

|  <b>PUBLIC DISCLOSURE COMMISSION</b><br>711 CAPITOL WAY RM 206<br>PO BOX 40908<br>OLYMPIA WA 98504-0908<br>(360) 753-1111<br>TOLL FREE 1-877-601-2828   | PDC FORM<br><b>F-1</b><br>(1/15)  | <b>PERSONAL FINANCIAL<br/>AFFAIRS STATEMENT</b>   | PDC OFFICE USE<br><br>100690503<br><br>Covers:<br>4-9-2015:<br>To:<br>4-9-2016<br><br>Received:<br>04-12-2016   |   |  |   |                       |  |  |                      |  |                     |  |                   |                |  |  |  |      |        |         |  |           |          |       |  |
|--|---|---|---|---|--|---|-----------------------|--|--|----------------------|--|---------------------|--|-------------------|----------------|--|--|--|------|--------|---------|--|-----------|----------|-------|--|
| Refer to instruction manual for detailed assistance and examples.<br><br><b>Deadlines: Incumbent elected and appointed officials -- by April 15.<br/>Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.</b><br><br><b>SEND REPORT TO PUBLIC DISCLOSURE COMMISSION</b>   |   | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DOLLAR CODE</th> <th style="text-align: left;">AMOUNT</th> </tr> <tr> <td>A</td> <td>\$1 to \$4,499</td> </tr> <tr> <td>B</td> <td>\$4,500 to \$23,999</td> </tr> <tr> <td>C</td> <td>\$24,000 to \$47,999</td> </tr> <tr> <td>D</td> <td>\$48,000 to 119,999</td> </tr> <tr> <td>E</td> <td>\$120,000 or more</td> </tr> </table> | 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 |                |  |  |  |      |        |         |  |           |          |       |  |
| 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   |   |   |   |  |   |                       |  |  |                      |  |                     |  |                   |                |  |  |  |      |        |         |  |           |          |       |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Last Name</td> <td style="width:25%;">First</td> <td style="width:25%;">Middle Initial</td> <td rowspan="2" style="width:25%; vertical-align: top;">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.</td> </tr> <tr> <td>PEREZ</td> <td>KRISTINA</td> <td>M</td> </tr> </table> | Last Name   | First   | Middle Initial  | 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. | PEREZ  | KRISTINA                                  | M                     | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Mailing Address (Use PO Box or Work Address)</td> <td colspan="2">Dean A Gluesenkamp SP</td> </tr> <tr> <td colspan="2">161 LOOKOUT DR</td> <td colspan="2"></td> </tr> <tr> <td>City</td> <td>County</td> <td>Zip + 4</td> <td></td> </tr> <tr> <td>WASHOUGAL</td> <td>SKAMANIA</td> <td>98671</td> <td></td> </tr> </table> |  |                      | Mailing Address (Use PO Box or Work Address) |                     | Dean A Gluesenkamp SP  |                   | 161 LOOKOUT DR |  |  |  | City | County | Zip + 4 |  | WASHOUGAL | SKAMANIA | 98671 |  |
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| PEREZ  | KRISTINA  | M   |   |   |  |   |                       |  |  |                      |  |                     |  |                   |                |  |  |  |      |        |         |  |           |          |       |  |
| Mailing Address (Use PO Box or Work Address)   |   | Dean A Gluesenkamp SP   |   |   |  |   |                       |  |  |                      |  |                     |  |                   |                |  |  |  |      |        |         |  |           |          |       |  |
| 161 LOOKOUT DR   |   |   |   |   |  |   |                       |  |  |                      |  |                     |  |                   |                |  |  |  |      |        |         |  |           |          |       |  |
| City   | County  | Zip + 4   |   |   |  |   |                       |  |  |                      |  |                     |  |                   |                |  |  |  |      |        |         |  |           |          |       |  |
| WASHOUGAL  | SKAMANIA  | 98671   |   |   |  |   |                       |  |  |                      |  |                     |  |                   |                |  |  |  |      |        |         |  |           |          |       |  |
| Filing Status (Check only one box.)<br><input type="checkbox"/> An elected or state appointed official filing annual report<br><input type="checkbox"/> Final report as an elected official. Term expired: _____<br><input checked="" type="checkbox"/> Candidate running in an election: month <u>NOV</u> year <u>2016</u><br><input type="checkbox"/> Newly appointed to an elective office<br><input type="checkbox"/> Newly appointed to a state appointive office<br><input type="checkbox"/> Professional staff of the Governor's Office and the Legislature   |   | Office Held or Sought<br>Office title: <u>COUNTY COMMISSIONER</u><br><br>County, city, district or agency of the office,<br>name and number: <u>SKAMANIA CO</u><br><br>Position number: _____<br>Term begins: <u>01-01-2017</u> ends: <u>12-31-2020</u>   |   |   |  |   |                       |  |  |                      |  |                     |  |                   |                |  |  |  |      |        |         |  |           |          |       |  |
| <b>1 INCOME</b> 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 on reverse)  |   |   |   |   |  |   |                       |  |  |                      |  |                     |  |                   |                |  |  |  |      |        |         |  |           |          |       |  |
| Show Self (S)<br>Spouse (SP/DP)<br>Dependent (D)   | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:40%;">Name and Address of Employer or Source of Compensation</th> <th style="width:30%;">Occupation or How Compensation Was Earned</th> <th style="width:20%;">Amount:<br/>(Use Code)</th> </tr> </thead> <tbody> <tr> <td></td> <td>Deans Car Care Inc<br/>4242 NE Alberta St.<br/>PORTLAND OR 97218</td> <td>Business Owner</td> <td>D</td> </tr> <tr> <td>S</td> <td>Miss Zumsteins Bakery<br/>5027 ne 42nd ave<br/>PORTLAND OR 97218</td> <td>waitress</td> <td>A</td> </tr> </tbody> </table> |   |   |   | Name and Address of Employer or Source of Compensation | Occupation or How Compensation Was Earned | Amount:<br>(Use Code) |  | Deans Car Care Inc<br>4242 NE Alberta St.<br>PORTLAND OR 97218 | Business Owner       | D  | S                   | Miss Zumsteins Bakery<br>5027 ne 42nd ave<br>PORTLAND OR 97218 | waitress          | A              |  |  |  |      |        |         |  |           |          |       |  |
|  | Name and Address of Employer or Source of Compensation  | Occupation or How Compensation Was Earned   | Amount:<br>(Use Code)   |   |  |   |                       |  |  |                      |  |                     |  |                   |                |  |  |  |      |        |         |  |           |          |       |  |
|  | Deans Car Care Inc<br>4242 NE Alberta St.<br>PORTLAND OR 97218  | Business Owner  | D   |   |  |   |                       |  |  |                      |  |                     |  |                   |                |  |  |  |      |        |         |  |           |          |       |  |
| S  | Miss Zumsteins Bakery<br>5027 ne 42nd ave<br>PORTLAND OR 97218  | waitress  | A   |   |  |   |                       |  |  |                      |  |                     |  |                   |                |  |  |  |      |        |         |  |           |          |       |  |
| Check Here <input checked="" type="checkbox"/> if continued on attached sheet  |   |   |   |   |  |   |                       |  |  |                      |  |                     |  |                   |                |  |  |  |      |        |         |  |           |          |       |  |
| <b>2 REAL ESTATE</b> 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  | Assessed Value (Use Code)   | Creditor's Name/Address<br>Payment Terms  | Security Given<br>Mortgage Amount - (Use Code)<br>Original   Current  |   |  |   |                       |  |  |                      |  |                     |  |                   |                |  |  |  |      |        |         |  |           |          |       |  |
| All Other Property Entirely or Partially Owned<br>161 Lookout Dr<br>Check here <input type="checkbox"/> if continued on attached sheet   | D   | Stephanie<br>181 Lookout Dr<br>Washougal<br>WA 98671  | Cash-out w/ house mortgage<br>10,000<br>E   E   |   |  |   |                       |  |  |                      |  |                     |  |                   |                |  |  |  |      |        |         |  |           |          |       |  |

**CONTINUE ON NEXT PAGE**

**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 or 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 or 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 or 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. <b>EXAMPLE:</b> If you self directed an investment account, identify each stock or other asset in that account.<br>Deans Car Care, LLC<br>Portland Or 97218 | Value of C Corp, shareholder distributions | E                      | B                        |

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 |
| Jose E Perez<br>5785 Hannegan<br>Bellingham Wa 98226          | payment and interest with cash out | value of house | C                 | C       |
| Lin Gilmore<br>5785 Hannegan<br>Bellingham Wa 98226           | Payment and interest with cash out | value of house | B                 | B       |
| Cary Gluesenkamp<br>12377 SW McAlpine Pl<br>beverton or 97007 | payment and interest with cash out |                | C                 | C       |

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?  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 current 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.

Kristina Marie Perez 04-09-2016  
Signature Date

Contact Telephone: (281) 300-6596 \*

Email: MariePerezForSkamania@qmai (work)\*

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

# INCOME CONTINUED

# F-1

Name PEREZ, KRISTINA M

Page 3

**1****INCOME**Show Self (S)  
Spouse (SP)  
Dependent (D)

Name and Address of Employer or Source of Compensation

Occupation or How Compensation  
Was EarnedAmount:  
(Use Code)

S

Charles Little and Co  
34573 Seavey Loop Rd  
EUGENE OR 97405

Agriculture-Cut Flower

A

Check Here  if continued on attached sheet

# CREDITORS CONTINUED

# F-1

Name PEREZ, KRISTINA M Page 4

**4 CREDITORS** (continued) **AMOUNT (USE CODE)**

| Creditor's Name and Address   | Terms of Payment                                 | Security Given | Original | Present |
|---|--|----------------|----------|---------|
| Jane Ediger<br>2506 NE 40th Ave<br>portland <span style="float: right;">or 97212</span> | payment and<br>interest with<br>cash out morgage |                | C        | C       |

Check here  if continued on attached sheet.