<b>₹</b>	ld Yes	ependent chil	silities of a spouse or dependent child Committee on Ethics.	_ <del>_</del> _	arned" income	er assets, "une wer "yes" unles	m this report any oth emption? Do not ans	<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liab because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	<b>EXEMPTION</b> because they
₹ 	Yes 🔲	ot be	xcepted trusts" need not be ont child?	s and certain other "exc spouse, or a dependen	nittee on Ethics ting you, your s	d by the Comn h a trust benefi	Blind Trusts" approve report details of suc	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted t disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	TRUSTS—Do
<u></u>	E QUESTION	)F THES	ANSWER EACH OF THESE QUESTIONS	l	TINFORM	OR TRUS	DEPENDENT,	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	EXCLUSION
	s" response.	each "Yes	ule attached for	ppropriate schedu	and the ap	e answered	this part must b	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	
<u>\$</u>	Yes 🗸	\$5,000 from	mpensation of more than to prior years?  httach Schedule VI.	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	8	Yes 🗸	ild have any report- reporting period?	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule III.	III. Did you, yo able liability (min yes, complete section)
₹ 	eg	rangement	portable agreement or arrangement	V. Did you have any reportable agreemer with an outside entity? If yes, complete and attach Schedule V.	S S	Yes 🗸	Id receive "unearned" eriod or hold any he end of the period?	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.	II. Did you, you income of more reportable assertif yes, complete.
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Yes	before the date	portable positions on or before the date alendar year or in the prior two years?	IV. Did you hold any report of filing in the current cale if yes, complete and att	S O	Yes 🔽	me (e.g., salaries or reporting period?	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  If yes, complete and attach Schedule I.	I. Did you or yo fees) of \$200 o if yes, complet
				ANSWER EACH OF THESE QUESTIONS	OF THESI	ER EACH	ŀ	PRELIMINARY INFORMATION	PRELIMIN
						i	in blue or black ink.	in all sections, please type or print clearly in blue or black ink	In all sections,
assessed who files	A <i>\$200 penalty</i> shall be assessed against any individual who files more than 30 days late.	A \$200 p against a more tha	Check if Amendment	11-4-11	Date of Election:	WA ID	State: WA atives District:	Candidate for the House of Representatives New officer or employee	Filer Status
	(Office Use Only)	5							
E CLERK RESENTATIVES	VS. HOUSE OF REPRESENTATIVES	3		Daytime Telephone	Daytime		IALD	JOYCE MCDONALD	Name:
Page 1 of # SOURCE CENTER PM 1: 27	LEGISLATIVE RESOURCE CENTER 2014 MAY 14 PM 1:27		<b>∄ B</b> and new employees	<b>FORM</b> For use by candidates a	7	ATIVES	REPRESENTATEMENT  3 - MAY 5,	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - MAY 5, 2019	FINANCIA Period cove

## SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name JOYCE MYDONALD

Page 2 of 4

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ement programs, and benefits re	eceived under the Social S	Security Act.
College (include date of repoint for homograpic)	Two	Amount	unt
Source (include date of receipt for nonoralia)	Type	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
PIERCE COUNTY COUNCIL	SALARY	35,600	107,000
WA STATE	Spayse Pension	13,800	41,000
EQUALIZATION GOARD	SPOUSE SALARY	750	350
			,

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	RENTAL PROPERTY, A.T.	RENTAL PROPERTY, PLYALLIS	RENTAL PROBETY, PUYALLUP	NICOL GROUP LLC	JT 1st Bank of Paducah, KY accounts	DC, Examples: Simon & Schuster	SP, Mega Corp. Stock	ness, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the busi-	rivoide complete names or stocks and mutual runds (do not use ticker symbols).  For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.  For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Asset and/or income Source
	ξ.	E	E		8 L			raphi- econi rents total ving ludin ludin j (JT) rents	sines	tot(k	uction 000 a othe year	w
	**		<u> </u>		ស	╄	<u> </u>					
	ļ	1	≨	ļ	↓	<del> </del>		None		ir an asset was sold during the reporting year and is included only because it generated income, the value should be "None."  *This column is for assets solely held by your spouse or dependent child.	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.	
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	+	<del>                                     </del>	-	<del> </del>	╆╌	<u> </u>		\$25,000,001 - \$50,000,000		chil	d sale o	
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	1	<del> </del>		<u> </u>	╂╌			Spouse/DC Asset over \$1,000,000*	Z			
	×				-	100	×	NONE		0=0==1	25220	
	1	<del> </del>	1	╁┷┷	1	1		DIVIDENDS		Tax-Deferred column. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs) you may check the	_
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						Royalties		(Specify: e.g., Partnership Income or Farm Income)		lone a sylvania	onot boific boific hax.	
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		ļ						\$5,001 − \$15,000 ≤	Preceding Year	* This column is for income derived from assets solely held I spouse or dependent child.	Z Z X B	
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								\$50,001 - \$100,000 \(\frac{5}{2}\)	Đ.	ь в в в в в в в в в в в в в в в в в в в		
									2	This column is for income derived from assets solely held by your pouse or dependent child.	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. <b>Dividends, interest, and capital gains, even if reinvested, must be disclosed as</b>	
					,			\$1,000,001 - <b>\$5</b> ,000,000 ×		§ [	<b>6 6 6 6 6 6</b>	
					1			Over \$5,000,000 2		<b>J</b>	ma es:	
								Spouse/DC Income over \$1,000,000*		<u> </u>	® <u> </u>	

## SCHEDULE III - LIABILITIES

Name Joyce McDONALD

Page H of H

ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibowed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000.

						Amo	Amount of Liability	lity	
SP,		Date Liability		•	ВС	D	T	<b>T</b>	X r
٦,	Creditor	Incurred mo/year	Type of Liability	\$10,001— \$15,000	\$15,001— \$50,000 \$50,001— \$100,000	\$100,001— \$250,000 \$250,001— \$60,000	\$500,001— \$1,000,000 \$1,000,001— \$5,000,000	\$5,000,001— \$25,000,000 <b>\$25,000,001</b> — \$50,000,000	Over \$50,000,000 Spoured 3C Lebelly over
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE	11					
	U.S. BANK	Sept. wag	Sept. 2009 MORTGAGE ON RENTALS, PUYALLUP, W			×			
		•							

## SCHEDULE IV — POSITIONS

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

and positions ocion or an inchestary materior.	STORY.
Position	Name of Organization
MEMBER	NICOL GROWP LLC
PARTHER	FINEST WA. WINES LLP.