

 <b>PUBLIC DISCLOSURE COMMISSION</b> 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	PDC FORM <b>F-1</b> (1/15)	<b>PERSONAL FINANCIAL AFFAIRS STATEMENT</b>	PDC OFFICE USE  100832748  Covers: 8-14-2017: To: 8-14-2018  Received: 08-14-2018																							
Refer to instruction manual for detailed assistance and examples.  <b>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.</b>  <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												
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Filing Status (Check only one box.) <input type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input checked="" type="checkbox"/> Candidate running in an election: month <u>NOV</u> year <u>2018</u> <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: <u>PUBLIC UTILITY COMMISSIONER</u>  County, city, district or agency of the office, name and number: <u>SKAMANIA PUD 01 -</u> <u>ELE</u> Position number: _____ <u>N/A</u> Term begins: <u>01-01-2019</u> ends: <u>12-31-2024</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) Spouse (SP/DP) 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: (Use Code)</th> </tr> </thead> <tbody> <tr> <td></td> <td>Deans Car Care Inc 4242 NE Alberta St. PORTLAND OR 97218</td> <td>Business Owner</td> <td></td> </tr> <tr> <td>S</td> <td>Stevenson Downtown Association PO Box 1047 STEVENSON WA 98648</td> <td>Executive Director</td> <td>B</td> </tr> </tbody> </table>				Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)		Deans Car Care Inc 4242 NE Alberta St. PORTLAND OR 97218	Business Owner		S	Stevenson Downtown Association PO Box 1047 STEVENSON WA 98648	Executive Director	B											
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Check Here <input 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.)																										
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All Other Property Entirely or Partially Owned 161 Lookout Drive Washougal WA 98671 Check here <input checked="" type="checkbox"/> if continued on attached sheet	E	Flagstar bank 926 NW 13th Ave Portland OR 97209	Monthly payment	E	E																					

**CONTINUE ON NEXT PAGE**



# ALL OTHER REAL ESTATE CONTINUED

# F-1

Name PEREZ, KRISTINA M Page 3

## 2 REAL ESTATE

All Other Property Entirely or Partially Owned	Assessed Value (Use Code)	Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount	
					Original	Current
1506 NE Lombard	E	Beneficial State Bank 1101 SW Washington St Portland Or 97205	monthly		E	E

Check here  if continued on attached sheet

**COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED**

**F-1**

Name PEREZ, KRISTINA M

Page 4

**3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS**

C. Name and address of each company, association, government agency	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
Perez- Gluesenkamp Enterprises 1506 NE Lombard Portland Or 97211	Real Property Held	E	0

Check here  if continued on attached sheet.

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

Last Name PEREZ	First KRISTINA	Middle Initial M	DATE 2018-08-14
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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: Dean's Car Care Inc. POSITION OR PERCENT OF OWNERSHIP 51%

TRADE OR OPERATING NAME: Dean's Car Care Inc.

ADDRESS: 1506 NE Lombard  
 Portland Or 97211

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: Automotive Repair Shop

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

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

Last Name PEREZ	First KRISTINA	Middle Initial M	DATE 2018-08-14
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- (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.

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- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
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**ENTITY NO. 1** Reporting For: Self  Spouse

Registered Domestic Partner  Dependent

LEGAL NAME: Dean's Car Care Inc POSITION OR PERCENT OF OWNERSHIP 49%

TRADE OR OPERATING NAME: Dean's Car Care Inc

ADDRESS: 1506 NE Lombard Or 97211

Portland

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: Automotive Repair Shop

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

Purpose of payments	Amount (actual dollars)
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**ENTITY NO. 1** Reporting For: Self  Spouse

Registered Domestic Partner  Dependent

LEGAL NAME: Perez Gluesenkamp Enterprises POSITION OR PERCENT OF OWNERSHIP: 51

TRADE OR OPERATING NAME: Perez Gluesenkamp Enterprises

ADDRESS: 1506 NE Lombard  
Portland Or 97211

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: Perez Gluesenkamp Enterprises owns property Deans Car Care operates out of

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:  
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**CONTINUE PARTS B AND C ON NEXT PAGES**

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

Last Name PEREZ	First KRISTINA	Middle Initial M	DATE 2018-08-14
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**ENTITY NO. 1** Reporting For: Self  Spouse

Registered Domestic Partner  Dependent   
 LEGAL NAME: Perez Gluesenkamp Enterprises POSITION OR PERCENT OF OWNERSHIP: 49%

TRADE OR OPERATING NAME: Perez Gluesenkamp Enterprises

ADDRESS: 1506 NE Lombard  
 Portland Or 97211

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:  
 Perez Gluesenkamp Enterprises owns property Deans Car Care operates out of

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:  
 Purpose of payments Amount (actual dollars)  
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**ENTITY NO. 1** Reporting For: Self  Spouse

LEGAL NAME: Skamania County Democrats  
 TRADE OR OPERATING NAME: Skamania County Democrats  
 ADDRESS: PO Box 122  
 Stevenson WA 98648

Registered Domestic Partner  Dependent   
 POSITION OR PERCENT OF OWNERSHIP  
 Vice Chair, State Committee

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:  
 Skamania County Democrats

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:  
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