



## **PUBLIC DISCLOSURE COMMISSION**

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To: Members, Washington State Public Disclosure Commission  
From: Lori Anderson, Communications & Training Officer  
Date: June 19, 2014  
Re: Rule Making – Discussion and Possible Approval of Draft Language – Adjusting Dollar Amounts for Personal Financial Affairs Disclosure

### **AGENDA ITEM**

At the June 26, 2014 meeting, the Commission will discuss and possibly approve draft language to adjust the personal financial disclosure dollar amounts (reporting thresholds and Codes A – E values), as allowed by RCW 42.17A.125(2). The draft language proposes amendments to:

WAC 390-24-010 Forms for statement of financial affairs [F-1],  
WAC 390-24-020 Forms for amending statement of financial affairs [F-1A],  
WAC 390-24-202 Report of compensation from sales commissions, and  
WAC 390-24-301 Changes in dollar amounts of reporting thresholds and code values.

### **BACKGROUND**

Consistent with its strategic plan, the Commission has been reviewing Personal Financial Affairs (F-1) disclosure requirements. At the June 2014 meeting, the Commission will consider stakeholders' and staff recommendations for statutory and rule amendments that would change the F-1 disclosure requirements. Both stakeholders and staff are recommending that the Commission make inflationary adjustments to the F-1 dollar thresholds and reporting code values. Discussion and possible approval of draft language is included in the June 26 meeting agenda, in the event the Commission wishes to begin the process of making inflationary adjustments.

The Commission may make adjustments for the purpose of recognizing economic changes at least once every five years but no more often than every two years. The F-1 thresholds and reporting value codes were last adjusted in 2008. Any adjustments the Commission makes must equally affect all thresholds within the personal financial disclosure category. RCW 42.17A.125(2).

### **DRAFT PROPOSED AMENDMENTS**

The adjustments offered for consideration and possible approval were calculated using the Implicit Price Deflater index, as directed by RCW 42.17A.125(2).

- The attached draft proposal to amend WAC 390-24-301 summarizes the current amounts and draft proposed adjustments.

- All dollar amounts contained in the attached draft proposed amendments to the F-1, F-1 Supplement, and F-1A forms are adjusted consistent with the draft proposed amendments to WAC 390-24-301.
- Finally, draft language to amend WAC 390-24-202, is attached. The rule clarifies how commission proceeds are disclosed, referencing the disclosure thresholds for compensation and payments from governmental and business customers. The proposed draft adjustments to those amounts are also consistent with the draft proposed amendments to WAC 390-24-301.

If the Commission approves the language for the proposed amendments, it will be filed with the Code Reviser along with notice of a public hearing that would likely be scheduled for the September 2014 meeting.

### **COMMISSION ACTION**

Staff is requesting that the Commission approve the proposed draft language to amend WACs 390-24-010, 390-24-020, 390-24-202, and 390-24-301.

Attachments: Draft proposed amendments to WACs 390-24-301,  
390-24-010,  
390-24-020, and  
390-24-202

**WAC 390-24-301 Changes in dollar amounts of reporting thresholds**

**and code values.** Pursuant to the commission's authority in RCW 42.17A.125(2) to revise the monetary reporting thresholds and code values found in chapter 42.17A RCW to reflect changes in economic conditions, the following revisions are made:

<b>Statutory Section</b>	<b>Subject Matter</b>	<b>Amount Enacted or Last Revised</b>	<b>Revision Effective (<del>0</del>) <b>November 1, 2014</b></b>
.710 (1)(b)	Bank Accounts	<del>\$(15,000)</del> 20,000	<del>\$(20,000)</del> <b>24,000</b>
.710 (1)(b)	Other Intangibles	<del>\$(1,500)</del> <u>2,000</u>	<del>\$(2,000)</del> <b>2,400</b>
.710 (1)(c)	Creditors	<del>\$(1,500)</del> <u>2,000</u>	<del>\$(2,000)</del> <b>2,400</b>
.710 (1)(f)	Compensation	<del>\$(1,500)</del> <u>2,000</u>	<del>\$(2,000)</del> <b>2,400</b>
.710 (1)(g)(ii)	Compensation to Business Entity	<del>\$(7,500)</del> <u>10,000</u>	<del>\$(10,000)</del> <b>12,000</b>
.710 (1)(g)	Bank Interest Paid	<del>\$(1,800)</del> <u>2,400</u>	<del>\$(2,400)</del> <b>2,900</b>
.710 (1)(h)	Real Property-Acquired	<del>\$(7,500)</del> <u>10,000</u>	<del>\$(10,000)</del> <b>12,000</b>
.710 (1)(i)	Real Property-Divested	<del>\$(7,500)</del> <u>10,000</u>	<del>\$(10,000)</del> <b>12,000</b>
.710 (1)(j)	Real Property-Held	<del>\$(7,500)</del> <u>10,000</u>	<del>\$(10,000)</del> <b>12,000</b>
.710 (1)(k)	Real Property-Business	<del>\$(15,000)</del> <u>20,000</u>	<del>\$(20,000)</del> <b>24,000</b>
.710 (1)(l)	Food and Beverages	\$50	
.710 (2)	Dollar Code A	Up to <del>\$(2,999)</del> <u>3,999</u>	Up to <del>\$(3,999)</del> <b>4,499</b>
	Dollar Code B	<del>(\$3,000-\$14,999)</del> \$4,000-\$19,999	<del>(\$4,000-\$19,999)</del> <b>\$4,500-\$23,999</b>
	Dollar Code C	<del>(\$15,000-\$29,999)</del> \$20,000-\$39,999	<del>(\$20,000-\$39,999)</del> <b>\$24,000-\$47,999</b>
	Dollar Code D	<del>(\$30,000-\$74,999)</del> \$40,000-\$99,999	<del>(\$40,000-\$99,999)</del> <b>\$48,000-\$119,999</b>
	Dollar Code E	<del>(\$75,000)</del> \$100,000 and up	<del>(\$100,000)</del> <b>\$120,000 and up</b>

[Statutory Authority: RCW 42.17A.110. WSR 12-03-002, § 390-24-301, filed 1/4/12, effective 2/4/12. Statutory Authority: RCW 42.17.370(1). WSR 08-01-070, § 390-24-301, filed 12/14/07, effective 1/14/08. Statutory Authority: RCW 42.17.370 (1) and (11) and 42.17.241 (1)(n). WSR 97-23-020, § 390-24-301, filed 11/10/97, effective 1/1/98.]

Refer to instruction manual for detailed assistance and examples.

**Deadlines:** Incumbent elected and appointed officials -- by April 15.  
Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.

**SEND REPORT TO PUBLIC DISCLOSURE COMMISSION**

DOLLAR CODE	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

R  
E  
C  
E  
I  
V  
E  
D

Last Name	First	Middle Initial
Mailing Address (Use PO Box or Work Address) *		
City	County	Zip + 4

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.

Filing Status (Check only one box.)

An elected or state appointed official filing annual report

Final report as an elected official. Term expired: \_\_\_\_\_

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.)

Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)

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   Current
All Other Property Entirely or Partially Owned					

Check here  if continued on attached sheet

### 3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.

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.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
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.

### 4 CREDITORS

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.

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE)	
			Original	Present
Check here <input type="checkbox"/> if continued on attached sheet.				

### 5 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? \_\_\_\_ If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? \_\_\_\_ If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? \_\_\_\_ If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for 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 contained in this report is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Telephone: (     ) \*

Email: \_\_\_\_\_ (work) \*

Email: \_\_\_\_\_ (Home) Optional

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

Last Name	First	Middle Initial	DATE
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- A OFFICE HELD, BUSINESS INTERESTS:** Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents
- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
  - (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
- Legal Name: Report name used on legal documents establishing the entity.
  - Trade or Operating Name: Report name used for business purposes if different from the legal name.
  - Position or Percent of Ownership: The office, title and/or percent of ownership held.
  - Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
  - Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
  - Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of **\$12,000** or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
  - Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

**ENTITY NO. 1** Reporting For: Self  Spouse   
 Registered Domestic Partner  Dependent

LEGAL NAME: POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:  
 Purpose of payments Amount (actual dollars)  
 \$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF **\$12,000** OR MORE:  
 Agency name: Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF **\$12,000** OR MORE  
 Customer name: Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over **\$24,000**. List street address, assessor parcel number, or legal description and county for each parcel):

Check here  if continued on attached sheet

**CONTINUE PARTS B AND C ON NEXT PAGE**

Name

ENTITY NO. 2

Reporting For: Self  Spouse

Registered Domestic Partner  Dependent

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

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

Purpose of payments

Amount (actual dollars)

\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here  if continued on attached sheet

**B LOBBYING:** List persons for whom you, or any immediate family member, including registered domestic partner, lobbied or prepared state legislation or state rules, rates, or standards for compensation or deferred compensation. Do not list pay from government body in which you are an elected official or professional staff member.

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code)
Check here <input type="checkbox"/> if continued on attached sheet		

**C FOOD TRAVEL SEMINARS** Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
			\$	
Check here <input type="checkbox"/> if continued on attached sheet				

**Information Continued**

**F-1 Supplement**

Name

**ENTITY NO.**

Reporting For: Self  Spouse

Registered Domestic Partner  Dependent

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

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

Purpose of payments

Amount (actual dollars)

\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

**B LOBBYING:** (Continued)

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code)

**C FOOD TRAVEL SEMINARS** (continued)

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
			\$	



**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-1A**  
 (11/14)

**PERSONAL FINANCIAL AFFAIRS STATEMENT**  
 Short Form

P M PDC OFFICE USE  
 O A  
 S R  
 T K

The F-1A form is designed to simplify reporting for persons who have no changes or only minor changes to an F-1 report previously filed.  
**A complete F-1 form must be filed at least every four years;** an F-1A form may be used for no more than three consecutive reports.  
**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.

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

R  
E  
C  
E  
I  
V  
E  
D

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address (Use PO Box or Work Address) \* \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip + 4 \_\_\_\_\_

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.

Filing Status (Check only one box.)

An elected or state appointed official filing annual report

Final report as an elected official. Term expired: \_\_\_\_\_

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: \_\_\_\_\_

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.

**NO CHANGE REPORT.** I have reviewed my last complete F-1 report dated \_\_\_\_\_ and F-1A reports (if any) dated (1) \_\_\_\_\_ and (2) \_\_\_\_\_. The information disclosed on those reports is accurate for the current reporting period.

**MINOR CHANGES REPORT.** I have reviewed my last complete F-1 report dated \_\_\_\_\_. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers and describe changes. Provide all information required on F-1 report.

Check here  if continued on attached sheet

**FOOD TRAVEL SEMINARS** Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
Check here <input type="checkbox"/> if continued on attached sheet				

**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 contained in this report is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Telephone: ( ) \_\_\_\_\_ \*

Email: \_\_\_\_\_ (work) \*

Email: \_\_\_\_\_ (Home) Optional

# Information Continued

# F-1A

Name \_\_\_\_\_

Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.

- NO CHANGE REPORT.** I have reviewed my last complete F-1 report dated \_\_\_\_\_ and F-1A reports (if any) dated (1) \_\_\_\_\_ and (2) \_\_\_\_\_. The information disclosed on those reports is accurate for the current reporting period.
- MINOR CHANGES REPORT.** I have reviewed my last complete F-1 report dated \_\_\_\_\_. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers and describe changes. Provide all information required on F-1 report.

**FOOD  
TRAVEL  
SEMINARS** (Continued)

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
			\$	

**WAC 390-24-202 Report of compensation from sales commissions.**

When a person receives compensation in the form of a commission on sales, the reporting of the compensation, required in RCW 42.17A.710, shall include:

(1) The name and address of the person or persons through whom a commission was paid;

(2) For purposes of RCW 42.17A.710 (1)(f), the name and address of each person (other than an individual) for whom a service was rendered or to whom a product was sold that resulted in a commission of ~~(((\$2,000))~~ \$2,400 or more in the aggregate;

(3) For purposes of RCW 42.17A.710 (1)(g)(i), the name and address of each governmental unit for whom a service was rendered or to whom a product was sold that resulted in a commission;

(4) For purposes of RCW 42.17A.710 (1)(g)(ii), the name and address of each person (other than an individual) for whom a service was rendered or to whom a product was sold that resulted in a commission of ~~(((\$10,000))~~ \$12,000 or more in the aggregate.

[Statutory Authority: RCW 42.17A.110. WSR 12-03-002, § 390-24-202, filed 1/4/12, effective 2/4/12. Statutory Authority: RCW 42.17.370(1). WSR 08-01-070, § 390-24-202, filed 12/14/07, effective 1/14/08. Statu-

tory Authority: RCW 42.17.370. WSR 92-08-105, § 390-24-202, filed  
4/1/92, effective 5/2/92.]