MODIFICATION REQUEST COVER SHEET

Name of Filer	LEWIS EDELHEIT
Reporting Period	☑ Annual report – calendar year 2012 □ Appointee report:
Type of Request	☐ New ☐ Renewal with No Change ☑ Renewal with Change
Office Held & Term	Trustee, Life Sciences Discovery Fund Appointed term expires in 2013
PDC Protocol	 □ Attorney: Interpretation #02-03 □ Judge / Judicial Candidate: Interpretation #02-04 □ Automobile Dealership: Interpretation #02-05 □ Spousal: Interpretation #02-06 ☑ WAC 390-28-100(1)(b) & (1)(e)
Supporting Documents (attached)	☑ Current F-1 ☑ Modification Application ☑ Prior order (if renewal) – Order #3073
Background (from Life Sciences Discovery Fund website: www.lsdfa.org)	The Life Sciences Discovery Fund was established in 2005 by the Governor and Washington's Legislature to foster growth of the state's life sciences sector and improve the health and economic wellbeing of its residents. LSDF invests monies from the Master Tobacco Settlement Agreement in research across Washington that demonstrates the strongest potential for delivering health and economic returns to the state.
	The Life Sciences Discovery Fund Board of Trustees is an eleven-member board consisting of seven members appointed by the Governor and four members appointed by the Washington Legislature.
Reason(s) for Modification (as stated by filer)	Mr. Edelheit is requesting a reporting modification that would exempt him from disclosing the business customers that paid \$10,000 or more during the reporting period to Talyst Corporation.
	Mr. Edelheit is requesting a reporting modification that would exempt him from disclosing the business and other governmental customers that paid \$10,000 or more during the reporting period to Virginia Mason Health Systems.
	Talyst Corporation
	 Mr. Edelheit serves on the Board of Directors for Talyst. The company is based in Bellevue, has \$32 million in annual revenue, and approximately 100 employees. He said the company sells automation equipment & software for improving patient safety and operational efficiency in acute care hospital pharmacies. Talyst also provides equipment for dispensing medication to patients in long-term care facilities and inmates in correctional facilities. He said he is not involved in the day-to-day operations and does not have access to the entity's customer information.
	Mr. Edelheit stated that Talyst operates in a very competitive industry and disclosing business customers would be very useful to the company's competitors

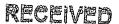
who would go after the customers to take over the profitable recurring revenue of the business. He stated that about 430 of Talyst's customers would be reportable. Mr. Edelheit provided a list of governmental customers of Talyst. Virginia Mason Health System Mr. Edelheit serves on the Board of Directors for Virginia Mason, a non-profit, complex health system which includes a large hospital in Seattle, multiple clinics, and the Benaroya Research Institute (BRI). Virginia Mason has \$950 million in annual revenue, 5,700 employees, and over 200,000 customers. He said he is not involved in the day-to-day operations and does not have access to customer information. Mr. Edelheit stated that Virginia Mason has more than 2,000 reportable customers, including insurance companies, other health care organizations, pharmaceutical contracts, corporate business partners, etc. He said it would be very difficult to compile and disclose customer information because there are multiple categories of customers and multiple accounting systems which hold this data. Mr. Edelheit indicated that almost all of the payments are related to health care services and have no connection with the work of the LSDF board, with one exception, BRI. He disclosed that BRI, which is part of Virginia Mason, receives funds from LSDF. He stated that he fully disclosed (on the F-1 Supplement) that BRI received two LSDF grants to perform research. He stated that he will recuse himself from voting in matters related to BRI.

Other Issues

Mr. Edelheit stated that Hubspan Corporation has been sold and he did not have interest in the company during the reporting period.

Staff Recommendations

Staff recommends approval of the requested reporting modification with change.



Jennifer Hansen,

Public Disclosure Commission

Jennifer, as we discussed on the phone today, I am enclosing my personal Financial Affairs Statement in regards to my position as Trustee of the Life Sciences discovery fund.

I have previously been approved and this form is almost identical to the form submitted last time.

As you will be able to see, I requested and received a modification request for three cases. Last year this included the company, Hubspan. This company was sold and I have no interest in the company so I did not submit the modification request this time.

Otherwise, there is no major change to the form.

I hope this gives you all the information you need to meet the requirements for my submission. If not, please let me know.

Lewis Edelheit A.G. Paleldul 9626 SF 24th

9626 SE 34th Street

Mercer Island, WA 98040

1 (206) 232-4411

E mail Lonnie@edelheit.com

Fax: 1 (2060 232-6886

Application Questionnaire

JAN 17 2013

	Background Information	Public Disclosure Commission
Filer Name: <u>Lewis Edelheit</u>		
Filer Office Held or Sought: <u>Life Sc</u>	iences Discovery fund board	
Date of Request: 5/24/2012		
Period Covered by Request: 2012	-2014	

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).

Talyst has about 600 customers in a very competitive industry. I can provide the information about governmental customers but, in general, making this customer list public would be very useful to it's competitors, who could be able to go after these customers to take over the profitable recurring revenue service business,



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.

Talyst is a private for profit company in Bellevue, Wa.

The nature of the business includes the following:

- Sales of automation equipment & software to improve patient safety and operational efficiency in acute care hospital pharmacies;
- Onsite equipment to remotely dispense patient-specific single-dose oral solid medications to patients in longterm care facilities and inmates in correctional facilities;
- Recurring revenue associated with monthly equipment service & support fees; software license fees; and consumable products associated with packaging single-dose oral solid medications in small patient-specific packets
 - Describe the size of the entity such as annual sales, number of customers or accounts, the number of employees, and other pertinent information.

\$32Million annual revenue, about 650 customers, about 100 employees.

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

About 430 customers,	
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0	Describe if you have access to information	about the	entity's	customer	base	or	sources
	of compensation/income.						

10	

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

 Describe if any of the entity's customers or sources of compensation/income are already listed in other public sources or publications including advertisements, or public records.

Public Disclosure Commission

On occasion there are press releases and articles written by Talyst and their customers. Talyst only does this for a few customers where it is felt that the benefit is greater than the risk.

tt	nat the benefit is greater than the risk.
0	Describe if any of the entity's customers or sources of compensation/income are already listed on a website.
	On occasion in talyst's or the customer's web site
	 If the entity has a website address, list it here: Talyst.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: It would be difficult to determine where these articles have
	appeared.
	[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.]
6	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
9	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.
	<u>yes</u>
@	Indicate whether you have an ownership interest of 10% or more in the entity.

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

no

 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.



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.

Talysts customers including it's governmental customers are very unlikely to do the Research and development activities which are funded by LSDF.



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.

Awarding contracts for research and Development



- 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.

Board of Directors member

• 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?

Very	<u>unlikel</u>	<i>y</i>
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Public Disclosure Commission

RESIDENTIAL ADDRESS. Are you requesting to be exempted from disclosing the address of your personal residence in the Real Estate Section of the F-1? In this situation, you or your spouse may be a law enforcement officer, prosecutor, judge, or other official, and the disclosure of the address of your primary residence on the F-1 form could cause you or your family harm, based upon tangible evidence or a specific threat. If so, please explain in detail the manifestly unreasonable hardship if disclosure were required, and why the purposes of the act would not be frustrated if disclosure of the address was not required. If nondisclosure is based upon an anti-harassment or similar court order, please state.

No					
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	APPADATIAN	Awa	1/011	raniaetina	ŧ۵

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 _____



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.)



Public Disclosure Commission

> 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: 5/24/2012
Entity or name of individual requesting reporting modification: Lewis Edelheit Your signature:
Your printed name: <u>Lewis Edelheit</u>
Business street address: 9626 SE 34 th Street
City, state and zip code: Mercer Island, WA 98040
Telephone number: (206) 232-4411)
E-Mail Address: Lonnie@edelheit.com
Date Signed: 5/24/2012

Place Signed (City and County)	Place	Signed	(City	and	County)
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Mercer Island, WA 98040 Ling 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

JAN 17 2013

Public Disclosure Commission



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.

<u>Virginia Mason Health System with a large Hospital in Seattle, multiple clinics, the Benaroya Institute, etc.</u>

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

\$950 Million Revenue, 5700 employees, 200,000 (plus) customers

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

More then 2000 including insurance companies, other health care organizations, pharmaceutical contracts, corporate business partners, etc.

0	Describe if you have access to information about the entity's customer base or sources of compensation/income.
	No. only aggregate numbers

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

no

 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.

High level summarys in IRS 990 tax forms, some marketing materials for partnerships

Application Questionnaire

RECEIVED

JAN 17 2013

Background I	nformation
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Public Disclosure Commission

Filer Office Held or Sought: Life Sciences Discovery fund board of Directors

Date of Request: 5/24/2012____

Filer Name: Lewis Edelheit

Period Covered by Request: 2012-2014

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).

Virginia Mason is a large, complex Health system with many government and Industrial payers which are difficult to categorize or get the data in a simple form. Almost all of these are for health care services and have no connection with the work of the LSDF board. The exception is BRI, the Benaroya Research Institute, which is under VMHS and receives funds from the LSDF. This is fully disclosed in the form F-1 Supplement and I will recuse myself from voting in matters related to BRI. The difficulty in getting the information requested in the F1 form for all of the other health care related business of the clinic, Hospital, etc. is too much of a burden for the hospital staff.

	 Describe if any of the entity's customers or sources of conlisted on a website. 	
	listed on a website.	
	None that I knowof	RECEIVED
	If the entity has a website address, list it here: VMMC org. because.	JAN 17 2013
	VMMC.org, benaroyaresearch.org	Public Disclosure Commission
·	 If the entity's customers or sources of compense elsewhere on the Internet, describe why you (nondisclosure) for those customers or sources of co See summary above 	sation/income are described are seeking a modification mpensation/income:
	[Note: along with other information provided in th Internet information regarding entities/sources of compensation by PDC staff and/or the Commission as part of the modificat	e Application Questionnaire, tion/income may be reviewed ion process.1
	 Describe if the entity has the ability to sort its cu- compensation/income to identify those paying the entity me reporting period. 	
mui	<u>Very difficult because there are multiple categor</u> Itiple accounting systems to get this data.	ies of customers and
	Describe if you disclosed all of the governmental customers compensation/income that paid the entity more than \$10,000	or governmental sources of
	Yes to Benaroya institute, no to others	in the reporting period.
Ø		ore in the entity.
9	Indicate whether your spouse's interest in an entity require Supplement for that entity.	s you to complete an F-1
	No	
Ø	Describe other relevant information you believe the Commission why it would be a manifestly unreasonable hardship if the inbe disclosed.	sion should consider as to formation was required to



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 information I do not wish to disclose is almost entirely for health care services and, other than BRI funding which I am aware of only through LSDF, I have no knowledge of any specifics of any sources of funding. I will recuse myself from all BRI related funding

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JAN 17 2013

Public Disclosure Commission

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.

<u>Awarding contracts for research and</u> Development



- 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.

Board of Directors member with no operational responsibilities

• 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?

I will recuse myself from making any funding decisions which would affect BRI of Virginia Mason.

FEB 19 2013

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: $\frac{2\sqrt{19}}{13}$
Entity or name of individual requesting reporting modification: LEUIS EDELHEIT
Your signature: LS Elellet
Your printed name: <u>LEWIS EDELHE</u> IT
Business street address: 9626 SE 34 th ST.
City, state and zip code: MERCER ISLAND, WA 98040
Telephone number: (<u>206</u>) <u>232</u> - <u>44//</u>
E-Mail Address: LONNIE @EDELHEIT. COM
Date Signed: <u>7//9 //3</u>
Place Signed (City and County): Mercer foliate City County

*RCW 9A.72.040 provides that: "(1) A person is guilty of false swearing if he makes a false statement, which he knows to be false, under an oath required or authorized by law. (2) False swearing is a gross misdemeanor."

IF YOU FAX OR SCAN AND SEND A COPY OF THIS SIGNED CERTIFICATION VIA E-MAIL TO THE PDC WITH YOUR MODIFICATION REQUEST, THE ORIGINAL MUST STILL BE PROVIDED. RETURN THE ORIGINAL OF THIS CERTIFICATION TO:

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

Attn: Reporting Modification Request

								
PUBLIC	DISCLOSURE COMMISSION 711 CAPITOL WAY I PO BOX 40908 OLYMPIA WA 98504 (360) 753-1111		F-1 (1/12)		DAN 15 NAL FIN RS STAT	NANCIAL	O A	EIVED
	TOLL FREE 1-877-6	01-2828	(1/12)	DOLLAR	<u> </u>		R IANI 1	7 2013
Refer to instru	ction manual for detailed assistan	ce and example:	s.	CODE	AMO	TNUC	i C	1
Deadlines:	Incumbent elected and appoin Candidates and others withi candidate or being newly appo	n two weeks of pinted to a posi	becoming a tion.	A B C D	\$4,00 \$20,0 \$40,0	\$3,999 10 to \$19,999 100 to \$39,999 1000 to \$99,999	Public Disclos	ure Commission
SEND REP	ORT TO PUBLIC DISCLOSUI	RE COMMISS	ION	e Initial		,000 or more	nbers, including reg	istered
Edelhe	First Lo	ewis	Wildu	S	domestic par disclose for o in your house spouse or re	tner. If there is no dependent children ehold, do not identi gistered domestic p	reportable informat , or other dependen fy them. Do identify partner. See F-1 ma	ion to ts living vour
Mailing Addre	ess (Use PO Box or Work Address 34th Street	s) *			3	eisan E	Elelheit	
City Merc	cer Island Count	y King		4 040	1	w	fe	
Filing Status	(Check only one box.)	·			Office Held	or Sought Trustee I if	e Sciences	
An elect	ed or state appointed official filing				Office title:	Discovery		
	oort as an elected official. Term ex				County, city,	district or agency	of the office,	
	te running in an election: month		year		name and	d number: agen	cy 3560	
Newly a	ppointed to an elective office				Position nun	nber:		, ,
☐ Newty a	ppointed to a state appointive office	e			Term begins	124/12	ends: 10/	1/13
Profess	ional staff of the Governor's Office					-1		·.
1	INCOME List each employed member, including the received during the			ue of \$2.000	or more. (Re	port interest and d	lividends in Item 3	
Show Self (S) Spotise (SP/DP) Dependent (D)	Name and Address of Employer	or Source of Co	mpensation	UC	cupation or Hov as Earned	w Compensation	Amount: (Use Code)	
	GE Pension				Retired 20	02	E _C	
	Social Security Self						В	
	Social Security wife Batelle			Adiv		l Pacific Nort f directors	west Lab C	В
	Talyst Corp Check Here ☐ if continued on a	ottoched sheet						
2	List stree	t address, asso e with value of rsonal financial				w partnership, co	each parcel of W registered domest mpany, etc. real e	state on F-
Property Sol	d or Interest Divested	Assessed Value (Use Code)	Name and Address	s of Purchase	r	Nature and Amour Consideration Rec	nt (Use Code) of Pay seived	ment or
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3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS	intangi reporti	ible proper ing period.	ty (including but n	ot limited 1	to stock option	is) held du	
	Name and address of each bank or financial institution in was family member, including registered domestic partner account over \$20,000 any time during the report period.		•	ount or Description of Cking, saving		Asset Value (Use Code)	(Use C	
	Key Bank 2731 77th Ave. SE Merce WA	r Island		Q,				
i	Name and address of each insurance company where you member, including registered domestic partner, had a pol cash or loan value over \$20,000 during the period.	u, a family licy with a				RECE		
	none					JAN 1		
					n.	blic Disclosu	a Commiss	sion
C.	Name and address of each company, association, go agency, etc. in which you, a family member, including domestic partner, owned or had a financial interest w \$2,000. Include stocks, bonds, ownership, retirement interest we should be added to the stock options, and other intangible property. If spouse, registered domestic partner and/or dependents hat making authority regarding individual assets/investments asset or investment, the value and any income amount. If you self-directed an investment account identify each stock asset in that account. UBS, Morgan Stanley Olympic Venture	worth over plan, IRA, you, your ad decision is list each EXAMPLE:	Variou	s Accounts, see			Johnma	
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4	List each creditor you or a famil CREDITORS more any time during the period or real estate reported in Item 2.	i. Don't inclu	ncluding re ide retail cl	gistered domestic narge accounts, cr	edit cards,	or mortgages	(USE	
-	Creditor's Name and Address		Term	of Payment	Secui	rity Given	Original	Present
	none .							
Che	eck here 🔲 if continued on attached sheet.							
Inc req	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 limited partnership, limited liability pertnership, limited liability						plement is	
۸.	corporation, company, union, association, joint venture or other company or similar entity including but not limited to a profession	entity of (2) a pa nal limited liabilit	ity company?	VESif yes, complete	e 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?							
C.	Did you, your spouse, registered domestic partner or dependent	s own a busines	ss at any time	during the reporting p	enou! 110	ndoede for complete o	nestion or do	ferred
D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? 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.								
Al	L FILERS EXCEPT CANDIDATES. Check the appropriate	box.		CERTIFICATION:	:	contained in t	hie rannt i	s true and
	I hold a state elected office, am an executive state officer have read and am familiar with RCW 42.52.180 regard resources in campaigns.	or professiona	al staff. I of public	634	correct to the	he best of my kr	nowledge.	
	the second and am familiar	with RCW 42.	.17A.555	Signature Contact Telephone	: (206) *2	3244//	Date	
١	•		İ	Email: 40NNIE	@ E0	ELHE17	, CQVAGK)	*
+C	ANDIDATES: Do not use public agency addresses or telephatect information.	none numbers	s for	Email:			(Home	e) Optional



711 CAPITOL WAY RM 206 PO BOX 40908

PDC FORM

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

PU BOX 40908
OLYMPIA WA 98504-0908
JAN 1 7 2019 TOLL FREE 1-877-601 PIRE DISCIOSURE COMMISSION PPLEMENT (1/12)

Registered Domestic Partner Dependent POSITION OR PERCENT OF OWNERSHIP Director	ast Name Edelheit	First Lewis	Middle Initial S	DATE 1/14/13
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 Comership: The office, title and/or percent of comership held. Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered. Payments from Operamental Unit: if the governmental unit in with you hold or seek office made payments to the business of the purpose of each payment and the actual amount received. Payments from Business Outdomers and Other Government Agencies: List each coprogration, partnership, joint venture, proprietorship, union, association, business of other commercial entity and each government agency (other than the one seekhold office) which paid compensation of \$0.000 or more during the period to the entity. Briefly say what property, go 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 □ Reporting For: Self □ Spouse □ Registered Domestic Partner □ Dependent □ Reporting No.0000 Processors. PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEKHOLD OFFICE: Purpose of payments Amount (actual dollars) PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEKHOLD OFFICE: Purpose of payment (amount not require reporting Modification Requested PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE: Reporting Modification Requested PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE Customer name: Purpose of payment (amount not required Reporting Modification requested WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more assessed value of property is over \$20,000. List street address, assessor par	BUSINESS	dependents (1) were an officer, director, general organization, union, partnership, jugar a partner or member of a	l partner, trustee, or 10 percent or mo oint venture or other entity; and/or limited partnership, limited liability par	re owner of a corporation, non-prof tnership, limited liability company o
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Check here ∏ if continued on attached sheet	none			
Check here ☐ if continued on attached sheet			•	
CONTINUE PARTS B AND C ON NEXT PA	Check here [] if continued of	on attached sheet		

Talyst Government Customers

JAN 1 7 2013

STATE LONG-TERM CARE FACILITIES

Public Disclosure Commission

Various California State Veterans Homes administered & serviced by the following: Department of Veterans Affairs CDVA Accounting Office PO Box 942895 Sacramento, CA 94295

CORRECTIONAL FACILITIES

Various San Bernadino County, CA correctional facilities administered & serviced by the following: Arrowhead Regional Medical Center 400 N. Pepper Avenue Colton, CA 92324

King County, WA correctional facility serviced by the following: South Correction Entity 1055 South Grady Way Renton, WA 98057

Various South Dakota state correctional facilities administered & serviced by the following: State of South Dakota 500 East Capitol Avenue Pierre, SD 57501

STATE UNIVERSITY MEDICAL CENTERS

Talyst serves several dozen state university medical centers throughout the United States

FEDERAL VA HOSPITALS

Talyst serves several dozen VA hospitals throughout the United States

Page 2

F-1 Supplement

Name	JAN 1 7 2013	-	
Publi	c Disclosure Commission		
ENTITY NO. 2	Reporting For: Self	Spouse	
	Registered Domes	tic Partner Depend	ent 🔲 🛴
LEGAL NAME: Virginia Mason Health Systems	POSITION OR	PERCENT OF OWNERS	SHIP
TRADE OR OPERATING NAME: Virginia Mason		•	
ADDRESS: 1100 9th Ave., Seattle, WA			
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:			
Hospital, multiple clinics, Benaroya Institute, etc.			
PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT!	N WHICH YOU SEEK/HOLD OFFICE:		
Purpose of payments	Amo	unt (actual dollars)	
Grant to perform Research	\$	3.8 Million	
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT	AGENCIES OF \$10,000 OR MORE:		
Agency name:	Purp	ose of payment (amount	not required)
Report Modification Requested			
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS	S OF \$10,000 OR MORE		
Customer name:	Purpo	se of payment (amount n	ot required)
Report Modification Requested			
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRE	CT FINANCIAL INTEREST (Complete only if own	ership in the ENTITY is 1	0% or more and
assessed value of property is over \$20,000. List street address, as	ssessor parcel number, or legal description and co	ounty for each parcel):	
		•	
Check here ☐ if continued on attached sheet			
	any immediate family member, including reg	stered domestic part	ner, lobbied or
D	rules, rates, or standards for compensation ch you are an elected official or professional st	Ot delation combanger	ion. Do not list
Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (I	Jse Code)
. 1			
			•
at the Titansian on attached shoot			
Check here ☐ if continued on attached sheet	other than your own governmental agency	paid for or otherwise o	rovided all or a
	van vaur enauea registeren gamestic Dari	mer or dependents, vi	a compliance
SEMINARS thereof: 1) Food and beverages programs or other training.	costing over \$50 per occasion; 2) Travel oc	casions; or a) semin	
Date Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value
Received			(Use Code)
		1	
		\$	
		\$	
		\$	
		\$	

Information Continued

RECEIVED

F-1 Supplement

Name	JAN 17 2013			
ENTITY NO. 3	Public Disclosure Commission	Reporting For: Self [Spouse X	ent 🗌
LEGAL NAME: Bellevue Arts Museum		POSITION OR F	PERCENT OF OWNERS	SHIP
TRADE OR OPERATING NAME: ADDRESS: 510 Bellevue Way NE Bellevu	ie, WA 98004			
BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZ Museum	ATION:			
PAYMENTS ENTITY RECEIVED FROM GOVERNME Purpose of payments	NTAL UNIT IN WHICH YOU SEEK/HO	Amou	nt (actual dollars)	
none		. \$		
PAYMENTS ENTITY RECEIVED FROM OTHER GOV Agency name: None other than grants	/ERNMENT AGENCIES OF\$10,000 OF	R MORE: Purpo	ose of payment (amount	not required)
PAYMENTS ENTITY RECEIVED FROM BUSINESS C Customer name:	CUSTOMERS OF \$10,000 OR MORE	Purpos	e of payment (amount n	ot required)
none other than donations				
WASHINGTON REAL ESTATE IN WHICH ENTITY H assessed value of property is over \$20,000. List stree	et address, assessor parcel number, or l	egal description and cou	unty for each parcel):	
Person to Whom Services Rendered	Description of Legisla	ation, Rules, Etc.	Compensation (I	Jse Code)
•		·		V
FOOD TRAVEL SEMINARS (continued)				
Date Received Donor's Name, City and State	Brief Desc	cription	Actual Dollar Amount	Value (Use Code)

RECEIVED JAN 17 2013 Public Disclosure Commission

Morgan Stanley Smith Barney 500 108th Ave NE Suite 1900 Bellevue, WA 98004

Description			
2036 i p(i))(
ABAG FIN AU FOR NONPRET CRPS CA COPS STANFORD UNIV HSP MBIA IBC C/R OID ETM DD2/1/93 CLBLE R/MD 5.25 11/01/2020 #00037EBM70R0	Asset	Annua	1
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CALIF ST PCF AU SLD WSTRV NRT CO RECYCL CTR-A-B/E L/C UNION SWTZLND-D12/1/91 OID ETM-CBLE R/MD 6.25 11/01/2020 #103580BW50B0 CHELAN CO WA PLID#1 COL BILL PLAN	С	Α	870-03411
CENTL PUGET SOUND WA REGI TRAN ACT CO RECYCL CTR-A-B/E L/C UNION SWTZLND-D12/1/91 OID FTM CBL F R/MD 6.25 17/07/2020 #103580BW50B0	С	Α	870-03411
CENTL PUGET SOUND WA REGL TRAN AU SALES&MOTOR VEHICLE TX REV FGIC-B/E-D12/1/98FC8/1/992CBLE R/MD 6.25 11/01/2020 #103580BW50B0 CHELAN CO WA PUD#1 COL RIV RCK 1S HYDRO EL SYS REV REF B/E MBIA -0-CP C/A 6 05 D2/01/2017 #130536BR50B0 CHELAN CO WA PUD#1 COL RIV RCK 1S HYDRO EL SYS REV REF B/E MBIA -0-CP C/A 6 05 D2/01/2017 #155048AZ40B0	С	Α	870-03411
CHELAN CO WA PUD#1 COL RIV RCK 1S HYDRO EL SYS REV REF B/E MBIA -0-CP C/A 6.05 D3/17/97 R/MD 00.00 06/01/2017 #130536BR50B0 CLARK CNTY NEV PASSENGER FAC CHARGE REV LAS VEGAS-MCCARRAN INTL A 3 AMBAD D.00 05/01/2019 #163123MP40B0	D	Α	870-03411
CLARK CNTY NEV PASSENCED TAG CHARACTER AND CLASS RV REF.A-0-CPN CIA 5 95 MBIA PIE DAY TO THE DAY TO THE PASSENCED TAG CHARACTER AND CONTROL OF THE DAY TO THE PASSENCE OF THE	Ð	A	870-03411
CLARK CNTY NEV REDG ESA BY/CATCHARGE REV LAS VEGAS-MCCARRAN INTL A-2 AMBIA BIE D3/7/97 R/MD 0.00 06/01/2019 #163123MP40B0	Ċ	A	870-03411
COOK CNTY II L HIGH SQU DISTRICT OF 06/13/06 L/T R/MD 4.75 06/04/2025 #181006DU80R0	Ď	Ä	870-03411
COOK CNTY ILL HIGH SCH DIST NO 214 ARLINGTON HEI GHTS TWP LTD TAX MBIA L/T DD 5/10/07 R/MD 5.00 07/01/2026 #181006DU80B0 DAUPHIN CNTY PA GEN AU HOSP RV HAPSCO WESTN PA HOSP ETM A- 1 MBIA RIE DDS(4/20 010 m/m) 5.00 12/01/2024 #215633JW90B0	Ď	Â	870-03411
DAUPHIN CO PA GEN ALL HOSP ETM DE 1990 WESTN PA HOSP ETM A- 1 MBIA DIS 1907 R/MD 5.00 12/01/2024 #215633JW90B0	D	Â	
DAUPHIN CNTY PA GEN AU HOSP RV HAPSCO WESTN PA HOSP PJ-B MBIA B/E OID D10/15/92 R/MD 5.00 12/01/2024 #23825HBD80B0 #180847R720B0 #180847R720B0 #180847R720B0 #180847R720B0 #215633JW90B0 #215633JW90B0 #216633JW90B0 #23825HCY10B0 #23825HBD80B0	Ď		870-03411
DAUPHIN CO PA GEN AU HOSP-E TM REV RFDG HAPSCO WESTN PA HOSP PJ-B MBIA B/E OID D10/15/92 R/MD 5.50 07/01/2023 #23825HCY10B0 EAGLE MTN & SAGINAW TEX INDPT SCH DIST PSF GTY B/E OID DD 11/1/06 F/C 2/15/07 R/MD 5.75 07/01/2016 #23825HBD80B0 FLA ST G/O JACKSON/ILLE STATE TO THE PSF GTY B/E OID DD 11/1/06 F/C 2/15/07 R/MD 5.75 07/01/2016 #23825HCZ80B0	D	A	870-03411
FLA ST G/O JACKSONVILLE ETM TSDT: A STORY B/E OID DD 11/1/06 F/C 2/15/07 P/MD 4.20 #23825HCZ80B0	_	Α	870-03411
EAGLE MTN & SAGINAW TEX INDPT SCH DIST PSF GTY B/E OID DD 11/1/06 F/C 2/15/07 R/MD 4.30 08/15/2024 #23825HBD80B0 FLA ST G/O JACKSONVILLE-ETM TSPTN AUTH-FULLY REGD- DTD 11/1/85-CBLE R/MD 9.20 01/01/2015 #23825HCZ80B0 FORSYTH CNTY GA HOSP AUTH REV ANTIC CTFS GA BAPTIC TURN TEXT TO THE PROPERTY OF THE PSF CAN BE A BAPTIC TO THE PSF CAN BAPTIC TO THE PSF CAN BE A BAPTIC TO	D	A	870-03411
	D	Α	870-03411
GEORGIA STATE CIO CEDIA 555-555 - 100 TOTALIGO BIOLOGO	С	Α	870-03411
GLENDALE CA HLTH FAC RV INSD MEM HOSP&HLT CTR-A CONNIELEE INS B/E OID D12/1/95 ETM R/MD 5.60 11/15/2025 #378415AM50B0 HARRISON CO MISS WISTENSTON TO MEM HOSP & HLT CTR-A CONNIELEE INS B/E OID D12/1/95 ETM R/MD 5.60 11/15/2025 #378415AM50B0	С	Α	870-03411
GRAND ISLAND NEB EL REV-ETM DTD 9/1/77-INTCH- R/MD 6.10 09/01/2012 #373833C00B0 HARRISON CO MISS WSTEWTR MONT DT 9/1/77-INTCH- R/MD 6.10 09/01/2012 #378415AM50B0	D	Α	870-03411
HARRISON CO MISS WSTEWTR MCMT DT 20177-1170-1170-1170-1170-1170-1170-1170	Ε	В	870-03411
HARRISON CO MISS WSTEWTR MGMT DT RV REF WSTEWTR TRTMT FAC-RG PR CALLS DEFSD ETM OID D8/1/86 R/MD 5.00 4/10/2015 #385640CP0010 #385640CP0010 #385640CP0010 #385640CP0010 #415120CE20R0 #415120CE20R0 #415120CE20R0 #415120CE20R0 #442434F.100R0	В	Α	870-03411
HUMBLE TEX INDPT SCH DIST UT SCHOOL REG-MBIA ESCROWED TO MTY DTD 3/1/84 CBL F, PMD 2015 BT W DD 7/86 RMD 5.00 02/01/2015 #415120CE20R0	С		870-03411
	С		870-03411
	D		870-03411
ILLINOIS HFA REV RFDG ETM MICHAEL REESE HSP-A-REG-OID FSA INS DTD 4/15/89- R/MD 6.25 04/01/2018 #45200KSD10B0 ILLINOIS HLT FAC AU REV-ETM FRANCISCAN SISTERS HITH CARE CAMPAGE AND 7.60 02/15/2019 #45200LQG40B0	Ē		870-03411
ILLINOIS HLT FAC AU REVETM EDANGES HSP-A-REG-OID FSA INS DTD 4/15/89- RIMD 7.50 04/15/2017 #45200LQG40B0	D		870-03411
ILLINOIS HLTH FAC AU REV PEE MICHAEL SISTERS HLTH CARE-C MBIA B/E OID DDR/1/92CLB F D/MD 5.75	В		
ILLINOIS HLT FAC AU REV-ETM FRANCISCAN SISTERS HLTH CARE-C MBIA B/E OID DD8/1/92CLBLE R/MD 5.75 04/15/2017 #45200LQG40B0 ILLINOIS HLTH FAC AU REV REF MICHAEL REESE-A FSA INS 2NDRY MKT MBIA OID ETM D4/15/89- R/MD 5.75 09/01/2018 #45201KHM30B0 ILLINOIS HLTH FAC AU REV RFDG EVANGELICAL HOSP-A-FSA-CRS-FTM SNKG-OID PTD 1/(1/1/2019 R/MD 7.60 02/15/2019 #45201HHS60R0	Ē		870-03411
ILLINOIS HLTH FAC AU REV RFDG EVANGELICAL HOSP-A-FSA-CRS-ETM SNKG-OID-DTD 4/1/(1995 PAR) 02/15/2019 #45201HHS60R0	C		870-03411
ILLINOIS HLTH FAC AU REV REF MICHAEL REESE-A FSA INS 2NDRY MKT MBIA OID ETM D4/15/89- R/MD 7.60 5.75 09/01/2018 #45200KHM30B0 ILLINOIS HLTH FAC AU REV-ETM REF-EVANGELICAL HOSP-A-FSA-CRS-ETM SNKG-OID-DTD 4/1/1992 R/MD 6.75 02/15/2019 #45201HHS60R0 ILLINOIS HLTH FAC AU REV-ETM SERVANTCOR PJ-SER A-FSA-TCRS OID DD4/1/1992 R/MD 6.75 04/15/2017 #45200LBS40R0 ILLINOIS HLTH FAC'S AUTH FTA CS AUTH			870-03411
ILLINOIS HLTH FAC AU REV-ETM SERVANTCOR PJ-SER A FSA INS RIF OID DD4/1/1/92CLBLE R/MD 6.25 04/15/2022 #45200LBS40R0	D		870-03411
ILLINOIS HLTH FAC AU REV-ETM REF-EVANGELICAL HOSPS-SER A- FSA-TCRS OID DD4/1/192 R/MD 6.75 04/15/2017 #45200LBS40R0 ILLINOIS HLTH FACS AUTH ETM RFDG EVANGELICAL HOSPS SER A OID DTD 7/15/94 CLBLE R/MD 6.00 08/15/2012 #45200K5G90B0 ILLINOIS ST SALES TAX REV FSA OID B/E DD 3/30/06 R/MD 4.375 06/15/2024 #45200KDG90B0 INTELLIPHARMACELITIOS 1378-04-15/2024 #45200KDG90B0	D		870-03411
	В	Α	870-03411
	С	Α	370-03411
##02225/(52180	D	Α	370-03411
MING CINTY WASH HEG AUTH DELLEGE #4001/3101001	Α	Α	370-03411
KING CNTY WASH HSG AUTH BEV ORSEN APTS PJ B/E DD 08/28/2008 R/MD 5.20 05/04/2020 #46133J101000 (С		370-03411
* NING UNITY WASH LTD TAY OF 5 #494/62KE30BD III 11/96/00 pizie	Ď		370-03411
KING CO WASH PUR HSP 1782 FOR DISTRICT BIF GO DD 5/12/09 R/MD 5.125 06/01/2025 12/01/2027 #494762KR70B0	Č		370-03411
KING CO WASH PUB HSP DT #2 L/T G/O IMP & REF MBIA B/E DD 10/4/06FC12/1/06 R/MD 5.00 12/01/2027 #494762KR70B0 (LANCASTER CO NEB HSP AUTH #1 HSP REV BRYAN MEM HSP R/E AND 5.00 12/01/2024 #49474EW580B0 [Pub HSP AUTH #1 HSP REV BRYAN MEM HSP R/E AND 5.00 12/01/2024 #49474EW580B0 [Pub HSP AUTH #1 HSP REV BRYAN MEM HSP R/E AND 5.00 12/01/2024 #49474EW580B0 [Pub HSP AUTH #1 HSP REV BRYAN MEM HSP R/E AND 5.00 12/01/2024 #49474EW580B0 [Pub HSP AUTH #1 HSP REV BRYAN MEM HSP R/E AND 5.00 12/01/2024 #49474EW580B0 [Pub HSP AUTH #1 HSP R/E AND 5.00 12/01/2025 #49474EW580B0 [Pub HSP AUTH #1 HSP R/E AND 5.00 12/01/2025 #49474EW580B0 [Pub HSP AUTH #1 HSP R/E AND 5.00 12/01/2025 #49474EW580B0 [Pub	Ď		370-03411
#494791NP70B0 #494791NP70B0	Ď		370-03411
	В		370-03411 370-03411
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LAS CRUCES N M HSG DEV CORP REV-ETM-DTD 4/1/78-INTCH-CLBLE R/MD 8.00 07/15/2019	:	
LAS CRUCES N M HSG DEV CORP REV-ETM-DTD 4/1/78-INTCH-CLBLE R/MD 8.00 07/15/2019		
LEWSVILLE TEX INDET SCH DIST BEDG COULD GO TO THE TEXT BE TO THE TEXT BEDG COULD GO TO THE TEXT BE TO THE TEXT BE TO THE T	#517483BL60I0	D
LEWISVILLE TEX INDPT SCH DIST RFDG-SCH BLDG PSF GTD U.T B,E DD 2/1/06 R/MD 5.00 08/15/2021 LEWISVILLE TEX ISD FGIC RFDG-SCH BLDG-0-CPN C/A 4.63 B/E DD 1/1/07 R/MD 00.00 08/15/2022 LINCOLN PK MICH SCH DIST RFDG FSA OID U/T B/E DD 02/27/2008 R/MD 4.125 05/01/2024 LOWER COLO RIV AU TEX REV REF JR LIEN AMBAC BOOK ENT OID ESCROWED TO MTY DTD 3/1/92 CBL R/MD 6.00 01/07/2017 LOWER COLO RIV AUTH TEX REV JR LIEN-1999 AMBAC DIG BK/ENT DTD 3/1/92 PREREFUNDED R/MD 6.00 01/07/2017	#528828LL80B0	D
LINCOLN PK MICH SCH DIST RFDG FSA OID U/T B/E DD 02/27/2008 R/MD 4.125 05/01/2024	#528828QK50B0	C
LOWER COLO RIV AU TEX REV REF JR LIEN AMBAC BOOK ENT OID ESCROWED TO MTY DTD 3/1/92 CBL R/MD 6.00 01/02/01/17 CD COLORER COLO RIV AUTH TEX REV -JR LIEN-1997-AMBAC-DID BK/FNT DTD 3/1/92 PREPEREINDED DAMP 6.00 01/02/01/17	#534655DQ50B0	D.
LOWER COLO RIV AU TEX REV REF JR LIEN AMBAC BOOK ENT OID ESCROWED TO MTY DTD 3/1/92 CBL R/MD 6.00 01/02/21/2	#548100V370B0	_
LOWER COLO RIV AUTH TEX REV - JR LIEN-1997-AMBAC-OID BK/ENT OTD 3/1/92 PREREFUNDED R/MD 6.00 01/01/2017	#5481002M70B0	C
		D
	#5481002P00B0	D
MAHONING CO OHIO HOSP FAC-ETM RV WESTN RSRV CARE MBIA DIE OID BY 11/15/95 CLBLE R/MD 5.50 10/15/2025 MARICOPA CNTY ARIZ INDI. DEV ALL HSP. FAC. BY BEE CAMADISTANUI DIE BY	#560060ET80B0	D
	#560060EH40B0	С
	#566820GV20R0	E
	#589719BK80I0	С
MESQUITE TEX -CTFS OBLIG L/T PREF AGM B/E BARREL OID DD 5/1/06 R/MD 4.45 02/15/2019	#590741P730B0	D
WILDGUITE TEXTINUE SUH DIST PREMITIM CAP APPREC, DEDG DIE DO GIOGOTAVI DA CO DIE DIO	#590741L850B0	В
WE THAT I THINK END ON THE DEDUCTED STEAM OF THE MOCONIN DE CADA PAR AREA COMMENTAL CO	#590759Z330B0	Ð
	#592247W300B0	D
MINITUCHOCOL FAUL NEL ARPIS COMMN ARPT REVIDENCED A AMERICA DE DE ALMANDA DE DE DE ALMANDA DE DE DE ALMANDA DE DE DE ALMANDA DE	#597851TC80B0	D
	#603827MU70B0	D
	#621191BS30B0	D
NORTH CAROLINA FASTERN MIIN PWR ACY DWR EYE DEV CED A CID BY THE	#627270DC20C0	В
	#658196PJ30B0	D
NORTH CENT TEX HLTH FAC DV CRP HSP RV REF PRESBYT HLTCRE-MBIA B/E OID ETM DTD 9/15/96 CLBLE R/MD 5.75 06/01/2016 NORTH JERSEY DIST WTR SUPPLY COMMAN NEW MANAGUE SOUTHLA MBIA B/E OID ETM DTD 9/15/96 CLBLE R/MD 5.50 06/01/2021	#658546QM10B0	D
NORTH JERSEY DIST WTR SUPPLY COMMN N J WANAQUE SOUTH A-MBIA B/E PRIOR OPT CALL-ETM-D8/1/89 R/MD 6.00 06/01/2019	#658546RJ70B0	Ε
	#660160DG40B0	D
NORTHERN CALIF PWR AGY PUB PWR REV -REG- PREREFUNDED DTD 7/1/86 OID R/MD 7.00 07/01/2016	#660160FC10B0	D
WORKING OALIF FAAR AGT FUR PAAR REV REGO DDEDEELINDED DED GAAGE OIG BALL	#664843NT20R0	В
TOTAL CONTROL OF THE PART OF T	#664843NX30R0	D
	#664843PB90R0	В
THE WALL OF THE DISTRICT STORES REVENIES SED B DISTRICT ON DAD 40/400 OF THE BUILDING	#679111LK80B0	E
	#681793ZJ70B0	D
	#68304EBQ10B0	E
	#684228EM70B0	С
	#686509TS90B0	C
	#697634WL30B0	Ċ
- ENTO LEVANIA CONVICTA AUTH REVEGIC INSINA DEC AID ETA DED ANACION AUTO ANTO ANTO ANTO ANTO ANTO ANTO ANTO AN	#706436AQ50R0	D
	#708681AV30R0	D
	#717146QB30B0	D
THE ODUNG I FA WIRASYVR AU SYS RV REF PRIOD OUT CALL DEFEACE DO FOIO OUT	#717893NF40B0	D
PORT SEATTLE WASH PASSENGER FAC CHARGE REV SER A-BHAC-CR R/MD 5.50 12/01/2019 09/01/2016	#725304AL30R0	Ď
	#735387BK70R0	Ē
KEU OAK TEX INDET SCHINGT SCHING DEE CTYLUT DIE DE SALEIGE BURGE	#735389MQ80B0	D
REDMOND WASH CMNTY PPTYS LEASE REV CITY HALL PJ MBIA B/E DD 04/06/2004 R/MD 5.00 12/01/2020	#756843QD30B0	E
RIDLEY PK PA HOSP AH REV TAYLOR HER SET A PET OF THE REV CITY AND SET OF THE R	#75767LAK40B0	Ċ
RIDLEY PK PA HOSP AU REV TAYLOR HSP SER A REF OID E.T.M BK ENTRY DTD 6/15/93 100% GOVT R/MD 6.125 12/01/2020 SAN MATEO CALIF IT PWRS FING AUTH I FASE REIVEN METERS AND MATEO CALIF I FASE REIVEN METERS AND MATEO	#766370CJ70B0	D
	#799002AT70B0	D
SEATTLE WA MUSEUM DEV AUTH SPL OBLIG BONDS B/E DD 11/16/05 F/C 4/1/06 R/MD 5.00 04/01/2024 07/15/2025	#812670CQ80B0	
SEATTLE WASH LTD TAX G/O IMP& REF BOOK/ENTRY OID DD 4/26/06 F/C 9/1/06 R/MD 5.00 04/01/2024 03/01/2021	#812626SF70B0	D C
SNOHOMISH CO WASH PUD #1 ELEC RV GENERATION SYS BK ENTRY PRIOR OPT CA ETM-DTD 3/8/89 R/MD 6.80 01/01/2020	#833102MD50B0	
	#841420BT80R0	E
ST LOUIS CNTY MO MTG REV GNMA COLL SER A-REG-GNMA GTD INV AGR WIAIG DTD 3/1/89 PREF R/MD 8.125 08/01/2020	#791311DV20R0	E
		D
	#865485BS40B0	D
TAMPA FLA WTR & SWR REV REG ESCROWED TO MATY DTD-1/15/87 F/C-10/1/87 CALLABLE R/MD 6.90 10/01/2016	#873543EV00R0	C.
3.000	#875290DM70R0	D.

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TARRANT CO TX HLT FACS DV CORP HLT SYS RV REF-HARRIS METH-A- ETM AMBAC B/E OID D1/15/96CLBL R/MD 5.125 09/01/2018	#876385EZ40B0	D	Α	870-03411
TARRANT CO TX HLTH FACS DV CRP HLT SYS RV HARRIS METHDST HLTH SYS OID B/E ETM DD 7/15/94CLBL R/MD 6.00 09/01/2024	#876385EA90B0	Ċ	A	870-03411
TOBACCO SETTLEMENT REV MGMT AUTH S C TOB SETTLEMENT REV SR -B-OID B/E DD3/22/01FC11/15/01 R/MD 6.375 05/15/2030	#888806AD80B0	Ē	В	870-03411
UNIVERSITY MONT FACLS ACQUIS& IMP REV SR C MBIA ETM OID B/E DTD 12/1/95 F/C 5/15/96 R/MD 5.00 11/15/2017	#914505R380B0	ū	Ā	870-03411
UNIVERSITY N MEX UNIV REVS PRIOR OPT CALL BGN 6/1/01@102 DECLNG OID ETM B/E D11/1/91 R/MD 6.50 06/01/2021	#914692RF70B0	č	Ä	870-03411
VANCOUVER WASH RFDG-SER A MBIA L/T B/E DD 7/15/05 FC 12/1/05 R/MD 5 00 12/01/2020	#921594WX10B0	Ď	Â	870-03411
WASHINGTON ECON DFA LEASE REV BIOMEDICAL RESH PPTYS I-A-FGIC B/E DD 08/19/2004 R/MD 5.25 06/01/2022	#93975WAS40B0	č	Â	870-03411
WASHINGTON HLTH CARE FACS AUTH REV VIRGINIA MASON MED CTR-C- RADIAN B/F OID DD12/03/2007 R/MD 5.50 08/45/2042	#93978EG630B0	Ď	Â	870-03411
WASHINGTON ST COPS SR G ST BRD FOR CMNTY&TECH CLGS XLCAP B/E D8/16/06 FC 1/1/07 OID R/MD 4 375 . 07/01/2023	#939719UE80B0	Ď	Â	870-03411
WASHINGTON ST HEALTH CARE FACS AUT REV EMPIRE HLTH SYS MBIA ETM B/E DTD 4/1/93 DESD-OID R/MD 5 625 11/01/2019	#93978ERG90B0	Ď	Â	870-03411
WASHINGTON ST HEALTH CARE FACS AUTH REV SEATTLE CANCER CARE DTD 02/03/09 BK/F OID R/MD 7 125 03/01/2029	#93978E2B70B0	D	Â	870-03411
WASHINGTON STIHLT CRE FACS AU REVIFRANCISCAN HLTH/ST JOSEPH HSP MBIA B/F FTM D6/15/93 CLRL R/MD 5 625 01/01/2013	#9397803T70B0	В	Â	870-03411
WASHINGTON ST SER D FSA B/E DD 03/15/05 R/MD 5.00 01/01/2020	#93974A7Q10B0	D	A	
WASHINGTON ST VAR PURP-SER 2003A FGIC INSD BOOK/ENTRY U/T DD 8/1/02 R/MD 5.00 07/01/2021	#93974AKG80B0	D		870-03411
WEST N Y N J MUN UTILS AUTH SWR REV RFDG FGIC B/E OID DTD 12/1/93 FSC TO MTY R/MD 5 125 12/15/2017	#954710ET20B0		A	870-03411
WEST VIRGINIA HOSP FIN ETM AUTH HOSP REV-A-CHARLESTON B/E DD1/1/93 OID R/MD 6.50 09/01/2023		,E D	В	870-03411
330 M2020	#956622LS10B0	D	Α	870-03411
Second Account	-			
MISSISSIPPI GULF COAST REGL WASTEWTR AU REV OID-ESC TO MTY DT7/1/82-CBLE R/MD 7.00 07/01/2012	#C050505050	_		
TARRANT CO TX HFD CRP HLTH ETM REV REF HARRIS METH HLT SYM-A- OID AMBAC B/E D1/15/96 R/MD 5.125 09/01/2012	#605352BC60C0	В	Α	870-03553
KING CNTY WASH LTD TAX-SER B LT B/E GO DD 5/12/09 R/MD 5.125 06/01/2025	#876385EY70B0	В	Α	870-03553
SNOHOMISH CO WASH BUDGOOD ELEC DEVIDEDO CENDEN OVO. CON DIO TOC DIO TOC DIO TOC	#49474EW580B0	В	Α	870-03553
SUFFOLK CO N Y WTR AUTH WTRWKS REV SER V-REG-ESCROWED TO MATY DTD 8/15/86-CBLE R/MD 6.75 06/01/2012	#833102KB10R0	В	Α	870-03553
PINEMACOD CAN DOT ADIZ COCCANNO CATA DE ODE CALLAMAN DIAMETER DE COLOR DE CALLAMAN DE CALL	#864779XG30R0	C	Α	870-03553
	#723401BL80R0	C	Α	870-03553
	#697634WL30B0	C	Α	870-03553
11 WVER COLD DIV ALL TEV DEV DEE ID LIEN ANDAO DOOM ENT OID ECODOMES TO A THE THE TAIL THE TAIL THE	#914505U340B0	C	Α	870-03553
UNIVERSITY TEX UNIV REVS RFDG-SYS-FING-SER B B/E DD 9/15/02 F/C 2/15/03 R/MD 5.25 08/15/2019	#548100V370B0	C	Α	870-03553
LEWISVILLE TEX INDPT SCH DIST RFDG-SCH BLDG PSF GTD U,T B,E DD 2/1/06 R/MD 5.00 08/15/2021	#915137PT40B0	C	Α	870-03553
ARAG FIN ALL FOR MONDRET CORD CA CORD STANFORD HAILY CORD ARIA (D.S. O.D. STANFORD CO.D. STANFOR	#528828LL80B0	C	Α	870-03553
	#00037EBM70R0	С	Α	870-03553
LA JOYA TEX INDPT SCH DIST SCH BLDG U/T PSF GTY B/E GO DD 8/15/08 R/MD 5.25 02/15/2023	#494791NP70B0	С	Α	870-03553
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TARRANT CO TY ULT EAC DV COR ULT EVE DV LARDO METH ETAL TODO TOLO DO ALCONOMICA	#833102GZ30R0	D	Α	870-03553
	#876385EJ00R0	D	Α	870-03553
	#793300AL8010	D	Α	870-03553
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	#69671TAN90B0	E	В	870-03553
ORANGE CO PLA SALES TAX REV FGIC BK ENT DTD 10/1/89-ETM- R/MD 6.125 01/01/2019	#684515HY80B0	Ε	В	870-03553
Third account at Morgan Stanley Smith Barney IRA for susan Edelheit				
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ISHARES S&P 100 INDEX FUND ISHARES S&P 500 INDEX FUND JAN 1 7 2019

Public Disclosure Commission

RECEIVED

464287101000 D A 870612714 464287309000 C A 870612714

Vanguard Account for Lewis S Edelheit Vanguard P.O. Box 2600 Vallley Forge, PA 19482

JAN 17 2013

Public Disclosure Commission

Vanguard P.O. Box 3075 Southeastern, PA, 19398

Account	Symbol	Description	Market value	Income Note
691752		do not have authority to pick assets	E	income value

Fidelity Investments P.O Box 770001 Cincinnati, OH 45277

Kirkland, WA 98033

Account 77-0679670	Symbol	Description do not have authority to pick assets	Market value	Income Value
Hubspan Corp 505 fifth Ave S. #350 Seattle, WA 981	04	small start up company on Board of directors Own Stock in Company	В	N/A
Talyst Corp 11100 NE 8th Street, Bellevue, Washington		small start up company on Board of directors Own Stock in Company	В	N/A
Olympic Venture 1010 Market Stre Kirkland, WA 980	eet	Venture Capital company investing in	В	N/A

Small stocks. I have no say in investments and

my investment in any one company is

less than about \$1,000

JAN 17 2019

UBS Accounts for Lewis S and Susan D Edelheit UBSFinancial Services 1285 Avenue of the Americas 18th Floor New York, NY 10019-6028

Public Disclosure Commission

Account 6A04957	Symbol IVV	Description Ishares Trust S&P 500 Index	Market value E	Income Value B
6A 01374 SF		Money Market	D	Α
6A 04066 SF	IVV	Ishares Trust S&P 500 Index	E	В
6A 10942 SF	GE IVV	General Electric Ishares Trust S&P 500 Index	B E	A B





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 Tolf Free 1-877-601-2828 • E-mail: pdc@pdc.wa.gov • Website: www.pdc.wa.gov

July 2, 2012

Lewis Edelheit 9626 SE 34th Street Mercer Island, WA 98040

Subject: Reporting Modification - January 2011 to January 2012

Dear Mr. Edelheit:

Enclosed is a copy of PDC Order No. 3073, granting the reporting modification you requested concerning your Personal Financial Affairs Statement (PDC Form F-1) for the January 2011 to January 2012 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 LEWIS EDELHEIT FOR A
REPORTING MODIFICATION

PDC No. 3073
Findings, Conclusions and Order

On June 28, 2012, the application of Lewis Edelheit, 9626 SE 34th Street, Mercer Island, Washington 98040, 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, Lewis Edelheit, by modification application, requested a reporting modification that would exempt him from disclosing on his Personal Financial Affairs Statement the business customers that paid \$10,000 or more during the reporting period to two entities, Talyst Corporation and Hubspan Corporation. Mr. Edelheit also requested a reporting modification that would exempt him from disclosing the business and other governmental customers that paid \$10,000 or more during the reporting period to Virginia Mason Health Systems.

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

FINDINGS OF FACT

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

- 1. Mr. Edelheit has not previously been granted the requested reporting modification.
- 2. Mr. Edelheit is an appointed Trustee for the Life Sciences Discovery Fund (LSDF). His appointment expires in 2013.
- 3. <u>Talyst Corporation</u>: Mr. Edelheit serves on the Board of Directors for Talyst. The company is based in Bellevue, has \$32 million in annual revenue, and approximately 100 employees. The company sells automation equipment & software for improving patient safety and operational efficiency in acute care hospital pharmacies. The company also provides equipment for dispensing medication to patients in long-term care facilities and inmates in correctional facilities. He is not involved in the day-to-day operations of the business and does not have access to the entity's customer information.

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).



- 4. Mr. Edelheit stated that Talyst operates in a very competitive industry and disclosing business customers would be very useful to the company's competitors who would go after the customers to take over the profitable recurring revenue of the business. He stated that about 430 of Talyst's customers would be reportable.
- 5. Mr. Edelheit provided a list of governmental customers of Talyst.
- 6. <u>Hubspan Corporation</u>: Mr. Edelheit serves on the Board of Directors for Hubspan. The company is based in Seattle and has about \$10 million in annual revenue. The company provides internet connectivity solutions to customers for business to business commercial transactions. Mr. Edelheit is not involved in the day-to-day operations and occasionally has access to the entity's customer information.
- 7. Mr. Edelheit stated that Hubspan has no interest in research and development and therefore would never have any conflict with LSDF.
- 8. Mr. Edelheit stated that of Hubspan's 130 customers, about 90 would be reportable. He indicated that disclosing Hubspan's customers would have a negative impact on their business which is highly competitive.
- 9. Mr. Edelheit provided a list of governmental customers of Hubspan.
- 10. <u>Virginia Mason Health System</u>: Mr. Edelheit serves on the Board of Directors for Virginia Mason, a non-profit, complex health system which includes a large hospital in Seattle, multiple clinics, and the Benaroya Research Institute (BRI). Virginia Mason has \$950 million in annual revenue, 5,700 employees, and over 200,000 customers. He said he is not involved in the day-to-day operations and does not have access to customer information.
- 11. Mr. Edelheit stated that Virginia Mason has more than 2,000 reportable customers, including insurance companies, other health care organizations, pharmaceutical contracts, corporate business partners, etc. He said it would be very difficult to compile and disclose customer information because there are multiple categories of customers and multiple accounting systems which hold this data.
- 12. Mr. Edelheit indicated that almost all of the payments are related to health care services and have no connection with the work of the LSDF board, with one exception, BRI. He disclosed that BRI, which is part of Virginia Mason, receives funds from LSDF. He stated that he fully disclosed (on the F-1 Supplement) that BRI received two LSDF grants to perform research. He stated that he will recuse himself from voting in matters related to BRI.

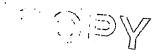
CONCLUSIONS OF LAW

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.

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

Lewis Edelheit PDC Modification No. 3073 Page 3



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 within two weeks of appointment:

- 1. The applicant may satisfy the reporting requirements of RCW 42.17.241(1)(g)(ii)⁴ without identifying the reportable business (non-governmental) customers of Talyst Corporation.
- 2. The applicant may satisfy the reporting requirements of RCW 42.17.241(1)(g)(ii)⁴ without identifying the reportable business (non-governmental) customers of Hubspan Corporation.
- 3. The applicant must satisfy the reporting requirements of RCW 42.17.241(1)(g)(ii)⁴ by disclosing the reportable governmental customers of Talyst Corporation and Hubspan Corporation.
- 4. The applicant may satisfy the reporting requirements of RCW 42.17.241(1)(g)(ii)⁴ without identifying the reportable business and other governmental customers of Virginia Mason Health Systems, except for the Benaroya Research Institute funds received from the Life Sciences Discovery Fund.
- 5. 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 2nd day of July, 2012.

FOR THE PUBLIC DISCLOSURE COMMISSION

Andrea McNamara Doyle

Executive Director

I, Jonathan Ammoh certify that I mailed a copy of this order to the Respondent/Applicant at his/her respective addless postage pre-paid on the date stated herein.

Signed

/Date

⁴ RCW 42.17.241 now codified at RCW 42.17A.710 (effective January 1, 2012).