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.

Self
Spou Spouse Dependent Self Spouse Dependent *DOLLAR
CODE AMOUNT
A------\$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

	andidate or being newly appointed to a position	. 9		\$30,000 to \$ \$75,000 or n	, I		
Last Name	First Name	М.	Names of infinediate family members. If there is no repe				
LASALATA	FRANK		information to disclose for the dependent children, or other dependents living in your household, do not identify them. Do				
Mailing Address	s (Use PO Box or Work Address)			identify your spouse. S			
16149 REDN	MOND WAY 137		s	iP	D		
City	County	Zip		D	D		
REDMOND	KING	98052		D	D		
Filing Status	(Check only one box.)		0	ffice Held or Sough	nt		
☐ An elected o	or state appointed official filing annual report.			Office title: DISTRICT	COURT JUE	DGE	
☐ Final report	as an elected official. Term expired:			County, city, district or	agency of the o	office,	
⊠ Candidate ru	unning in an election: month NOVEMBER ye	ar 2006		name and number:	KING CO DIS	TRICT CO	URT
☐ Newly appoi	nted to an elective office.		F	Position number: 2			
☐ Newly appoi	nted to a state appointive office.		-	Term begins: 01/01/2007 ends: 12/31/2010			
1 INCO	List each employer, or other source of in received \$1,500 or more during the perio *Use codes above for amount.	. ,		,, , ,		u or a fam	ily member
Individual	Name and Address of Employer or Source o	f Compensation	Occi	pation or How Compe	nsation Was Ea	arned	Amount*
Self Spouse Dependent	KING COUNTY DISTRICT COURT, SEATTLE V	VA	JUE	GE PRO-TEMPORE			Е
Self Spouse Dependent							
Self Spouse Dependent							
Self Spouse Dependent							
Self Spouse Dependent							

F-1 6170100465

Property Sold or Interest Divested 119 SKYLARK LANE, FRIDAY		ed ,	lance and Address CD 1	NI CO		Amount	
110 SKYLARK LANE ERIDAY	Value*		lame and Address of Purchaser	Nature of Pay	ment	Consideration	Received
HARBOR WA 98250 # 451343006-00	E	WELL	S FARGO BANK NORTH AMERICA	N/A (SEE ATTACHEI	D)	N/A	
Property Purchased or Interest Acqu		ssessed Value*	Creditor's Name/Address	Payment Terms	Security Giv	en Mortgage Original	Amount*
All Other Property Entirely or Partially C		ssessed Value*	Creditor's Name/Address	Payment Terms	Security Giv	en Mortgage Original	Amount*

List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate

8592100465

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.

. Name and add	ress of each bank or f	inancial institution in which yo	u or a family member h	nad an account over t	\$15,000 any time during the	e reporting period.
----------------	------------------------	----------------------------------	------------------------	-----------------------	------------------------------	---------------------

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	Α	

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*

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	Value*	Amount*

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	Amo Original	ount" Present
5	All filers answer questions A - D below. If the ar of this report. If all answers are NO and you are executive officer filing your initial report, no F-1	a candidate for state or local off		• •		
	Incumbent elected officials and state executive Supplement is required of these office holders				stion E. An I	- -1
A	Were you, your spouse or dependents an officer, direct other entity at any time during the reporting period?				tion, joint ver	nture or
В	Did you, your spouse or dependents have an ownersh any time during the reporting period? ⊠ No ☐ You		, corpo	oration, partnership, joint venture o	r other busin	ess at
С	Did you, your spouse or dependents own a business a	at any time during the reporting peri	od? [☐ No ⊠ Yes, complete Suppl	ement, Part	Ą
D	Did you, your spouse, or dependents prepare, promote than pay for a currently held political office) at any time			or standards for current or deferre Yes, complete Supplement, Pal		tion (othe
E	Only for Persons Filing Annual Report. Regarding the calendar year:	ne receipt of items not provided or p	oaid fo	r by your governmental agency du	ring the prev	ious
	1) Did you, your spouse or dependent (or any combina	tion thereof) accept a gift of food o	r bever	rages costing more than \$50 per o	occasion?	No 🗌 Ye
	2) Did any source other than your governmental agence seminar or other training? No Yes	y provide or pay in whole or in part	for you	u, your spouse and/or dependents	to travel or	to attend
	If yes to either or both questions (E), complete Su	pplement, Part C.				
	ALL FILERS EXCEPT CANDIDATES. Check the app	* *		TFICATION: I certify under penalt		nd
	☐ I hold a state elected office or am an executive st familiar with RCW 42.52.180 regarding the use of		correc	ne information contained in this re of to the best of my knowledge		na
_			FRA		09/07/2006 Date	_
1	☐ I hold a local elected office. I have read and am for regarding the use of public facilities in campaigns			ne tact Phone 360-378-8636	Date	

SEP 8 - 2006

Frank V. LaSalata 16149 Redmond Way, #137 Redmond WA, 98052

Mr. Phil Stutzman
Director of Compliance
Washington State Public Disclosure Commission
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908

RECEIVED

SEP 1 1 2006

Public Disclosure Commission

Dear Mr. Stutzman,

This letter is intended to supplement the amended F-1 I electronically filed with the Washington State Public Disclosure Commission on Thursday, September 7, 2006, under confirmation # 0147805475110.

My F-1 has now been amended to include my former San Juan Island Property, which I believed had been sold at a Trustee's Sale in June or July of 2005. I have now found out that the sale actually took place on August 19, 2005, and when I filed my original F-1 on August 1, 2006, I still owned the property for 19 days within that prior 12 month period.

Since the property was sold at a Trustee's sale to Wells Fargo Bank I did not receive any funds from that sale and as such in both the "Nature of Payment" and in the "Amount of Consideration Received" columns I have indicated "N/A" respectively to reflect that fact.

In an inserting production of the engineering of the engi

If you have any questions, please do not hesitate to contact me at any time.

J1\ck1\\L

Frank V I a Salata