

MODIFICATION REQUEST COVER SHEET

Name of Filer	WILLIAM S. AYER
Reporting Period	<input checked="" type="checkbox"/> Annual report <input type="checkbox"/> Candidate/Appointee report
Type of Request	<input type="checkbox"/> New <input checked="" type="checkbox"/> Renewal with No Change – <u>original granted on April 26, 2012</u> <input type="checkbox"/> Renewal with Change
Office Held/Sought & Term	Regent, University of Washington Appointed term expires September 30, 2016
PDC Protocol	<input type="checkbox"/> Attorney: Interpretation #02-03 <input type="checkbox"/> Judge / Judicial Candidate: Interpretation #02-04 <input type="checkbox"/> Automobile Dealership: Interpretation #02-05 <input type="checkbox"/> Spousal: Interpretation #02-06 <input checked="" type="checkbox"/> WAC 390-28-100 (1)(b) & 1(e)
Supporting Documents (attached)	<input checked="" type="checkbox"/> Current F-1 <input checked="" type="checkbox"/> Modification Application <input checked="" type="checkbox"/> Prior order (if renewal) – Order #3037
Reason(s) for Modification (as stated by filer)	<p><u>Alaska Air Group</u></p> <ul style="list-style-type: none"> • Mr. Ayer 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 Alaska Air Group, an entity for which he is the CEO. • Alaska Air Group includes Alaska Airlines and Horizon Air. The company's annual revenue is approximately \$4.6 billion with 12,000 employees. • Mr. Ayer stated that Alaska Air Group has a high volume of reportable business customers: 3,308 corporate account, 8,750 premier-level frequent flyers, and thousands of customers who buy multiple tickets exceeding \$10,000 (whom the company does not track). Mr. Ayer provided a list of known government customers who have travel accounts with Alaska Air Group. • Mr. Ayer provided a list of properties that Alaska Air Group holds in Washington. <p><u>Puget Sound Energy</u></p> <ul style="list-style-type: none"> • Mr. Ayer 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 Puget Sound Energy (PSE). • Mr. Ayer is Chairman of the Board for PSE. During 2012, PSE

	<p>provided electricity to approximately 1.1 million customers and natural gas to over 750,000 customers in several counties in Washington. PSE's total operating revenue for 2012 for electricity and gas was over \$3.2 billion.</p> <ul style="list-style-type: none">• Mr. Ayer stated that compiling a complete list of customers doing more than \$10,000 of business with PSE would be an extremely expensive and time-consuming task, if it is even possible to do so. He said that PSE systems do not currently have the capability to identify reportable customers. Mr. Ayer estimated that the list of reportable business and other governmental customers would likely exceed 100,000 customers.• Mr. Ayer stated that PSE does not list its customers individually in publicly available sources such as websites or publications. PSE does not publicly make available the identity of PSE customers.• Mr. Ayer disclosed that the University of Washington paid PSE \$12,065,032.56 for electricity and natural gas services during 2012.• Mr. Ayer stated that he is not aware of all of the reportable PSE customers. He said he will not be in a position, as a Regent, to make decisions that might knowingly impact a PSE customer.
Staff Recommendations	Approve renewal of the reporting modification with no change.

Alaska Airlines

RECEIVED

FEB 19 2013

Public Disclosure Commission

February 15, 2013

DATE FILED PDC

FEB 16 2013


Washington State Public Disclosure Commission
711 Capitol Way, Room 206
PO Box 40908
Olympia, W 98504-0908

Attn: Reporting Modification Request

Attached you will find a 2013 Personal Financial Affairs Statement and Reporting Modification Requests for William S. Ayer in conjunction with the University of Washington Board of Regents.

Please contact me with any questions or if other information is needed. My e-mail address is jan.kelly@alaskaair.com, and my phone number is 206-392-5628. Thank you.

Sincerely,



Jan Kelly
Assistant to the Chairman

Application Questionnaire

DATE FILED PDC

Background Information

Filer Name: William S. Ayer

FEB 16 2013

Filer Office Held or Sought: University of Washington Board of Regents

Date of Request: February 14, 2013

Period Covered by Request: _____

Questions

Please answer questions # 1 - # 8 below, unless:

- RESIDENTIAL ADDRESS. If you are seeking only nondisclosure of a residential address, answer # 1, # 4, # 6 and # 8.
- SPOUSAL SEPARATION. If you are seeking only 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).

Payments entity received from business customers of \$10,000 or more.

We have over 12,000 known business customers, and thousands more we don't know.

FEB 16 2013



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-for-profit, charitable organization, or other entity for which you are seeking a modification request from reporting the entity's disclosable customers/sources of compensation/income.

Alaska Air Group

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

\$4.6 billion in revenue, 11,945 employees

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

3,300 corporate accounts, 8,750 premier level frequent flyers, plus an unknown number of customers who buy multiple tickets that exceed \$10,000.

- Describe if you have access to information about the entity's customer base or sources of compensation/income.

We have information about corporate account and individual frequent flyer activity.

- 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.

no

- Describe if any of the entity's customers or sources of compensation/income are already listed on a website.

no

FEB 16 2013

- If the entity has a website address, list it here:
www.alaskaair.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:
N/A

[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.]

- 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.

Only for the 12,000 corporate accounts and known frequent flyers.

- 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.

All that we're aware of. There are other agencies doing business with us that we do not track as part of our business travel program.

- Indicate whether you have an ownership interest of 10% or more in the entity.

no

- 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.

None



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 purpose of the Act is not frustrated because the information provided provides the public, to the extent feasible, with the pertinent information requested.

DATE FILED PDC

FEB 16 2013



Washington

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.

The University of Washington Board of Regents is the University's governing body whose broad responsibilities are to supervise, coordinate, manage and regulate the University, as provided by state statute.



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.

Chairman of the Board— typical duties

- 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?

Diverse customer base

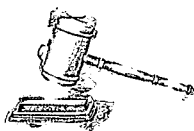


6. **RESIDENTIAL ADDRESS.** Are you requesting to be exempted from disclosing the address of your personal residence in the Real Estate Section of the F-1? In this situation, you or your spouse may be a law enforcement officer, prosecutor, judge, or other official, and the disclosure of the address of 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

DATE FILED PDC

FEB 16 2013



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.)

no



➤ 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.

DATE FILED PDC

FEB 16 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: February 14, 2013

Entity or name of individual
requesting reporting modification: William S. Ayer

Your signature: 

Your printed name: William S. Ayer

Business street address: P.O. Box 68900

City, state and zip code: 98168

Telephone number: (206) 392 - 5329

E-Mail Address: bill.ayer@alaskaair.com

Date Signed: 2/15/13

Place Signed (City and County): Seattle King
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

DATE FILED PDC

FEB 16 2013



William S. Ayer
Chairman

RECEIVED

FEB 19 2013

Public Disclosure Commission

DATE FILED PDC

FEB 16 2013

February 14, 2013

Jennifer Hansen
Public Disclosure Commission
711 Capitol Way, Room 206
P.O. Box 40908
Olympia, WA 98504-0908

Re: Request for Renewal of Reporting Modification (Form F-1): William S. Ayer,
University of Washington, Board of Regents

Dear Ms. Hansen:

By way of this submittal, I am requesting a renewal of the reporting modification that the Commission gave me in 2012. A copy of my original submittal is enclosed for your reference. With the exception of those items noted in my 2013 renewal application, the information remains correct and accurate.

Sincerely,

Application Questionnaire

DATE FILED PDC

Background Information

FEB 16 2013

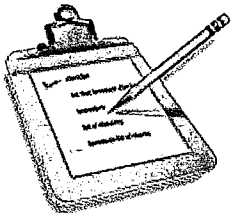
Filer Name: **William S. Ayer**Filer Office Held or Sought: **University of Washington Board of Regents**Date of Request: **February 14, 2013**

Period Covered by Request: _____

Questions

Please answer questions # 1 - # 8 below, unless:

- RESIDENTIAL ADDRESS. If you are seeking only nondisclosure of a residential address, answer # 1, # 4, # 6 and # 8.
- SPOUSAL SEPARATION. If you are seeking only 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).
 1. **Payments entity received from other government agencies of \$10,000 or more-proprietary and too many to list.**
 2. **Payments entity received from business customers of \$10,000 or more- proprietary and too many to list.**

FEB 16 2013



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-for-profit, charitable organization, or other entity for which you are seeking a modification request from reporting the entity's disclosable customers/sources of compensation/income.

Puget Energy, Inc.

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

\$3.2 billion annual revenue, 2,800 employees (Revenue number updated from 2012)

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

Modification requested - proprietary – too many to list

- Describe if you have access to information about the entity's customer base or sources of compensation/income.

No

- 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.

Modification requested - proprietary

- Describe if any of the entity's customers or sources of compensation/income are already listed on a website.

Modification requested - proprietary

- If the entity has a website address, list it here:

www.pugetenergy.com

FEB 16 2013

- 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:

Modification requested - proprietary

[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.]

- 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.

Modification requested - proprietary

- 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.

Modification requested - proprietary

- Indicate whether you have an ownership interest of 10% or more in the entity.

No

- 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.

None



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 purpose of the Act is not frustrated because the information provided provides the public, to the extent feasible, with the pertinent information requested.

DATE FILED PDC

FEB 16 2013



Washington

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.

The University of Washington's Board of Regents is the University's governing body whose broad responsibilities are to supervise, coordinate, manage and regulate the University, as provided by state statute.



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.

Chairman of the Board of Directors – typical duties

- 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?

Diverse customer base



6. **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

DATE FILED PDC

FEB 16 2013



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.)

No



- **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.**

FEB 16 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: 2013

Entity or name of individual
 requesting reporting modification: William S. Ayer

Your signature: 

Your printed name: William S. Ayer

Business street address: P.O. Box 68900

City, state and zip code: 98168

Telephone number: (206) 392 - 5329

E-Mail Address: bill.ayer@alaskaair.com

Date Signed: 2/13/13

Place Signed (City and County): Seattle King
 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

DATE FILED PDC

FEB 16 2013

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 A \$1 to \$3,999 B \$4,000 to \$19,999 C \$20,000 to \$39,999 D \$40,000 to \$99,999 E \$100,000 or more	R E C E I V E D FEB 16 2013
---	--	--

<table style="width:100%;"> <tr> <td style="width:33%;">Last Name</td> <td style="width:33%;">First</td> <td style="width:33%;">Middle Initial</td> </tr> <tr> <td>Ayer</td> <td>William</td> <td>S.</td> </tr> </table>	Last Name	First	Middle Initial	Ayer	William	S.	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. Pamela L. Ayer - spouse
Last Name	First	Middle Initial					
Ayer	William	S.					

Mailing Address (Use PO Box or Work Address) * 15829 SE 56 th Pl City Bellevue County WA Zip + 4 98006-5322	
--	--

Filing Status (Check only one box.) <input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> 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 \$2,000 or more during the period. Include stock options received during the reporting period that had a value of \$2,000 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)	
S	Alaska Air Group PO Box 68900 Seattle, WA 98168	Chairman	E	
S	Puget Energy PO Box 97034 Bellevue, WA 98009-9734	Director	E	
Check Here <input type="checkbox"/> 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 \$10,000 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 15829 SE 56 th Pl, Bellevue, WA		No creditor		
Check here <input type="checkbox"/> 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 \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Bank of America PO Box 25118 Tampa, FL 25118	Savings account	A	None
DATE FILED PDC FEB 16 2013			
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 \$20,000 during the period. None			
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 \$2,000. 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. See attached list			

Check here if continued on attached sheet.

4 CREDITORS List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in item 2. **AMOUNT (USE CODE)**

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
None				

Check here 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? yes 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? No 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? No 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? No 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? No 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? No 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.

Bill Ayer 2/15/13
Signature Date

Contact Telephone: (206) 295-4510*

Email: bill.ayer@alaskaair.com (work) *

Email: _____ (Home) Optional

DATE FILED PDC

FEB 16 2013

3) Assets/Investments – C

<u>Name</u>	<u>Type</u>	<u>Asset Value</u>	<u>Income</u>
Alaska Air Group	Stock	E	None
Boeing	Stock	C	None
Berkshire-Hathaway	Stock	E	None
Southwest Airlines	Stock	C	None
Cohen and Steers	Real Estate Fund	E	D
T. Rowe Price	Stock Fund	E	B
Tweedy Browne	Stock Fund	E	C
Vanguard	Stock Funds	E	E
Vanguard	Bond Funds	E	E
Vanguard	Money Market	E	B
Vanguard – 401K	Stock & Bond Funds	E	C
Pimco – 401K	Bond Fund	E	B
T. Rowe Price-IRA	Stock Fund	E	A
Moodys	Bond Fund	E	C
Alaska Stock Options (ALK)	Exercised	-	E
Alaska Stock Options (ALK)	Granted	E	None
PIMCO Bond Ladder	Bonds	E	D

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

Last Name Ayer	First William	Middle Initial S.	DATE February 14, 2013
-------------------	------------------	----------------------	---------------------------

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 \$10,000 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: Alaska Air Group

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: Alaska Airlines and Horizon Air

Chairman of the Board

ADDRESS: PO Box 68900, Seattle, WA 98168

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Airline

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

Purpose of payments	Amount (actual dollars)
N/A	\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name: Purpose of payment (amount not required)

We have travel accounts with 33 different State of Washington and other government agencies in the state (see attached). There are other agencies doing business with us that we do not track as part of our business travel program.

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

Customer name: Purpose of payment (amount not required)

Reporting Modification Requested
 We have over 12,000 known corporate accounts and frequent flyers, and thousands more who we don't know.

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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

See attached.

DATE FILED PDC

FEB 16 2013

Company

SOW WSU Ext Seattle 0041
SOW-WSU Vet Clinical Sciences 6610
SOW-WSU OIPA 1802
SOW-WSU Economic Development 8645
SOW-WSU Enrollment Mgt. 0004
SOW Institute for Health Metrics and Evaluation
SOW- WSU DGSS 4870
SOW-WSU Dept of Pharmacotherapy 8316
SOW-WSU Small Business Development Center 3090
SOW-WSU Civil and Env. Engineering 1590
SOW-WSU Government Relations 7210
SOW-WSU College of Education 13
SOW Washington State University
SOW WSU 0035
Spokane County Juvenile Court
Suquamish Tribe
Enduris
Univ of Wash - Clinical Informatics RG
City of Auburn
Lummi Indian Business Council
SOW Bellingham Technical College
Advanced Interactive Systems
CFI LLC
Swinomish Indian Tribal Community
Franklin PUD
City of Bellevue
SOW STATE OF WA AGO SPO DIV
Spokane Regional Health District Epidemiology
Chelan County PUD
Stillaguamish Tribe of Indians
Doyon Government Group
SOW Employment Security Department
SOW OSPI

FEB 16 2013

Washington Real Estate Report

Alaska Airlines, Inc.

Site Name/Description	Street Address	City	Zip Code
SEA – Corporate HQ	19300 International Blvd	SeaTac	98188
SEA – Flight Ops	2651 South 192 nd St.	SeaTac	98188
SEA – McGee	20313 28 th Avenue South	SeaTac	98188
SEA – Gold Coast Center	20833 International Blvd	SeaTac	98188
SEA – Gold Coast Center West Parking Lot	2601 South 208 th St	SeaTac	98188
SEA – Hangar #2	18650 Alaska Service Road	SeaTac	98158
SEA – Air Cargo	2600 South 165 th Street	SeaTac	98158

Horizon Air Industries, Inc.

Site Name/Description	Street Address	City	Zip Code
SEA – General Office	19521 International Blvd	SeaTac	98188

PUBLIC DISCLOSURE COMMISSION

 711 CAPITOL WAY RM 206
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 753-1111
 TOLL FREE 1-877-601-2828
 EMAIL: pdc@pdc.wa.gov

PDC FORM
F-1
 SUPPLEMENT
 (11/08)

FEB 16 2013
SUPPLEMENT PAGE
 PERSONAL FINANCIAL AFFAIRS STATEMENT

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

Last Name Ayer	First William	Middle Initial S	DATE February 14, 2013
--------------------------	-------------------------	----------------------------	----------------------------------

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 \$10,000 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: **Puget Energy, Inc.** POSITION OR PERCENT OF OWNERSHIP
 TRADE OR OPERATING NAME: **Puget Energy, Inc.** **Chairman of the Board of Directors**

ADDRESS: **10885 NE 4th street, Suite 1200
 Bellevue, Washington 98004-5591**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Puget Energy is the direct parent company of Puget Sound Energy, Inc., the oldest and largest electric and natural gas utility headquartered in the state of Washington, primarily engaged in the business of electric transmission, distribution, generation and natural gas distribution. PSE provides electric and natural gas services to 1.1 million and 0.8 million customers, respectively. Electric customers served include approximately 957,000 residential, 119,300 commercial and 3,630 industrial. On the natural gas side, customers include approximately 700,000 residential, 54,000 commercial and 2,500 industrial.

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:
 Purpose of payments Amount (actual dollars)
**Electric and Natural Gas Service \$ 12,065,032.56 (from UW)
 (updated from 2012)**

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:
 Agency name: **Too many to list** Purpose of payment (amount not required)
Electric and Natural Gas

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE
 Customer name:
Reporting Modification Requested
Proprietary information for business customers Purpose of payment (amount not required)
Electric and Natural Gas

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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):
Not applicable

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				



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 753-1111
 TOLL FREE 1-877-601-2628
 EMAIL: pdc@pdc.wa.gov

DATE FILED PDC
FEB 16 2013

PDC FORM
F-1
 SUPPLEMENT
 (11/08)

SUPPLEMENT PAGE
 PERSONAL FINANCIAL AFFAIRS STATEMENT

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

Last Name Ayer	First William	Middle Initial S	DATE Feb. 14, 2012
--------------------------	-------------------------	----------------------------	------------------------------

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 \$10,000 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: **Puget Energy, Inc.**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: **Puget Energy, Inc.**

Chairman of the Board of Directors

ADDRESS: **10885 NE 4th street, Suite 1200
 Bellevue, Washington 98004-5591**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Puget Energy is the direct parent company of Puget Sound Energy, Inc., the oldest and largest electric and natural gas utility headquartered in the state of Washington, primarily engaged in the business of electric transmission, distribution, generation and natural gas distribution. PSE provides electric and natural gas services to 1.1 million and 0.8 million customers, respectively. Electric customers served include approximately 957,000 residential, 119,300 commercial and 3,630 industrial. On the natural gas side, customers include approximately 700,000 residential, 54,000 commercial and 2,500 industrial.

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

Purpose of payments

Amount (actual dollars)

Electric and Natural Gas Service

\$ 12,784,914.16 (from UW)

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name: **Too many to list**

Purpose of payment (amount not required)

Service

Electric and Natural Gas

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

Customer name:

Reporting Modification Requested

Proprietary information for business customers

Purpose of payment (amount not required)

Service

Electric and Natural Gas

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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

Not applicable

FEB 16 2013

F-1 Supplement

Page 2


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)
Jan-11	Puget Energy, Inc., Bellevue, WA	Board Meeting food and beverage	\$153.00	
Mar-11	Puget Energy, Inc., Bellevue, WA	Board Meeting food and beverage	\$170.50	
May-11	Puget Energy, Inc., Bellevue, WA	Board Meeting food and beverage	\$139.00	
July-11	Puget Energy, Inc., Bellevue, WA	Board Retreat food and beverage	\$316.00	
Nov-11	Puget Energy, Inc., Bellevue, WA	Board Meeting food and beverage	\$141.50	
Check here <input type="checkbox"/> if continued on attached sheet				

DATE FILED PDC

PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828
EMAIL: pdc@pdc.wa.gov

FEB 16 2013

PDC FORM
F-1
SUPPLEMENT
(1/12)

SUPPLEMENT PAGE
PERSONAL FINANCIAL AFFAIRS STATEMENT

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

Last Name Ayer	First William	Middle Initial S.	DATE February 14, 2013
-------------------	------------------	----------------------	---------------------------

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 \$10,000 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

DATE FILED PDC

Reporting For: Self Spouse

FEB 16 2013

Registered Domestic Partner Dependent

LEGAL NAME: Museum of Flight Foundation

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: Museum of Flight

ADDRESS: 9404 E. Marginal Way S.
Seattle, WA 98108

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Aviation/Space Museum (not for profit)

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

Purpose of payments		Amount (actual dollars)
UW School of Pharmacy	Event at the Museum	\$1,085
University of WA AFROTC	Event at the Museum	\$3,000
University of WA Aeronautics & Astronautics	Event at the Museum	\$3,000
UW Radiology	Event at the Museum	\$6,000
Gear Up	Education Programs	\$6,024
UWCC at Harborview	Education Programs	\$150
UW College of Engineering	Education Programs	\$1,091
UW (StarTalk)	Education Programs	\$944
MESA TriCities	Education Programs	\$280

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name:	Purpose of payment (amount not required)
N/A	


PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

Customer name:	Purpose of payment (amount not required)
The Boeing Company	Events at the Museum
SH Worldwide	Events at the Museum
Microsoft	Events at the Museum
BOMA Seattle King County	Events at the Museum

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 \$20,000. 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

PUBLIC DISCLOSURE COMMISSION

 711 CAPITOL WAY RM 206
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 753-1111
 TOLL FREE 1-877-601-2828
 EMAIL: pdc@pdc.wa.gov

DATE FILED PDC
 FEB 16 2013
F-1
 SUPPLEMENT
 (1/12)

SUPPLEMENT PAGE
PERSONAL FINANCIAL AFFAIRS STATEMENT

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

Last Name Ayer	First William	Middle Initial S.	DATE February 14, 2013
-------------------	------------------	----------------------	---------------------------

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 \$10,000 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.

Y NO. 1

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: Angel Flight West

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: Angel Flight West

Trustee

DATE FILED PDC

ADDRESS: 3161 Donald Douglas Loop South
Santa Monica, CA 90405

FEB 16 2013

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Non-profit organization that arranges free, non-emergency air travel for people with serious medical conditions and other compelling needs.

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

Purpose of payments

Amount (actual dollars)

None

\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

None

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

Customer name:

Purpose of payment (amount not required)

None

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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

Not applicable.

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 \$10,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 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 \$20,000. 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				



PUBLIC DISCLOSURE COMMISSION

711 CAPITOL WAY
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828
EMAIL: pdc@pdc.wa.gov

DATE FILED PDC

FEB 16 2013

PDC FORM

F-1

SUPPLEMENT
(11/08)

SUPPLEMENT PAGE
PERSONAL FINANCIAL AFFAIRS STATEMENT

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

Last Name Ayer	First William	Middle Initial S.	DATE February 14, 2013
-------------------	------------------	----------------------	---------------------------

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 \$10,000 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: **UW Foundation**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

Director

ADDRESS: **4333 Brooklyn Ave. N.E., Seattle, WA 98195-9504**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

The University of Washington Foundation is a non-profit, public 501(c)(3) organization that advances the mission of the University of Washington by seeking and securing private support for its programs in service to students and society.

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

Purpose of payments

Amount (actual dollars)

None

\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

None

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

Customer name:

Purpose of payment (amount not required)

None

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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

Not applicable

FEB 16 2013

Name

ENTITY NO. 2

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: **UW Foster School Advisory Board**

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

Trustee

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

Advisory group that advises the Dean of the Business School on policies and practices

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

Purpose of payments

Amount (actual dollars)

None

\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

None

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE

Customer name:

Purpose of payment (amount not required)

None

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 \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):

Not applicable

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 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 if continued on attached sheet



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

May 7, 2012

William S. Ayer
PO Box 68900
Seattle, WA 98168

Subject: Reporting Modification – January 2011 through January 2012

Dear Mr. Ayer:

Enclosed is a copy of PDC Order No. 3037, granting the reporting modification you requested concerning your Personal Financial Affairs Statement (PDC Form F-1) for the January 2011 through 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

711 Capitol Way Rm. 206, PO Box 40908 • Olympia, Washington 98504-0908 • (360) 753-1111 • FAX (360) 753-1112
Toll Free 1-877-601-2828 • E-mail: pdc@pdc.wa.gov • Website: www.pdc.wa.gov

BEFORE THE PUBLIC DISCLOSURE COMMISSION
OF THE STATE OF WASHINGTON

IN THE MATTER OF THE APPLICATION)	PDC No. 3037
OF WILLIAM S. AYER FOR A)	Findings, Conclusions
REPORTING MODIFICATION)	and Order
_____)	

On April 26, 2012, the application of William S. Ayer, Post Office Box 68900, Seattle, Washington 98168, 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, William S. Ayer, by letter and Modification Application, requested a reporting modification that would exempt him from disclosing the business customers that paid \$10,000 or more during the reporting period to two entities: Alaska Air Group and Puget Sound Energy (PSE).

The Commission was provided with a certification from Mr. Ayer 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 letter and Modification Application, the Commission makes the following Findings of Fact:

1. Mr. Ayer has not previously been granted a reporting modification.
2. Mr. Ayer was appointed as a Regent for the University of Washington in January 2012. His reporting period was January 2011 through January 2012. Mr. Ayer's appointed term expires September 30, 2016.
3. Mr. Ayer is the Chief Executive Officer of Alaska Air Group, an entity which includes Alaska Airlines and Horizon Air. The company's annual revenue is approximately \$4.5 billion with 12,000 employees.
4. Mr. Ayer stated that Alaska Air Group has a high volume of reportable business customers: 3,700 corporate account, 7,600 premier-level frequent flyers, and thousands of customers who buy multiple tickets exceeding \$10,000 (whom the company does not track).

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).

5. Mr. Ayer provided a list of known government customers who have travel accounts with Alaska Air Group. He also provided a list of properties that Alaska Air Group holds in Washington.
6. Mr. Ayer is Chairman of the Board for PSE. During 2011, PSE provided electricity to approximately 1.1 million customers and natural gas to over 750,000 customers in several counties in Washington. PSE's total operating revenue for 2011 for electricity was over \$2 billion and for gas was over \$ 1 billion.
7. Mr. Ayer stated that compiling a complete list of customers doing more than \$10,000 of business with PSE would be an extremely expensive and time-consuming task, if it is even possible to do so. He said that PSE systems do not currently have the capability to identify reportable customers. Mr. Ayer estimated that the list of reportable business and other governmental customers would likely exceed 100,000 customers.
8. Mr. Ayer stated that PSE does not list its customers individually in publicly available sources such as websites or publications. PSE does not publicly make available the identity of PSE customers.
9. Mr. Ayer stated that he is not aware of all of the reportable PSE customers. He said he will not be in a position, as a Regent, to make decisions that might knowingly impact a PSE customer.
10. Mr. Ayer disclosed that the University of Washington paid PSE \$12,748,914.16 for electricity and natural gas services during 2011.

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.

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 being appointed:

1. The applicant may satisfy the requirements of RCW 42.17.241³ without identifying the reportable business customers of Alaska Air Group.

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

