PDC FORM **F-1** (11/00)

PERSONAL FINANCIAL AFFAIRS STATEMENT

7814100461

PDC OFFICE USE

Refer to instruction manual for detailed assistance and examples

Deadlines: Incumbent elected and appointed officials -- by April 15th.

Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.

DOLLAR	
CODE	AMOUNT
Α	\$1 to \$2,999
B	\$3,000 to \$14,999
C	\$15,000 to \$29,999
D	\$30,000 to \$74,999
E	\$75,000 or more

			_	****,			
Last Name	First Name	'	M.I.	Names of immedi	ate family memb	ers. If there is no reportabl	е
LASALATA	FRANK		V		•	endent children, or other ld, do not identify them. Do)
Mailing Address (Use PO Bo	ox or Work Address)			identify your spou	se. See F-1 man	ual for details.	
16149 REDMOND WAY	137			SP)	
City	County	Zip		D	[
REDMOND	KING	98052		D	[)	
Filing Status (Check on	ly one box.)			Office Held or Se	ought		
An elected or state appoi	nted official filing annual report.			Office title: DIST	RICT COURT	JUDGE	
☐ Final report as an elected	official. Term expired:			County, city, district	ct or agency of th	ne office,	_
⊠ Candidate running in an ∈	election: month NOVEMBER ye	ear 2006		name and num	ber: KING CO [DISTRICT COURT	
☐ Newly appointed to an ele		2000		Position number:	2		
☐ Newly appointed to a stat	e appointive office.			Term begins: 01/	01/2007	ends: 12/31/2010	

☐ Newly appoi	nted to a state appointive office.	Term begins: 01/01/2007 ends: 12	/31/2010
1 імсоі	List each employer, or other source of income (pension, soo received \$1,500 or more during the period. (Report interest a *Use codes above for amount.		amily member
Individual	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount*
Self Spouse Dependent	KING COUNTY DISTRICT COURT, SEATTLE WA	JUDGE PRO-TEMPORE	E
Self Spouse Dependent			
Self Spouse Dependent			
Self Spouse Dependent			
☐ Self ☐ Spouse ☐ Dependent			
Self Spouse Dependent			
Self Spouse Dependent			
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Self Spouse Dependent			
Self Spouse Dependent			
Self Spouse Dependent			
Self Spouse Dependent			

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Property Sold or Interest Divested	Assessed Value*	Nam	ne and Address of Purchaser	Nature of Pa	yment	Amour Consideration	
	value					Consideration	i Neceivei
Property Purchased or Interest Acqu	ired Asse	ssed	Creditor's Name/Address	Payment Terms	Security Giv	en Mortgage	e Amount
	Val	ie.		-		Original	Current
						Martana	- Ama a m4
All Other Property Entirely or Partially C	Owned Asse Val		Creditor's Name/Address	Payment Terms	Security Giv		e Amount Current

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List bank and savings accounts, insurance policies, stock, bonds and other 3 ASSETS/INVESTMENTS - INTEREST/DIVIDENDS intangible property held during the reporting period. *Use amount codes from page 1 for amount and value fields.

۹.	Name and address of each bank or f	financial institution in which you or a	family member had an account o	ver \$15,000 any time during the reporting period.
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Bank or Financial Institution (include address)	Type of Account or Description of Asset	Asset Value*	Income Amount*
BANK OF AMERICA, REDMOND, WA	SAVINGS AND CHECKING ACCOUNTS	С	А

B. Name and address of each insurance company where you or a family member had a policy with a cash or loan value over \$15,000 during the period.

Insurance Company Name and Address	Description or Type of Policy	Asset Value*	Income Amount*
	1		

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3 ASSETS/INVESTMENTS - INTEREST/DIVIDENDS CONTINUED

List bank and savings accounts, insurance policies, stock, bonds and other intangible property held during the reporting period.
*Use amount codes from page 1 for amount and value fields.

C.	Name and address of each company, association, government agency, etc. in which you or a family member owned or had a financial interest worth over
	\$1,500. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property.

Name and Address of Company, Association, State Agency, etc.	Type of Account or Description of Asset	Asset Value*	Income Amount*

4	
4	CREDITOR
-	CIVEDITOR

List each creditor you or a family member owed \$1,500 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in item 2.

	Creditor's Name and Address	Terms of Payment	Security Given	Amou Original	
_	All filers answer questions A - D below. If the a				
5	All filers answer questions A - D below. If the a of this report. If all answers are NO and you are executive officer filing your initial report, no F-	e a candidate for state or local off			
5	of this report. If all answers are NO and you ar	e a candidate for state or local off -1 Supplement is required. e officers filing an annual financia	fice, an appointee to a vacant elect al affairs report also must answer o	ive office, or a s	tate
5	of this report. If all answers are NO and you ar executive officer filing your initial report, no F Incumbent elected officials and state executiv	e a candidate for state or local off -1 Supplement is required. e officers filing an annual financia s unless all answers to the question ector, general partner or trustee of all	fice, an appointee to a vacant elect al affairs report also must answer o ons A - E are NO. ny corporation, company, union, asso	ive office, or a s	tate ·
	of this report. If all answers are NO and you are executive officer filing your initial report, no Foundation of the secutive Supplement is required of these office holders. Were you, your spouse or dependents an officer, directly direc	re a candidate for state or local official Supplement is required. e officers filing an annual financial surfless all answers to the question of the complete Supplement of the Supplement of t	fice, an appointee to a vacant elect al affairs report also must answer ons A - E are NO. ny corporation, company, union, assoment, Part A	ive office, or a s	-1 -ure or
	of this report. If all answers are NO and you are executive officer filing your initial report, no Foundation Incumbent elected officials and state executive Supplement is required of these office holders. Were you, your spouse or dependents an officer, directly other entity at any time during the reporting period? Did you, your spouse or dependents have an owners.	re a candidate for state or local official Supplement is required. e officers filing an annual financials unless all answers to the question of the complete Supplement of 10% or more in any company Yes, complete Supplement, Part A	fice, an appointee to a vacant electral affairs report also must answer ons A - E are NO. ny corporation, company, union, assoment, Part A , corporation, partnership, joint venture.	ive office, or a sign of the street of the street or other business.	-1 -ure or
A B	of this report. If all answers are NO and you are executive officer filing your initial report, no Fall Incumbent elected officials and state executive Supplement is required of these office holders. Were you, your spouse or dependents an officer, direction other entity at any time during the reporting period? Did you, your spouse or dependents have an owners any time during the reporting period?	re a candidate for state or local official supplement is required. e officers filing an annual financial surfless all answers to the question of the control of the contro	al affairs report also must answer cons A - E are NO. ny corporation, company, union, assoment, Part A , corporation, partnership, joint venturion? No Yes, complete Surates or standards for current or defe	juestion E. An Footiation, joint ventore or other busines upplement, Part A	tate
A B	of this report. If all answers are NO and you are executive officer filing your initial report, no Falling initial report in Falling initial r	re a candidate for state or local official Supplement is required. e officers filing an annual financials unless all answers to the question of the properties of the question of the properties of the propertie	al affairs report also must answer cons A - E are NO. ny corporation, company, union, assoment, Part A , corporation, partnership, joint venturion? No Syes, complete Surates or standards for current or defended in the supplement,	juestion E. An Forciation, joint venture or other businessipplement, Part Americal Compensation	eure or
A B C	of this report. If all answers are NO and you are executive officer filing your initial report, no Falling your initial report, no Falling your initial report, no Falling Householders. Incumbent elected officials and state executive Supplement is required of these office holders. Were you, your spouse or dependents an officer, direction other entity at any time during the reporting period? Did you, your spouse or dependents have an owners any time during the reporting period? Did you, your spouse or dependents own a business. Did you, your spouse, or dependents prepare, promote than pay for a currently held political office) at any time.	re a candidate for state or local official Supplement is required. re officers filling an annual financial surfless all answers to the question of the properties of the prop	al affairs report also must answer cons A - E are NO. ny corporation, company, union, assoment, Part A , corporation, partnership, joint venturiod? No Yes, complete Surates or standards for current or defended to Yes, complete Supplement, paid for by your governmental agency	ive office, or a s juestion E. An Face position, joint venture or other busines applement, Part A perred compensation of B y during the previous property of the previous property of the previous part B	eure or
A B C	of this report. If all answers are NO and you are executive officer filing your initial report, no Falling Householders. Were you, your spouse or dependents an officer, directive other entity at any time during the reporting period? Did you, your spouse or dependents have an owners any time during the reporting period? Did you, your spouse or dependents own a business. Did you, your spouse or dependents prepare, promothan pay for a currently held political office) at any time. Only for Persons Filing Annual Report. Regarding calendar year:	re a candidate for state or local off-1 Supplement is required. re officers filing an annual financial standards and answers to the question of the standard	al affairs report also must answer cons A - E are NO. The proportion, company, union, assoment, Part A The proportion, partnership, joint venturing the proportion of the pr	ive office, or a signer or a s	eure or on (other
A B C	of this report. If all answers are NO and you are executive officer filing your initial report, no Falling your species and state executive Supplement is required of these office holders. Were you, your spouse or dependents an officer, directly other entity at any time during the reporting period? Did you, your spouse or dependents have an owners any time during the reporting period? Did you, your spouse or dependents own a business. Did you, your spouse, or dependents prepare, promount than pay for a currently held political office) at any time. Only for Persons Filling Annual Report. Regarding calendar year: 1) Did you, your spouse or dependent (or any combinate). Did any source other than your governmental agent.	e a candidate for state or local off- 1 Supplement is required. e officers filing an annual financials unless all answers to the question of the complete supplement. Example of 10% or more in any company yes, complete Supplement, Part A at any time during the reporting period or oppose state legislation, rules, ne during the reporting period?	al affairs report also must answer cons A - E are NO. The proportion, company, union, assoment, Part A The proportion, partnership, joint venturing the proportion of the pr	ive office, or a signer or a s	eure or on (other
B C D	of this report. If all answers are NO and you are executive officer filing your initial report, no Falling your species and state executive Supplement is required of these office holders. Were you, your spouse or dependents an officer, directly other entity at any time during the reporting period? Did you, your spouse or dependents have an owners any time during the reporting period? No □ You your spouse or dependents own a business. Did you, your spouse, or dependents prepare, promount than pay for a currently held political office) at any time. Only for Persons Filling Annual Report. Regarding calendar year: 1) Did you, your spouse or dependent (or any combinate) Did any source other than your governmental agent seminar or other training? □ No □ Yes	e a candidate for state or local off-1 Supplement is required. e officers filing an annual financial standards and answers to the question of the complete supplement. The provided of the complete supplement of 10% or more in any company yes, complete supplement, Part A at any time during the reporting period or oppose state legislation, rules, needuring the reporting period?	al affairs report also must answer cons A - E are NO. The proposition, company, union, assoment, Part A The proposition, partnership, joint venturing the proposition of the propositi	ive office, or a signer or a signer or other busines applement, Part Appropriate Busines or occasion?	ess at
A B C	of this report. If all answers are NO and you are executive officer filing your initial report, no Falling your supplement is required of these office holders. Were you, your spouse or dependents an officer, directly other entity at any time during the reporting period? Did you, your spouse or dependents have an owners any time during the reporting period? No □ No	The a candidate for state or local officing an annual financials and the state and the question of the questio	al affairs report also must answer cons A - E are NO. The proposition, company, union, assoment, Part A The proposition, partnership, joint venturing the proposition of the propositi	ive office, or a signer or a s	ess at

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SUPPLEMENTAL FORM

PERSONAL FINANCIAL AFFAIRS STATEMENT

Last Nai		ATION FOR YOURSELF, SPO	First FRANK	DREN AND OTH	M.I. V.	Date 8/1/20	
A							
Α	•	BUSINESS INTERESTS				h: h	
		on, non-profit organization, asso officer, director, general partne					r spouse or
	=	Report name used on legal doc		-	h - la wal wawa		
	Position or F	rating Name: Report name use ercent of Ownership: The office	ce, title and/or percent of	ownership held.	ū		
		tion of the Business/Organiza m Governmental Unit: If the g					business entity
	concerning w	ich you're reporting, show the p m Business Customers and o	ourpose of each payment	and the actual a	mount received.		-
	proprietorship	union, association, business o	r other commercial entity	and each govern	ment agency (oth	ner than the c	ne you seek/hold
		aid compensation of \$5,000 or was given or perfomed for the o		the entity. Briefl	y say what prope	rty, goods, se	rvices or other
	Washington	Real Estate: Identify real estate	owned by the business	entity if the qualifi	cations reference	d below are r	met.
	TY NO.1		FIDOT NAME	Rep	oorting for: 🛛 Se		use Dependent
LAST N			FIRST NAME			M.I.	POSITION OR %
LASAL	АТА		FRANK			V	OF OWNERSHIP
LEGAL	NAME		TRADE or OPER	ATING NAME			100
LAW	OFFICE OF FRANK	V. LASALATA					
ADDRE	ESS						
16149	REDMOND WAY, #	137					
CITY				TATE	ZIP CODE		
REDM	IOND		_	VA	98052		
KEDIV	IOND		`	NA .	90032		
BRIEF	DESCRIPTION OF	THE BUSINESS/ORGANIZATION	ON				
LAW F	PRACTICE						
	PA	YMENTS ENTITY RECEIVED F	ROM GOVERNMENTAL	UNIT IN WHICH	I YOU SEEK/HO	LD OFFICE	
		PURPOSE OF	PAYMENTS			AMOL	JNT (actual dollars)

A OFFICE HELD, BUSINESS INTERESTS CONTINUED												
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS AND OTHER GOVERNMENT AGENCIES OVER \$7,500 CUSTOMER NAME PURPOSE OF THE PAYMENT (amount not required)												
WASHINGTON REAL ESTATE IN WHICH ENTITY HE assessed value of property is over \$15,000. Li	st street address, ass	essor parcel number, or legal des	scription and county for each parcel)									
STREET ADDRESS OR LEGAL DESCRI	PTION	PARCEL N	IUMBER OR COUNTY									

В	LOBI	BYING	standards for	current or	deferred o	on	nediate family member lobbled or prepared state pensation. Do not list pay from government bod ollar Code Below for Compensation Field.	legislation or sta y in which you are	te rules, ra an electe	ites or d official
PERSON TO WHOM SERVICES RENDERED				DESCRIPTION OF LEGISLATION, RULES	COMPEN	SATION*				
	FOOL)	Complete th	nie eaction	if a source		ther than your own governmental agency paid fo	r or otherwise pro	vidad all c	or a
C	TRAN		portion of the	ne followin	g items to	yo	ou, your spouse or dependents, or a combination Fravel occasions; or 3) Seminars, educational pro	thereof: 1) Food	and bevera	
DA			NOR'S NAME,	CITY AND S	STATE		BRIEF DESCRIPTION	ACTUAL DOLLAR	AMOUNT	VALUE*
						+				
							*DOLLAR	AMOUNT		
							CODE A			
							B	\$3,000 to \$	\$14,999	
							D	\$30,000 to \$75,000 oi	\$74.999	