUTUAL FUND COME	PLEX		
	EIVED FROM GOVERNMENTAL UNIT IN WHIC se of payments	CH YOU SEEK/HOLD OFFICE:	Amount (actual dollars) \$
	EIVED FROM OTHER GOVERNMENT AGENC y name:	IES OF \$10,000 OR MORE:	Purpose of payment (amount not required)
	EIVED FROM BUSINESS CUSTOMERS OF \$1 mer name:	0,000 OR MORE	Purpose of payment (amount not required)
	TATE IN WHICH ENTITY HELD A DIRECT FINA is over \$20,000. List street address, assessor		y if ownership in the ENTITY is 10% or more and a number and county for each parcel):



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711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828 SUPPLEMENT (1/12)

100514156

AMENDMENT

#### SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

02-21-2013

	EMAIL: pac@pac.wa.gov		02-21-201			
PROVIDE INFORMATION YOUR HOUSEHOLD	I FOR YOURSELF, SPOUSE, R	EGISTERED DOMESTIC PAR	RTNER, DEPENDENT CHILD	OREN AND OTHER DEPENDENTS IN		
Last Name	First	M	iddle Initial	DATE		
BLAKE	KRISTIAN	INE		2013-02-21		
A OFFICE HE BUSINESS	dependents			oouse, registered domestic partner or		
INTERESTS	organization (2) were a part	ı, union, partnership, ioint vent	ture or other entity; and/or partnership, limited liability p	nore owner of a corporation, non-profit artnership, limited liability company or ompany.		
•	Legal Name: Report name use	·	•			
•	<ul> <li>Trade or Operating Name: Report name used for business purposes if different from the legal name.</li> </ul>					
•	Position or Percent of Ownersh	nip: The office, title and/or per	cent of ownership held.			
•	Brief Description of the Busines	ss/Organization: Report the p	urpose, product(s), and/or the	service(s) rendered.		
•	Payments from Governmental entity concerning which you're	Unit: If the governmental un reporting, show the purpose o	nit in which you hold or seek of each payment and the actua	office made payments to the business al amount received.		
•	Payments from Business Cust proprietorship, union, associati seek/hold office) which paid co services or other consideration	tomers and Other Governmer ion, business or other commo ompensation of \$10,000 or mo was given or performed for th	nt Agencies: List each corporercial entity and each governore during the period to the endecompensation.	oration, partnership, joint venture, sole inment agency (other than the one you ntity. Briefly say what property, goods,		
•	Washington Real Estate: Ident	ify real estate owned by the b	usiness entity if the qualification	ons referenced below are met.		
ENTITY NO. 1			Reporting For: Self	X Spouse		
			Registered Domestic I	Partner Dependent		
LEGAL NAME:			POSITION OR P	ERCENT OF OWNERSHIP		
RUSSELL INVESTME	ENT COMPANY		TRUSTEE			
TRADE OR OPERATING I						
ADDRESS: 1301 SECOND AVE,	. 18th FLOOR					
SEATTLE		WA 98101				
BBIEF DESCRIPTION OF	THE BUSINESS/ORGANIZATIO					
MUTUAL FUND COME		A4.				
TIOTOTIL TOND COM	ших					
PAYMENTS ENTITY REC	EIVED FROM GOVERNMENTAL	L UNIT IN WHICH YOU SEEK	VHOLD OFFICE:			
Purpos	se of payments		Amoun \$	nt (actual dollars)		
	EIVED FROM OTHER GOVERN y name:	IMENT AGENCIES OF \$10,00		on of payment (amount not required)		
, igono	y name.		Fulpos	se of payment (amount not required)		
	EIVED FROM BUSINESS CUST omer name:	OMERS OF \$10,000 OR MOF		se of payment (amount not required)		
WASHINGTON REAL EST assessed value of property	TATE IN WHICH ENTITY HELD A is over \$20,000. List street add	A DIRECT FINANCIAL INTER ress, assessor parcel number,	EST (Complete only if owners , or legal description and coun	ship in the ENTITY is 10% or more and nty for each parcel):		



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@dc.wa.gov

PDC FORM

SUPPLEMENT (1/12)

100514156

AMENDMENT

#### SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

**CONTINUE PARTS B AND C ON NEXT PAGES** 

02-21-2013

	EMAIL. pac@pac.wa.gov	02 21 2015			
PROVIDE INFORMATION YOUR HOUSEHOLD	FOR YOURSELF, SPOUSE, REGISTERED	DOMESTIC PARTNER, DEPENDENT CHILDI	REN AND OTHER DEPENDENTS IN		
Last Name	First	Middle Initial	DATE		
BLAKE	KRISTIANNE		2013-02-21		
OFFICE HE	LD, Provide the following information in dependents	if, during the reporting period, you, your sp			
INTERESTS	(1) were an officer, director, organization, union, partn (2) were a partner or memb	general partner, trustee, or 10 percent or meership, joint venture or other entity; and/or ler of a limited partnership, limited liability part not limited to a professional limited liability co	rtnership, limited liability company or		
•	Legal Name: Report name used on legal do	cuments establishing the entity.			
<ul> <li>Trade or Operating Name: Report name used for business purposes if different from the legal name.</li> </ul>					
•	Position or Percent of Ownership: The office	• •			
•	·	on: Report the purpose, product(s), and/or the	service(s) rendered.		
•	Payments from Governmental Unit: If the g	governmental unit in which you hold or seek on the purpose of each payment and the actual	office made payments to the business		
•		• • •			
<ul> <li>Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture proprietorship, union, association, business or other commercial entity and each government agency (other than the or seek/hold office) which paid compensation of \$10,000 or more during the period to the entity. Briefly say what property, services or other consideration was given or performed for the compensation.</li> </ul>					
•	Washington Real Estate: Identify real estate	owned by the business entity if the qualification	ns referenced below are met.		
<del></del>					
ENTITY NO. 1		Reporting For: Self 2	Spouse		
		Registered Domestic F	artner Dependent D		
LEGAL NAME:		POSITION OR PI	ERCENT OF OWNERSHIP		
WILLIAM H GATES	CHARITABLE TRUST	TRUSTEE			
TRADE OR OPERATING N	NAME: CHARITABLE TRUST				
ADDRESS: PO BOX 28338					
SPOKANE		WA 99228			
	THE BUSINESS/ORGANIZATION:	WII 33220			
CHARITABLE REMAI	NDER TRUST				
	EIVED FROM GOVERNMENTAL UNIT IN WH		(actual dollars)		
_	EIVED FROM OTHER GOVERNMENT AGEN y name:		of payment (amount not required)		
	EIVED FROM BUSINESS CUSTOMERS OF \$ mer name:	•	e of payment (amount not required)		
		NANCIAL INTEREST (Complete only if owners or parcel number, or legal description and coun			
		·			



Check here  $\hfill \square$  if continued on attached sheet

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SUPPLEMENT

100514156

AMENDMENT

#### SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

02-21-2013

	EMAIL: pac@pac.wa.gov	02-21-2013				
PROVIDE INFORMATION YOUR HOUSEHOLD	FOR YOURSELF, SPOUSE, REGISTERED DOMES	STIC PARTNER, DEPENDENT CHILD	REN AND OTHER DEPENDENTS IN			
Last Name	First	Middle Initial	DATE			
BLAKE	KRISTIANNE		2013-02-21			
A OFFICE HE BUSINESS INTERESTS	dependents		oouse, registered domestic partner or ore 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 of similar entity, including but not limited to a professional limited liability company.					
•						
•	Trade or Operating Name: Report name used for be	usiness purposes if different from the le	egal name.			
•	Position or Percent of Ownership: The office, title a	nd/or percent of ownership held.				
•	Brief Description of the Business/Organization: Rep	oort the purpose, product(s), and/or the	service(s) rendered.			
•	Payments from Governmental Unit: If the governmentity concerning which you're reporting, show the p	nental unit in which you hold or seek ourpose of each payment and the actua	office made payments to the business. I amount received.			
•	Payments from Business Customers and Other G proprietorship, union, association, business or othe seek/hold office) which paid compensation of \$10,0 services or other consideration was given or perform	er commercial entity and each govern 200 or more during the period to the er	ment agency (other than the one you			
•	Washington Real Estate: Identify real estate owned	by the business entity if the qualification	ons referenced below are met.			
ENTITY NO. 1		Reporting For: Self	X Spouse			
		Registered Domestic I	Partner Dependent			
LEGAL NAME:		POSITION OR P	ERCENT OF OWNERSHIP			
	ATES CHARITABLE TRUST	TRUSTEE				
TRADE OR OPERATING		. 11001111				
WH AND MARY M GA	ATES CHARITABLE TRUST					
ADDRESS: PO BOX 28338						
SPOKANE	WA	99228				
BRIEF DESCRIPTION OF	THE BUSINESS/ORGANIZATION:					
CHARITABLE ANNUI						
CHARITABLE ANNUI	III IROSI					
	EIVED FROM GOVERNMENTAL UNIT IN WHICH YOU se of payments		nt (actual dollars)			
_	EIVED FROM OTHER GOVERNMENT AGENCIES C by name:		se of payment (amount not required)			
	EIVED FROM BUSINESS CUSTOMERS OF \$10,000		o of payment (amount not required)			
Ousic	nnoi namo.	rurpos	e of payment (amount not required)			
	TATE IN WHICH ENTITY HELD A DIRECT FINANCIA or is over \$20,000. List street address, assessor parce					



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SUPPLEMENT

(1/12)

100514156

AMENDMENT

#### SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

02-21-2013

PROVIDE INFORMATION I	FOR YOURSELF, SPOUSE, REGISTERED	DOMESTIC PARTNER, DEPENDENT	CHILDREN AND OTHER DEPENDEN	TS IN
Last Name	First	Middle Initial	DATE	
מעות דם	TAID T OUT T A MARKE		0010 00 01	

Λ

OFFICE HELD, BUSINESS INTERESTS:

Check here I if continued on attached sheet

2013-02-21

- 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 X Spouse
	Registered Domestic Partner Dependent
LEGAL NAME:	POSITION OR PERCENT OF OWNERSHIP
KRISTIANNE GATES BLAKE, PS	100%
TRADE OR OPERATING NAME: KRISTIANNE GATES BLAKE, PS	
ADDRESS: PO BOX 28338	
SPOKANE	WA 99228 .
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:	
PUBLIC ACCOUNTING FIRM	
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN Purpose of payments	WHICH YOU SEEK/HOLD OFFICE:  Amount (actual dollars) \$
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AC Agency name:	GENCIES OF \$10,000 OR MORE: Purpose of payment (amount not required)
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS ( Customer name:	OF \$10,000 OR MORE 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):



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711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828 PDC FORM

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AMENDMENT

#### **SUPPLEMENT PAGE**

PERSONAL FINANCIAL AFFAIRS STATEMENT

02-21-2013

	EMAIL: pac@pac.wa.gov		02-21-2013		
PROVIDE INFORMATION YOUR HOUSEHOLD	FOR YOURSELF, SPOUSE, REGISTERED DOMES	STIC PARTNER, DE	EPENDENT CHILDRE	EN AND OTHER DEPENDENTS IN	
Last Name	First	Middle Initial		DATE	
BLAKE	KRISTIANNE			2013-02-21	
OFFICE HELD, BUSINESS INTERESTS:  Provide the following information if, during the reporting period, you dependents  (1) were an officer, director, general partner, trustee, or 10 per organization, union, partnership, joint venture or other entity; a were a partner or member of a limited partnership, limited similar entity, including but not limited to a professional limited			or 10 percent or more er entity; and/or o, limited liability part	e owner of a corporation, non-profit nership, limited liability company or	
•	Legal Name: Report name used on legal document	•		pa.,,,	
Trade or Operating Name: Report name used for business purposes if different from the legal name.					
•	Position or Percent of Ownership: The office, title ar	nd/or percent of owr	nership held.		
•	Brief Description of the Business/Organization: Rep	ort the purpose, pro	oduct(s), and/or the se	ervice(s) rendered.	
•	Payments from Governmental Unit: If the governmentity concerning which you're reporting, show the p				
<ul> <li>Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint ventu proprietorship, union, association, business or other commercial entity and each government agency (other than the essek/hold office) which paid compensation of \$10,000 or more during the period to the entity. Briefly say what property services or other consideration was given or performed for the compensation.</li> </ul>					
•	Washington Real Estate: Identify real estate owned	by the business en	tity if the qualifications	referenced below are met.	
ENTITY NO. 1		Re	porting For: Self X	Spouse	
		Re	gistered Domestic Pa	rtner Dependent D	
LEGAL NAME:			POSITION OR PER	RCENT OF OWNERSHIP	
PRINCIPAL FUNDS			TRUSTEE		
TRADE OR OPERATING PRINCIPAL FUNDS	NAME:				
ADDRESS: 711 HIGH STREET			•		
DES MOINES		50392			
		30392			
	THE BUSINESS/ORGANIZATION:				
MUTUAL FUND COME	PLEX				
	EIVED FROM GOVERNMENTAL UNIT IN WHICH YO se of payments	)U SEEK/HOLD OF		actual dollars)	
	EIVED FROM OTHER GOVERNMENT AGENCIES C by name:	)F \$10,000 OR MOF		of payment (amount not required)	
	EIVED FROM BUSINESS CUSTOMERS OF \$10,000 omer name:	OR MORE	Purpose	of payment (amount not required)	
	TATE IN WHICH ENTITY HELD A DIRECT FINANCIA v is over \$20,000. List street address, assessor parce				



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711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828 PDC FORM

100514156

AMENDMENT

#### SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

		EMAIL: pdc@pdc.	wa.gov	(1/12)	02-21-2013		
PROVIDE II	NFORMATIC	N FOR YOURSELF	, SPOUSE, REGISTERED DOME	ESTIC PARTNER, DI	EPENDENT CHILDRE	EN AND OTHER DEPENDENTS IN	
Last Name			First	Middle Initial		DATE	
BLAKE			KRISTIANNE			2013-02-21	
A	OFFICE H BUSINESS INTEREST	depende S: (1)	ents were an officer, director, general organization, union, partnership were a partner or member of similar entity, including but not the similar entity.	ral partner, trustee, i, joint venture or othe a limited partnership imited to a profession	or 10 percent or mor er entity; and/or o, limited liability part nal limited liability com	se, registered domestic partner or e owner of a corporation, non-profit nership, limited liability company or pany.	
	•	Legal Name: Report name used on legal documents establishing the entity.					
	•	•	ng Name: Report name used for	• •	•	al name.	
	•		ent of Ownership: The office, title	•	•		
•	•	•	of the Business/Organization: Re		• • • •	` '	
	•	entity concerning	which you're reporting, show the	purpose of each pay	ment and the actual a		
	•	proprietorship, u seek/hold office) services or other	nion, association, business or ot which paid compensation of \$10 consideration was given or perfor	her commercial entit ,000 or more during med for the compens	y and each governme the period to the entite sation.	tion, partnership, joint venture, sole ent agency (other than the one you y. Briefly say what property, goods,	
	. •	Washington Rea	Estate: Identify real estate owne	d by the business en	tity if the qualifications	referenced below are met.	
ENTITY NO	. 1			Re	eporting For: Self X	Spouse	
				Re	gistered Domestic Pa	rtner Dependent D	
LEGAL NAM	ΛE·				•	RCENT OF OWNERSHIP	
		ENT FUNDS			TRUSTEE	IDENT OF OWNER OF IT	
	OPERATING				11001111		
		ENT FUNDS					
ADDRESS: 1301 SE	COND AVI	c, 18th FLOOR	₹ .				
SEATTLE			WA	98101			
BRIEF DES	CRIPTION C	F THE BUSINESS/0	ORGANIZATION:				
MUTUAL :	FUND COL	1PLEX					
PAYMENTS		CEIVED FROM GO' ose of payments	VERNMENTAL UNIT IN WHICH Y	YOU SEEK/HOLD OF		actual dollars).	
PAYMENTS		CEIVED FROM OTH acy name:	HER GOVERNMENT AGENCIES	OF \$10,000 OR MO		of payment (amount not required)	
PAYMENTS	_	CEIVED FROM BUS tomer name:	SINESS CUSTOMERS OF \$10,00	00 OR MORE	Purpose	of payment (amount not required)	
			NTITY HELD A DIRECT FINANC List street address, assessor pard			p in the ENTITY is 10% or more and for each parcel):	



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 PDC FORM

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AMENDMENT

#### SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

**CONTINUE PARTS B AND C ON NEXT PAGES** 

02-21-2013

		· · · · · · · · · · · · · · · · · · ·				
PROVIDE INFO YOUR HOUSE		DR YOURSELF, SPOUSE, REGISTERE	D DOMESTIC PARTNER, DEPENDE	NT CHILDREN AND OTHER DEPENDENTS IN		
Last Name		First	Middle Initial	DATE		
BLAKE		KRISTIANNE	<u>.</u>	2013-02-21		
	FICE HELD	Provide the following information dependents	n if, during the reporting period, you	u, your spouse, registered domestic partner or		
	TERESTS:	<ul><li>(1) were an officer, director</li><li>organization, union, par</li><li>(2) were a partner or mer</li></ul>	officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit tion, union, partnership, joint venture or other entity; and/or partnership, limited partnership, limited liability partnership, limited liability company or ntity, including but not limited to a professional limited liability company.			
	• Le	egal Name: Report name used on legal	documents establishing the entity.			
	• Ti	rade or Operating Name: Report name ι	sed for business purposes if different	from the legal name.		
	• P	osition or Percent of Ownership: The offi	ice, title and/or percent of ownership h	eld.		
	• B	rief Description of the Business/Organiza	tion: Report the purpose, product(s),	and/or the service(s) rendered.		
	• P	ayments from Governmental Unit: If the	mental Unit: If the governmental unit in which you hold or seek office made payments to the business you're reporting, show the purpose of each payment and the actual amount received.			
	• Pa pr se	ayments from Business Customers and oprietorship, union, association, busine	Other Government Agencies: List ess or other commercial entity and ean of \$10,000 or more during the perior	each corporation, partnership, joint venture, sole ch government agency (other than the one you d to the entity. Briefly say what property, goods,		
	• W	ashington Real Estate: Identify real esta	ate owned by the business entity if the	qualifications referenced below are met.		
ENTITY NO. 1				or: Self X Spouse		
			Registered	Domestic Partner 🔲 Dependent 🔲		
LEGAL NAME:			POSIT	ION OR PERCENT OF OWNERSHIP		
LAIRD NORI	ON WEALT	TH MANAGEMENT	DIRE	CTOR		
TRADE OR OPE		ME: IH MANAGEMENT				
ADDRESS: 801 SECONE	D AVE, SU	JITE 1600				
SEATTLE	·		WA 98104			
	DTION OF TH	E DURINESS/ODC ANIZATION.	WII 50101			
		E BUSINESS/ORGANIZATION:				
PRIVATELY	HELD WEA	ALTH MANAGEMENT COMPANY				
PAYMENTS EN		ED FROM GOVERNMENTAL UNIT IN V of payments	WHICH YOU SEEK/HOLD OFFICE:	Amount (actual dollars) \$		
PAYMENTS EN	TITY RECEIV Agency na	ED FROM OTHER GOVERNMENT AGE ame:	ENCIES OF \$10,000 OR MORE:	Purpose of payment (amount not required)		
PAYMENTS EN	Custome	ED FROM BUSINESS CUSTOMERS OF name:	F \$10,000 OR MORE	Purpose of payment (amount not required) MODIFICATION REQUESTED		
		E IN WHICH ENTITY HELD A DIRECT over \$20,000. List street address, asses		y if ownership in the ENTITY is 10% or more and and county for each parcel):		



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

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SUPPLEMENT

(<u>1/12)</u>

100514156

AMENDMENT

#### **SUPPLEMENT PAGE**

PERSONAL FINANCIAL AFFAIRS STATEMENT

02-21-2013

PROVIDE INFORMATION FOR YOURSELF	, SPOUSE	, REGISTERED DOMESTIC PARTNE	R, DEPENDENT CHILDREN	NAND OTHER DEPENDENTS IN
YOUR HOUSEHOLD	•	•		

Last Name			First	Middle Initial	DATE				
BLAKE			KRISTIANNE		2013-02-21				
BUSINESS depe			dents ) were an officer, directory organization, union, par e) were a partner or mer	or, general partner, trustee, or 10 per rtnership, joint venture or other entity; a	liability partnership, limited liability company of				
	•	Legal Name: R	leport name used on legal	documents establishing the entity.					
	•	Trade or Opera	rom the legal name.						
	•	<ul> <li>Position or Percent of Ownership: The office, title and/or percent of ownership held.</li> </ul>							
		Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.							
	•	<ul> <li>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.</li> </ul>							
	•	<ul> <li>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.</li> </ul>							
	•	Washington Re	al Estate: Identify real esta	ate owned by the business entity if the o	qualifications-referenced below are met.				
ENTITY NO. 1				Reporting Fo	or: Self X Spouse				
•	•			Registered F	Domestic Partner Dependent				
LEGAL NAM	\ <i>A</i> ⊏•			•	<u> </u>				
ECOVA	vi⊏.			,	ON OR PERCENT OF OWNERSHIP				
		MAKAT.		DIRE	CIOR				
ECOVA	OPERATING	NAIVI⊏;							
ADDRESS:		TIC STREET	. SUITE 5000						
SPOKANE			,	WA 99201					
		THE BUSINESS	/ORGANIZATION:	WII 55201					
				I-SITE ORGANIZATIONS					
11.0 7 11.5 1	02 21202		10110						
PAYMENTS		EIVED FROM GO	OVERNMENTAL UNIT IN V	WHICH YOU SEEK/HOLD OFFICE:	Amount (actual dollars)				
PAYMENTS	Agenc	EIVED FROM 01 y name:	HER GOVERNMENT AGE	ENCIES OF \$10,000 OR MORE:	Purpose of payment (amount not required) MODIFICATION REQUESTED				
	Custo	EIVED FROM BU	JSINESS CUSTOMERS OI	= \$10,000 OR MORE	Purpose of payment (amount not required)				
NOT AVA	TTWDPP				MODIFICATION REQUESTED				
MASHINGT	ON DEAL EST	ATE IN WHICH I	ENTITY HELD A DIDECT I	CINIANIOIAL INTEREST (OI	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  $\square$  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 • Website: www.pdc.wa.gov

June 8, 2012

Kristianne Blake PO Box 28338 Spokane, WA 99228

Subject: Reporting Modification - calendar year 2011

Dear Ms. Blake:

Enclosed is a copy of PDC Order No. 3057, 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.

Sincerely.

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 OF KRISTIANNE BLAKE FOR A REPORTING MODIFICATION

PDC No. 3057 Findings, Conclusions and Order

On May 24, 2012, the application of Kristianne Blake, Post Office Box 28338, Spokane, Washington 99228, 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, Kristianne Blake, by modification application, requested a renewal of the reporting modification that would exempt her from disclosing on her Personal Financial Affairs Statement the business customers that paid \$10,000 or more during 2011 to two entities: Ecova (formerly known as Advantage IQ, Inc.) and Laird Norton Tyee.

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

#### **FINDINGS OF FACT**

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

- 1. Ms. Blake has previously been granted the requested reporting modification, the most recent being Order No. 2989.
- 2. Ms. Blake is a Regent for the University of Washington. Her term of office expires September 30, 2012.
- 3. Ecova: Ms. Blake is a director of Ecova, a provider of energy efficiency and cost management programs and services for multi-site customers and utilities throughout North America. Its primary product lines include expense management services for utility, telecom, and lease needs as well as strategic energy management and efficiency services that include procurement, conservation, performance reporting, financial planning, and energy efficiency program management for commercial enterprises and utilities. For 2011, Ecova, had annual sales revenues of \$126.8 million, with 853 customers and 1,101 employees. Of these customers, 600 paid the entity over \$10,000 in 2011.

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

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

Kristianne Blake PDC Modification No. 3057 Page 2

- 4. Ms. Blake said she is not involved in the day-to-day operations of the business and does not have access to information about the entity's customers. She said that as a board member, she does not deal with individual customer accounts. She said that the reporting requirements do not relate to a business customer that would be subject to the regulatory authority of her appointed position.
- 5. Ms. Blake stated that disclosing the business customers of Ecova would adversely affect the competitive position of the company and in many cases their customer agreements preclude them from disclosing their relationship. She also stated that it is an unreasonable hardship to her because Ecova is unwilling to provide the information to her.
- 6. <u>Laird Norton Tyee</u>: Ms. Blake is a director of Laird Norton Tyee, a privately held wealth management firm that had \$3.524 billion in assets under their management for 402 clients in 2011, and 79 employees. She said that Laird Norton Tyee serves high-net-worth clients including individuals, families, private foundations and nonprofit organizations with investment stewardship, personal strategic planning, generation-to-generation wealth transfer, and family and business governance. She stated that a total of 359 clients of Laird Norton Tyee would be subject to disclosure.
- 7. Ms. Blake stated the industry and market place in which Laird Norton Tyee markets and provides its services to customers is highly competitive. She also said that the entity is unwilling to provide her with information regarding clients and client payments because it would violate the firm's client privacy policy.
- 8. Ms. Blake said she is a non-executive director of Laird Norton Tyee. She is not involved in the day-to-day operations of the business and does not have access to the business customer information. She stated that she has no knowledge of the entities paying more than \$10,000 to Laird Norton Tyee and the company does not disclose the identities of its clients or its transactions to the board of directors.
- 9. Ms. Blake stated that the University of Washington did not conduct any business with and made no payments to Ecova or Laird Norton Tyee during 2011.

#### **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:

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

Kristianne Blake PDC Modification No. 3057 Page 3

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(1)(g)(ii)<sup>4</sup> without identifying the reportable business customers of Ecova.
- 2. The applicant may satisfy the reporting requirements of RCW 42.17.241(1)(g)(ii)<sup>4</sup> without identifying the reportable business customers of Laird Norton Tyee.
- 3. 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 8th day of June, 2012.

FOR THE PUBLIC DISCLOSURE COMMISSION

Andrea McNamara Doyle

**Executive Director** 

I, <u>Frishin Mur phy</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.

Signed

Date

<sup>&</sup>lt;sup>4</sup> RCW 42.17.241 now codified at RCW 42.17A.710 (effective January 1, 2012).