

MODIFICATION REQUEST COVER SHEET

Name of Filer	LAURA INVEEN
Reporting Period	<input checked="" type="checkbox"/> Annual report – calendar years 2012 and 2013 <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 August 28, 2008</u> <input type="checkbox"/> Renewal with Change
Office Held/Sought & Term	Superior Court Judge, King County Elected term expires December, 2016
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 checked="" type="checkbox"/> Spousal: Interpretation #02-06 <input type="checkbox"/> WAC
Supporting Documents (attached)	<input checked="" type="checkbox"/> Current F-1 <input checked="" type="checkbox"/> Previous F-1 (calendar year 2012) <input checked="" type="checkbox"/> Modification Application (calendar year 2013) <input checked="" type="checkbox"/> Modification Application (calendar year 2012) <input checked="" type="checkbox"/> Prior order (if renewal) – <u>Order # 3064</u>
Reason(s) for Modification (as stated by filer)	<ul style="list-style-type: none"> • Judge Inveen is requesting renewal of the reporting modification that would exempt her from disclosing the business and other governmental customers that paid \$10,000, during 2012 and 2013, to Kirkpatrick, Lockhart, Preston, Gates & Ellis (K & L Gates), a large law firm of which her spouse is a member with less than 1% ownership interest. • Judge Inveen said that K & L Gates had over \$1 billion dollars in revenue, with more than 13,000 business clients. The firm has 2,000 attorneys and more than 3,000 other employees in 48 offices throughout the United States and worldwide. She stated that more than 6,000 customers would be subject to disclosure. • Judge Inveen stated that it would be a logistical hardship to provide a list of reportable business and other governmental customers of K & L Gates. She said it would also be virtually impossible to review all of the clients to determine which would have a privacy interest, or would need to give permission to have their information disclosed, as many entities do not wish the fact that they are employing a law firm to be disclosed. • Judge Inveen stated that her husband is not part of the governing structure of the firm, and does not have immediate access to the law firm's client lists without making a special request. • Judge Inveen said that she has no connection with K & L Gates. She stated that as a judge, she recuses herself from hearing any matters handled by K & L Gates, whether she knows the lawyer or not. She stated that she has made herself aware of her husband's clients and does not handle these clients' matters.
Staff Recommendations	Approve renewal of the reporting modification with no change.

Washington State Public Disclosure Commission
Personal Financial Affairs Statement
Reporting Modification Application Questionnaire, Instructions And Certification
August 2008



RECEIVED

APR 21 2014

Application Questionnaire Instructions

Public Disclosure Commission

The purpose of the Public Disclosure Act in chapter RCW 42.17 includes at RCW 42.17.010(3):

“That the people shall be assured that the private financial dealings of their public officials, and of candidates for those offices, present no conflict of interest between the public trust and private interest.”

The form for providing disclosures of financial affairs is the F-1 Personal Financial Affairs Statement. The Act also provides for a process to seek a modification or suspension of reporting some information. RCW 42.17.370(10) states in part:

*“After hearing, by order approved and ratified by a majority of the membership of the commission, [the commission is empowered to] suspend or modify any of the reporting requirements of this chapter in a particular case if it finds that literal application of this chapter works a **manifestly unreasonable hardship** and if it also finds that the suspension or modification will not **frustrate the purposes of the chapter...***

... Any suspension or modification shall be only to the extent necessary to substantially relieve the hardship. The commission shall act to suspend or modify any reporting requirements only if it determines that facts exist that are clear and convincing proof of the findings required under this section.” (Emphasis added).

Possible qualifications for modifications or suspensions (referred to collectively as “modifications”) are found at RCW 42.17.370(10) and WAC 390-28-100. Copies of these provisions and reporting requirements are on the PDC’s website at www.pdc.wa.gov under “Laws and Rules.” The *Personal Financial Affairs Statement Instruction Manual* is also available on the website, under “Filer Resources – Manuals and Brochures.” The Commission has also adopted Interpretations addressing modifications for certain professions and situations, and those are also available under “Laws and Rules” then “Interpretations.” Modifications, if granted by the Commission, cover only one reporting period. Another application must be made in the following years if you still need a modification.

PDC staff has implemented this application procedure for filers requesting an F-1 Reporting Modification from the Commission. This is designed to provide more uniform information to the Commission from filers seeking a modification, and to enable a quicker response to possible questions about a request from the Commission at the hearing. **Please fill out this Application Questionnaire prior to having a modification request taken to the full Commission for consideration.** The blanks in this document will expand to accommodate your answers. **It is suggested that you review this entire Application Questionnaire first, before filling out your answers.**

✓ **If you are requesting a modification, whether new or a renewal of an earlier request, please:**

- (1) **Complete or review** your filed Personal Financial Affairs Statement (PDC Form F- 1) including Supplemental attachments (except for the information for which you are seeking a modification – leave the relevant sections or lines blank on the F-1 form at this time);
- (2) **Answer all questions (# 1 – # 8)** on this Application Questionnaire, unless otherwise directed below,
- (3) **Sign the Certification** if you do not intend to be present at the Commission hearing on your modification request, and
- (4) **Return** this Application Questionnaire to the PDC via e-mail, mail, fax or other delivery (and also send the original of the Certification to the PDC).

- Please note, however, that while this Application Questionnaire for filers seeking a modification can be returned to the PDC in several ways, **F-1 forms cannot be filed by fax or e-mail**. See filing instructions in the *Personal Financial Affairs Statement Instruction Manual*.

✓ **Other items to consider:**

- Filers for which a PDC Interpretation may apply. As noted, the Commission has adopted Interpretations for specific filers that are requesting modifications. Those filers include attorneys, automobile dealers, judges and judicial candidates, and spouses of elected and appointed officials, and also include candidates for public office. If you qualify as a filer under an Interpretation, please review the applicable Interpretation and provide the information pursuant to the Interpretation as part of your F-1 or F-1 Supplement forms. Copies of the Interpretations are available on the PDC website at www.pdc.wa.gov under “Laws & Rules” then “Interpretations.”
- Competitive disadvantage. If you are claiming a competitive disadvantage (in disclosing information), you must describe in detail the competitive environment in which the entity operates and explain how disclosure would likely affect the competitive position of the entity.

✓ **Please carefully review your F-1 and/or F-1 Supplement to ensure each form is fully completed.** Here are some commonly overlooked areas:

- Do you make the buy and sell decisions with regard to the IRA’s, stocks and other securities listed as retirement or income generating assets in Section 3c of your F-1? **If the answer is YES** (if you control the buy and sell decisions) **you must identify the individual securities or mutual funds held.**
- Did you disclose all of your retirement accounts (i.e. IRA, 401 k, deferred compensation, PERS 1, 2, 3 or TRS or LEOFF, etc.)?
- Did you complete all of the questions in Section 5 of the F-1?

Questions? If you have questions, you may contact PDC staff at (360) 753-1111; 1-877-601-2828 (toll-free in Washington State). The PDC Fax number is: (360) 753-1112. E-mail: pdc@pdc.wa.gov. The PDC address is on the last page of this form (Certification).

Application Questionnaire

Background Information

Filer Name: Laura C. Inveen

Filer Office Held or Sought: King County Superior Court # 48

Date of Request: April 16, 2014

Period Covered by Request: 2013

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).

The information I am seeking to exclude is the reportable business and other governmental customers of clients of the law firm of K&L Gates, LLP, other than those whose identities are known to me and whose interests are significantly affected by the King County Superior Court.

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.
- **My spouse is an attorney and partner at K&L Gates, LLP, a world wide law firm, which, according to the firm's website, employs nearly 2000 lawyers in 48 offices on 5 continents, with revenues exceeding \$1 billion. His ownership interest is less than one percent. He is not a member of management and is not regularly involved with K&L Gates' clients other than his own. Disclosure could result in a violation of confidential attorney client communications.**

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

I have no have personal knowledge of this, and no access to the information, other than above.

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

I have no personal knowledge of this, nor access to the information. In preparation for prior years' modification applications, I was informed by my husband "more than 6000". Media accounts posted on the firm's website represents the firm is growing, and I have no reason to believe the number has decreased.

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

I do not.

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

I am not involved in any way with the operations of the firm. Information concerning the identities of the firm's clients and fees paid by them is not available to me.

- 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.
- **I have no knowledge of whether there are lists in public sources, publications, or public records. However, it is possible that certain information about some clients may be determined as follows: 1. Public court files where K&L Gates is identified as legal counsel; 2. Clients of K&L Gates that are publicly traded may have public reporting requirements that require disclosure of their payments to law firms; 3. Amounts paid by public entity clients may be determinable through a public disclosure request directed to a public entity.**
- Describe if any of the entity's customers or sources of compensation/income are already listed on a website.

On April 15, 2013, I looked at the firm's website, and saw that it provides a list of what the site calls "representative clients" that "have kindly granted us permission to include them on this list". See:

<http://www.klgates.com/aboutus/xpqGC.aspx?xpST=AboutUsGeneral&key=6da74838-24f7-4c6d-962d-9276d45a3e12&activeEntry=7ac14b3e-400e-4efc-be60-c7b7447809d0>

If the entity has a website address, list it here: <http://www.klgates.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:

[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.

I believe so. However, it would be logistically difficult, and I do not have the authority to make such a request.

- 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.

Those in Washington state my husband worked on.

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

I do not, nor does my husband.

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

Yes.

- 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.

Not only would it be a logistical hardship to obtain this information, it would be virtually impossible to review all of the clients to determine which would have a privacy interest, or would need to give permission to have their law firm payments disclosed. For a variety of reasons, many entities do not wish the fact they are employing law firms to be disclosed.

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.

As a judge, I recuse myself from hearing any matters handled by the lawfirm of K&L Gates, whether I know the lawyer or not. I have made myself aware of clients my husband works with directly, and I do not handle any of these clients' matters. I purposely refrain from these matters so there is no conflict of interest. As a judge I have an ethical obligation not to handle any matter where I have any kind of pecuniary or other interest, and I do not do so.

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.

Trial court judge in King County Superior Court. I preside over all types of litigation in this court of general jurisdiction: criminal, family, and general civil litigation.

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.

My husband is a member of this huge law firm. I have no connection with it. He is not part of the governing structure of the firm and thus does not have immediate access to its clients and workings, without making a special request. It is not something he is ordinarily exposed to, and it is not something we discuss.

- 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?

No.

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.
-

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.

N/A

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.)



- **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.**

**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 the application request: April 16, 2014

Entity or name of individual
requesting reporting modification: Laura C. Inveen

Your signature: *Laura C. Inveen*

Your printed name: Laura C. Inveen

Business street address: 516 3rd Avenue/ King County Superior Court

City, state and zip code: Seattle, WA 98104

Telephone number: (206) 296- 9268

E-Mail Address: laura.inveen@kingcounty.gov

Date Signed: April 16, 2014

Place Signed (City and County):

Seattle
City

King
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

Application Questionnaire

Background Information

Filer Name: Laura C. Inveen

Filer Office Held or Sought: King County Superior Court # 48

Date of Request: April 15, 2012

Period Covered by Request: 2012

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.

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- My spouse is an attorney and partner at K&L Gates, LLP, a world wide law firm, which, according to the firm's website, employs nearly 2000 lawyers in 41 offices on 4 continents, with revenues exceeding \$1 billion. His ownership interest is less than one percent. He is not a member of management and is not regularly involved with K&L Gates' clients other than his own. Disclosure could result in a violation of confidential attorney client communications.

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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?

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N/A

- 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.)
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➤ **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.**

**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 the application request: April 15, 2013

Entity or name of individual
requesting reporting modification: Laura C. Inveen

Your signature: *Laura C. Inveen*

Your printed name: Laura C. Inveen

Business street address: 516 3rd Avenue/ King County Superior Court

City, state and zip code: Seattle, WA 98104

Telephone number: (206) 296- 9268

E-Mail Address: laura.inveen@kingcounty.gov

Date Signed: April 14, 2013

Place Signed (City and County):


Seattle
City

King
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

 PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	PDC FORM F-1 (1/12)	PERSONAL FINANCIAL AFFAIRS STATEMENT	PDC OFFICE USE 100563105
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Refer to instruction manual for detailed assistance and examples. Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position. SEND REPORT TO PUBLIC DISCLOSURE COMMISSION	DOLLAR CODE 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	Covers: 2013 Received: 04-16-2014
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Last Name First Middle Initial INVEEN LAURA C	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. BILL SHAW SP SON D
Mailing Address (Use PO Box or Work Address) 516 3RD AVE C-203 City County Zip + 4 SEATTLE KING 981042381	

Filing Status (Check only one box.) <input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature	Office Held or Sought Office title: SUPERIOR COURT JUDGE _____ County, city, district or agency of the office, name and number: KING CO SUPERIOR COURT Position number: _____ Term begins: 01-14-2013 ends: 01-06-2017
---	--

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. (Report interest and dividends in Item 3 on reverse)		
Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)	
S	KING COUNTY SUPERIOR COURT 516 3RD AVENUE SEATTLE WA	JUDGE	E	
SP	KIRKPATRICK & LOCKHART, PRESTON, 925 4TH AVENUE, STE 2900 SEATTLE WA 98104	ATTORNEY	E	
Check Here <input checked="" type="checkbox"/> if continued on attached sheet				

2	REAL ESTATE	List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$10,000 in which you or a family member, including 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		10008 86th Ave. GIG HARBOR WA 98332			0 0
Check here <input checked="" type="checkbox"/> if continued on attached sheet					

CONTINUE ON NEXT PAGE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS **List bank and savings accounts, insurance policies, stock, bonds and other intangible property held during the reporting period.**

A. 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 Amount (Use Code)
Chase Bank 1201 3RD AVE SEATTLE WA 98104	CHECKING	D	A
B. 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.			
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. KIRKPATRICK & LOCKHART, PRESTON GATES & 924 4TH AVENUE, STE. 2900 SEATTLE WA 98104	LAW FIRM	E	A

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	AMOUNT (USE CODE)	
			Original	Present

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? 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? 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? 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 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.
- 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? 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.

<p>ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p>*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.</p>	<p>CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.</p> <p><u>Laura Inveen</u> <u>04-16-2014</u></p> <p>Signature Date</p> <p>Contact Telephone: 2062969268 *</p> <p>Email: <u>laura.inveen@kingcounty.go</u> (work)*</p> <p>Email: _____ (Home) Optional</p>
--	---

INCOME CONTINUED

F-1

Name INVEEN, LAURA C

Page 3

1

INCOME

Show Self (S)
Spouse (SP)
Dependent (D)

Name and Address of Employer or Source of Compensation

Occupation or How Compensation
Was Earned

Amount:
(Use Code)

SP

Tim Benz
10008 86th Ave. NW
GIG HARBOR WA 98332

rent

B

Check Here if continued on attached sheet

ALL OTHER REAL ESTATE CONTINUED

F-1

Name **INVEEN, LAURA C** 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 Amount	
					Original	Current
LOT 24-25, DAVIS ADDITION, N. 20 FT. 24, ALL OF 25	E	Chase Bank Broadway Seattle WA 98104	15 year mortgage at 4+%, as well as	DOT	E	E
Pierce county parcels 0122344051, 0122344011,	E	WA			0	0

Check here if continued on attached sheet

FINANCIAL INSTITUTIONS CONTINUED

F-1

Name INVEEN, LAURA C

Page 5

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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)
WELLS FARGO BANK - SIOUX FALLS	CHECKING	B	A
Charles Schwab Bank	Brokerage account	E	A

Check here if continued on attached sheet.

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name INVEEN, LAURA C

Page 6

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

G. Name and address of each company, association, government agency	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
PERS 1 STATE OF WASHINGTON PO BOX 48380 OLYMPIA	RETIREMENT	E	A
COMMITTEE FOR DEFERRED WA	LCI - RETIREMENT	E	A
ACT	Stock	B	0
AMZN	stock	B	0
AMT	stock	B	0
BUD	stock	B	0
AAPL	stock	A	0
BRKB	stock	B	0
BLK	stock	B	0
BA	stock	B	A
CVS	stock	B	0
CELG	stock	B	0

Check here if continued on attached sheet.

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name INVEEN, LAURA C

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)
CERN	stock	B	0
CVX	stock	B	0
C	stock	B	0
CTSH	stock	B	0
CL	stock	B	0
COST	stock	B	0
COV	stock	B	0
DHR	stock	B	0
DFS	stock	B	0
EOG	stock	B	0
ETN	stock	B	0
EBAY	stock	B	0

Check here if continued on attached sheet.

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name INVEEN, LAURA C

Page 8

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)
ECL	stock	B	0
FDX	stock	B	0
FIX	stock	B	0
F	stock	B	A
GE	stock	B	A
GIS	stock	B	A
GOOG	stock	B	0
GOOGL	stock	B	0
HES	stock	B	0
HPQ	stock	B	0
HD	Stock	B	0
HON	stock	B	0

Check here if continued on attached sheet.

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name INVEEN, LAURA C

Page 9

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)
JNJ	stock	B	0
LRCX	stock	B	0
LNKD	stock	B	0
MAR	stock	B	0
MMC	stock	B	0
MCK	stock	B	0
MET	stock	B	0
KORS	stock	B	0
MSFT	stock	E	B
MDLZ	stock	B	0
NOV	stock	B	0
Nordstrom	stock	C	A

Check here if continued on attached sheet.

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name INVEEN, LAURA C

Page 10

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)
OXY	stock	B	0
PEP	stock	B	0
PEP	stock	B	0
PFE	stock	B	0
PX	stock	B	0
QCOM	stock	B	0
ROP	stock	B	0
SBUX	stock	E	A
SRCL	stock	B	0
PCLN	stock	B	0
TMO	stock	B	0
TRW	stock	B	0

Check here if continued on attached sheet.

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name INVEEN, LAURA C

Page 11

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)
USB	stock	B	0
UNP	stock	B	0
UTX	stock	B	0
VFC	stock	B	0
VLO	stock	B	0
VZ	stock	B	0
V	stock	B	0
WFC	stock	B	0
WFM	stock	B	0
WEC	stock	B	0
YHOO	stock	B	0
IJH	ETF	C	A

Check here if continued on attached sheet.

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name INVEEN, LAURA C

Page 12

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)
EPP	ETF	B	A
IWS	ETF	B	A
IJT	ETF	B	A
EFA	ETF	B	A
PRFZ	ETF	B	A
GMF	ETF	B	A
VWO	ETF	B	A
VSS	ETF	B	A
VGK	ETF	B	A
VB	ETF	B	A
RJI	ETF	B	A
AML P	ETF	B	A

Check here if continued on attached sheet.

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name INVEEN, LAURA C

Page 13

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)
DJP	ETF	B	A
XVZ	ETF	B	A
IEI	ETF	B	A
PRF	ETF	B	A
SJNK	ETF	B	A
VCSH	ETF	B	A
VIG	ETF	B	A
VUG	ETF	B	A
VV	ETF	B	A
WDII	ETF	B	A
IWD	ETF	B	A
EFA	ETF	B	A

Check here if continued on attached sheet.

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name INVEEN, LAURA C

Page 14

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)
IWF	stock	B	A
IWM	ETF	B	A
PIOTX	Mutual Fund	D	A
VGSIX	Mutual fund	B	A
City of Minneapolis	fixed income	B	A
City of Portsmouth	stock	B	A
County of Granville	fixed income	B	A
Massachusetts	fixed income	B	A
State of Alaska	fixed income	B	A
Allergan	fixed income	B	A
Anheuser Busch	fixed income	B	A
Bank of America	fixed income	B	A

Check here if continued on attached sheet.

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name INVEEN, LAURA C

Page 15

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)
BB&T Corp	Fixed Income	B	A
Bear Stearns	fixed income	B	A
Berkshire Hathaway	fixed income	B	A
Charles Schwab	fixed income	B	A
Comcast	fixed income	B	A
Ei Dupont	fixed income	B	A
General Electric	fixed income	B	A
Honeywell	fixed income	B	A
Intel	fixed income	B	A
Kimberly Clark	fixed income	B	A
Monstanto Co	fixed income	B	A
Precision Castparts	fixed income	B	A

Check here if continued on attached sheet.

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name INVEEN, LAURA C

Page 16

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)
The Boeing Co	fixed income	B	A
The Home Depot	fixed income	B	A
US Bancorp	fixed income	B	A
Unitedhealth Group	fixed income	B	A
UPS, Inc.	fixed income	B	A
Walt Disney Co	fixed income	B	A
Wells Fargo	fixed income	B	A

Check here if continued on attached sheet.



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

PDC FORM
F-1
 SUPPLEMENT
 (1/12)

100563105
SUPPLEMENT PAGE
 PERSONAL FINANCIAL AFFAIRS STATEMENT
 04-16-2014

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

Last Name INVEEN	First LAURA	Middle Initial C	DATE 2014-04-16
---------------------	----------------	---------------------	--------------------

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:

KIRKPATRICK & LOCKHART, PRESTON, GATES, & ELLIS

POSITION OR PERCENT OF OWNERSHIP
MEMBER

TRADE OR OPERATING NAME:

K&L GATES

ADDRESS:

925 4TH AVENUE
 SEATTLE WA 98104

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

LAW FIRM

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments Amount (actual dollars)
 \$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name: Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

Customer name: Purpose of payment (amount not required)
 Per PDC Order No. 3064 (request for updated approval) Per PDC Order No (request for

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGES



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

PDC FORM
F-1
 SUPPLEMENT
 (1/12)

100563105

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

04-16-2014

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

Last Name INVEEN	First LAURA	Middle Initial C	DATE 2014-04-16
---------------------	----------------	---------------------	--------------------

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:

Recovery Cafe/Friends of Recovery Cafe

POSITION OR PERCENT OF OWNERSHIP

Board Member

TRADE OR OPERATING NAME:

Recovery Cafe

ADDRESS:

2022 Boren Ave
 Seattle WA 98121

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Non-profit organization to provide place of "refuge, headling and hope" for those traumatized by homelessness, addiction and mental health challenges"

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments	Amount (actual dollars) \$
---------------------	-------------------------------

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name: King County (Federal Access to Recovery funds)	Purpose of payment (amount not required) Case management services
--	--

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

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

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

2022 Boren Avenue, Seattle, WA 98121

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGES



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
 PO BOX 40908
 OLYMPIA WA 98504-0908
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PDC FORM
F-1
 SUPPLEMENT
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100563105

SUPPLEMENT PAGE
 PERSONAL FINANCIAL AFFAIRS STATEMENT
 04-16-2014

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

Last Name INVEEN	First LAURA	Middle Initial C	DATE 2014-04-16
---------------------	----------------	---------------------	--------------------

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:

DOWNTOWN EMERGENCY SERVICES CENTER

POSITION OR PERCENT OF OWNERSHIP

DIRECTOR

TRADE OR OPERATING NAME:

DESC

ADDRESS:

515 THIRD AVENUE

SEATTLE

WA 98104

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

NON-PROFIT ORGANIZATION TO PROVIDE SERVICES FOR HOMELESS PEOPLE INCLUDING SHELTER AND HOUSING, INF

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)

CITY OF SEATTLE

SERVICES FOR HOMELESS

KING COUNTY

SERVICES FOR HOMELESS

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGES

PAYMENTS FROM OTHER GOVERNMENT AGENCIES

F-1 Supplement

Name **INVEEN, LAURA C** 2

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name:	Purpose of payment (amount not required)
STATE OF WASHINGTON	SERVICES FOR HOMELESS
US DEPT. OF HOUSING AND URBAN DEVELOPMENT	SERVICES FOR HOMELESS
US DEPT. OF HEALTH AND HUMAN SERVICES	SERVICES FOR HOMELESS

Check here if continued on attached sheet

FOOD TRAVEL SEMINARS

F-1 Supplement

Name **INVEEN, LAURA C** 2

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)
02-27-2013	State Justice Institue Washington DC	Tuition scholarship to attend National Council of Juvenile	\$ 750	A

Check here if continued on attached sheet

Refer to instruction manual for detailed assistance and examples. Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position. SEND REPORT TO PUBLIC DISCLOSURE COMMISSION	DOLLAR CODE 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	Covers: 2012 Received: 04-15-2013
--	--	--

Last Name First Middle Initial INVEEN LAURA C	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) 516 3RD AVE C-203 City County Zip + 4 SEATTLE KING 981042381	BILL SHAW SP SON D SON D
--	--------------------------------

Filing Status (Check only one box.) <input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature	Office Held or Sought Office title: SUPERIOR COURT JUDGE _____ County, city, district or agency of the office, name and number: KING CO SUPERIOR COURT Position number: _____ Term begins: 01-14-2013 ends: 01-06-2017
---	---

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. (Report interest and dividends in Item 3 on reverse)		
Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)	
S	KING COUNTY SUPERIOR COURT 516 3RD AVENUE SEATTLE WA	JUDGE	E	
SP	KIRKPATRICK & LOCKHART, PRESTON, 925 4TH AVENUE, STE 2900 SEATTLE WA 98104	ATTORNEY	E	
Check Here <input checked="" type="checkbox"/> if continued on attached sheet				

2	REAL ESTATE	List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$10,000 in which you or a family member, including 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 10008 86TH AVE. NW , GIG HARBOR Check here <input checked="" type="checkbox"/> if continued on attached sheet	E	10008 86th Ave. GIG HARBOR WA 98332		0 0

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS	List bank and savings accounts, insurance policies, stock, bonds and other intangible property held during the reporting period.		
A. Name and address of each bank or financial institution in which you 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 Amount (Use Code)
Chase Bank 1201 3RD AVE SEATTLE WA 98104	CHECKING	D	A
B. 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.			
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.			
KIRKPATRICK & LOCKHART, PRESTON GATES & 924 4TH AVENUE, STE. 2900 SEATTLE WA 98104	LAW FIRM	E	A

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

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? X 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? 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? 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 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.
- 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? 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? X If yes to either or both questions, complete Supplement, Part C.

<p>ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p>	<p>CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.</p> <p><u>Laura C. Inveen</u> 04-15-2013 Signature Date</p> <p>Contact Telephone: 2062969268 *</p> <p>Email: <u>laura.inveen@kingcountygov</u> (work)*</p> <p>Email: _____ (Home) Optional</p>
--	---

*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.

INCOME CONTINUED

F-1

Name INVEEN, LAURA C

Page 3

1**INCOME**Show Self (S)
Spouse (SP)
Dependent (D)

Name and Address of Employer or Source of Compensation

Occupation or How Compensation
Was EarnedAmount:
(Use Code)

S	Portland State University P.O. Box 751 PORTLAND OR 92701	Judicial trainer	A
SP	Tim Benz 10008 86th Ave. NW GIG HARBOR WA 98332	rent	B

Check Here if continued on attached sheet

ALL OTHER REAL ESTATE CONTINUED

F-1

Name INVEEN, LAURA C

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 Amount	
					Original	Current
LOT 24-25, DAVIS ADDITION, N. 20 FT. 24, ALL OF 25	E	Chase Bank Broadway Seattle WA 98104	15 year mortgage at 4+%, as well as	DOT	E	E
Pierce county parcels 0122344051, 0122344011,	E	WA			0	0

Check here if continued on attached sheet

FINANCIAL INSTITUTIONS CONTINUED

F-1

Name

INVEEN, LAURA C

Page

5

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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)
WELLS FARGO BANK - SIOUX FALLS	CHECKING	B	A
Charles Schwab Bank	Brokerage account	E	A

Check here if continued on attached sheet.

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name INVEEN, LAURA C

Page 6

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)
OGDEN MURPHY WALLACE PROFIT AD	RETIREMENT	C	A
PIONEER FUND CLA 60 STATE ST. BOSTON MA 02109	MUTUAL FUND	C	A
PIONEER VALUE FUND BOSTON MA 02109	MUTUAL FUND	D	A
SCHWAB GE30 RNWK 30	UTMA - SON	B	A
DREYFUS MUNICIPAL BOND PO BOX 105 NEWARK NEWARK NJ 07101	bond fund	A	A
Morgan Stanley SMITH BARNEY - MONEY 999 3rd Ave #4500 Seattle WA 98104	UGMAS - SONS	D	A
PERS 1 STATE OF WASHINGTON PO BOX 48380 OLYMPIA	RETIREMENT	E	A
COMMITTEE FOR DEFERRED WA	LCI - RETIREMENT	E	A
General Electric (GE)	stock	B	A
Microsoft (MSFT)	stock	E	B
Real Network	stock	A	A
Amgen	stock	B	A

Check here if continued on attached sheet.

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name INVEEN, LAURA C

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)
E Digital	stock	A	0
Ford	stock	B	0
Starbucks	stock	E	A
Nordstrom	stock	D	A
Bank of America	stock	B	0
Costco	stock	B	0
EMC Corp Mass (EMC)	stock	A	0
Elan Corp	stock	B	0
Infospace	stock	A	0
Kroger	stock	B	A
NETAPP Inc.	stock	B	0
Acadian Emerg Mkts	Mutual Fund	B	A

Check here if continued on attached sheet.

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name INVEEN, LAURA C

Page 8

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)
Boeing	stock	B	A
Invesco Charter Fd CLA	mutual fund	D	A
William Blair Small Cap	Mutual Fund	B	A
Dodge & Cox Income Fund	Bond fund	B	A
Columbia Select Small Cap	mutual fund	B	A
Dodge & Cox Stock Fund	mutual fund	B	A
Marsico Focus Fund	mutual fund	B	A
Stratton Small Cap Value	mutual fund	B	A
T Rowe Price Emerging	mutual fund	B	A
Third Avenue Real Estate	mutual fund	B	A
Vanguard Reit Index Fund	mutual fund	B	A
T Rowe Price Ret 2020	mutual fund	E	A

Check here if continued on attached sheet.

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name INVEEN, LAURA C

Page 9

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)
PIMCO Total Return, Inst	Bond fund	E	A
Growth of Amer R5	mutual fund	E	A
Vanguard Inst. Index	mutual fund	E	B
IVK Equity Income	mutual fund	A	A
MIPS	stock	A	0
F5 Networks	stock	B	0
Poniard (PARD)	stock	A	0
JRA - 2020 Retirement Strategy Fund	mutual fund	E	A

Check here if continued on attached sheet.



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

PDC FORM
F-1
SUPPLEMENT
 (1/12)

100509026

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

04-15-2013

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

Last Name	First	Middle Initial	DATE
INVEEN	LAURA	C	2013-04-15

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:

KIRKPATRICK & LOCKHART, PRESTON, GATES, & ELLIS

POSITION OR PERCENT OF OWNERSHIP

MEMBER

TRADE OR OPERATING NAME:

K&L GATES

ADDRESS:

925 4TH AVENUE

SEATTLE

WA 98104

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

LAW FIRM

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

Customer name:

Purpose of payment (amount not required)

Per PDC Order No. 3064 (request for updated approval)

LEGAL FEES

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGES

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

Last Name INVEEN	First LAURA	Middle Initial C	DATE 2013-04-15
---------------------	----------------	---------------------	--------------------

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:

DOWNTOWN EMERGENCY SERVICES CENTER

POSITION OR PERCENT OF OWNERSHIP

DIRECTOR

TRADE OR OPERATING NAME:

DESC

ADDRESS:

515 THIRD AVENUE

SEATTLE

WA 98104

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

NON-PROFIT ORGANIZATION TO PROVIDE SERVICES FOR HOMELESS PEOPLE INCLUDING SHELTER AND HOUSING, INF

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

NONE

Amount (actual dollars)

\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name:

CITY OF SEATTLE

KING COUNTY

Purpose of payment (amount not required)

SERVICES FOR HOMELESS

SERVICES FOR HOMELESS

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGES

PAYMENTS FROM OTHER GOVERNMENT AGENCIES

F-1 Supplement

Name

INVEEN, LAURA C

2

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

STATE OF WASHINGTON

SERVICES FOR HOMELESS

US DEPT. OF HOUSING AND URBAN DEVELOPMENT

SERVICES FOR HOMELESS

US DEPT. OF HEALTH AND HUMAN SERVICES

SERVICES FOR HOMELESS

Check here if continued on attached sheet



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
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PDC FORM
F-1
SUPPLEMENT
 (1/12)

100509026
SUPPLEMENT PAGE
 PERSONAL FINANCIAL AFFAIRS STATEMENT
 04-15-2013

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

Last Name INVEEN	First LAURA	Middle Initial C	DATE 2013-04-15
---------------------	----------------	---------------------	--------------------

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:
 Recovery Cafe/Friends of Recovery Cafe

POSITION OR PERCENT OF OWNERSHIP
 Board Member

TRADE OR OPERATING NAME:
 Recovery Cafe

ADDRESS:
 2022 Boren Ave
 Seattle WA 98121

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
 Non-profit organization to provide place of "refuge, headling and hope" for those traumatized by homelessness, addiction and mental health challenges"

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments	Amount (actual dollars) \$
---------------------	-------------------------------

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name: King County (Federal Access to Recovery funds)	Purpose of payment (amount not required) Case management services
--	--

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

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

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):
 2022 Boren Avenue, Seattle, WA 98121

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGES

FOOD TRAVEL SEMINARS

F-1 Supplement

Name **INVEEN, LAURA C** 2

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)
05-08-2012	Reclaiming Portland	OR Travel/Lodging/Food to attend annual Reclaiming Futures	\$ 0	A

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 • Website: www.pdc.wa.gov

BEFORE THE PUBLIC DISCLOSURE COMMISSION
OF THE STATE OF WASHINGTON

IN THE MATTER OF THE APPLICATION)	PDC No. 3064
OF LAURA INVEEN FOR A)	Findings, Conclusions
REPORTING MODIFICATION)	and Order
_____)		

On May 24, 2012, the application of Laura Inveen, 516 3rd Avenue, Seattle, Washington 98104, for a modification of the reporting requirements of RCW 42.17.241¹ was brought before the Public Disclosure Commission.

Consideration of the request was made pursuant to RCW 42.17A.120² 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, Laura Inveen, by modification application, requested a renewal of the reporting modification that would exempt her from disclosing on her Personal Financial Affairs Statement the business and other governmental customers that paid \$10,000 or more, during 2011, to Kirkpatrick, Lockhart, Preston, Gates & Ellis (K & L Gates), a law firm of which her spouse is a member with less than 1% ownership interest.

The Commission was provided with a certification from Judge Inveen 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. Judge Inveen has previously been granted the requested reporting modification, the most recent being Order No. 3007.
2. Judge Inveen is an elected Superior Court Judge for King County. Her current term of office expires in December 2012.
3. Judge Inveen's spouse, Bill Shaw, is a member of K & L Gates, and has less than a 1% ownership interest in the law firm. She said her husband is not part of the governing structure of the firm, and does not have immediate access to the law firm's client lists without making a special request.
4. Judge Inveen said that K & L Gates had over \$1 billion dollars in revenue, with more than 13,000 business clients. The firm has 2,000 attorneys and more than 3,000 other employees in 41 offices throughout the United States and worldwide. She stated that more than 6,000 customers would be subject to disclosure.

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

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

5. Judge Inveen stated that it would be a logistical hardship to provide a list of reportable business and other governmental customers of K & L Gates. She said it would also be virtually impossible to review all of the clients to determine which would have a privacy interest, or would need to give permission to have their information disclosed, as many entities do not wish the fact that they are employing a law firm to be disclosed.
6. Judge Inveen said that she has no connection with K & L Gates. She stated that as a judge, she recuses herself from hearing any matters handled by K & L Gates, whether she knows the lawyer or not. She stated that she has made herself aware of her husband's clients and does not handle these clients' matters in court.

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 42.17.241³ 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 shall report all payments made by the King County Superior Court to Kirkpatrick, Lockhart, Preston, Gates & Ellis, LLP.
2. The applicant may satisfy the reporting requirements of RCW 42.17.241³ without disclosing the reportable business and other governmental customers of Kirkpatrick, Lockhart, Preston, Gates & Ellis, LLP, except that she must disclose the reportable information of which she is aware.
3. The applicant shall disclose the reportable business and other governmental customers or clients of Kirkpatrick, Lockhart, Preston, Gates & Ellis, LLP, whose identities are known to the applicant and whose interests are significantly affected by the King County Superior Court, to the extent not otherwise disclosed in (1) and (2).
4. 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 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>6-8-12</u> Date

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