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

Last Name
First
Middle Initial

Mailing Address (Use PO Box or Work Address) *

City
County
Zip + 4

Filing Status (Check only one box.)
☐ An elected or state appointed official filing annual report
☐ Final report as an elected official. Term expired: ______ month ______ year ______
☐ Candidate running in an election: month ______ year ______
☐ Newly appointed to an elective office
☐ Newly appointed to a state appointive office
☐ Professional staff of the Governor’s Office and the Legislature

Office Held or Sought
Office title: ___________________________
County, city, district or agency of the office, name and number:
Position number: ____________________
Term begins: ___________ ends: ___________

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 $2,400 or more during the period. Include stock options received during the reporting period that had a value of $2,400 or more. (Report interest and dividends in Item 3.)

Name and Address of Employer or Source of Compensation
Occupation or How Compensation Was Earned
Amount: (Use Code)

Check Here ☐ if continued on attached sheet

2 REAL ESTATE List street address, assessor’s parcel number, or legal description AND county for each parcel of Washington real estate with value of over $12,000 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

All Other Property Entirely or Partially Owned

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

PDC FORM
F-1 (11/18)

PERSONAL FINANCIAL AFFAIRS STATEMENT

DOLLAR CODE AMOUNT
A $1 to $4,499
B $4,500 to $23,999
C $24,000 to $47,999
D $48,000 to $119,999
E $120,000 or more

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.

CONTINUE ON NEXT PAGE
### ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

**A.** Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over $24,000 any time during the report period.

<table>
<thead>
<tr>
<th>Type of Account or Description of Asset</th>
<th>Asset Value (Use Code)</th>
<th>Income Amount (Use Code)</th>
</tr>
</thead>
</table>

**B.** Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over $24,000 during the period.

**C.** Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over $2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account.

Check here [ ] if continued on attached sheet.

### CREDITORS

**4** List each creditor you or a family member, including registered domestic partner, owed $2,400 or more any time during the period. Don’t include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

<table>
<thead>
<tr>
<th>Creditor’s Name and Address</th>
<th>Terms of Payment</th>
<th>Security Given</th>
<th>Original</th>
<th>Present</th>
</tr>
</thead>
</table>

Check here [ ] if continued on attached sheet.

### FILERS

**5** 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, company, union, association, 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 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.

### ALL FILERS EXCEPT CANDIDATES

Check the appropriate box.

- [ ] I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.

- [ ] I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

### CANDIDATES

- Do not use public agency addresses or telephone numbers for contact information.

### CERTIFICATION

I certify under penalty of perjury that the information in this report is true and correct to the best of my knowledge. I acknowledge that the email address herein shall constitute the official address for communications with the commission, and that I must notify the commission of any change to that address within ten days.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Telephone: (   ) *</td>
<td></td>
</tr>
<tr>
<td>Email: ___________________________ (Work)</td>
<td></td>
</tr>
<tr>
<td>Email: ___________________________ (Home)*</td>
<td></td>
</tr>
</tbody>
</table>

REPORT NOT ACCEPTABLE WITHOUT FILER’S SIGNATURE