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Check if Amendment against any individual whole entity? Ince in the two prior years? Exchedule attached for each "Yes" response. CHeck if A \$200 penalty shall be as against any individual whose than 30 days late. (Office Use Only) A \$200 penalty shall be as against any individual whose than 30 days late. (Office Use Only) A \$200 penalty shall be as against any individual who more than 30 days late. (Office Use Only) A \$200 penalty shall be as against any individual who against any individual whose than 30 days late. (Office Use Only)	RELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIC Did you or your spouse have "earned" income (e.g., salaries or es) of \$200 or more from any source in the reporting period? Did you, your spouse, or a dependent child receive "unearned" portable asset worth more than \$1,000 at the end of the period? Pes, complete and attach Schedule II. Did you, your spouse, or a dependent child have any reportives, complete and attach Schedule III. Pes, complete and attach Schedule III. Each question in this part must be answered and the appropriate service in the sportion in this part must be answered and the appropriate service. CLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —
Check if Amendment Amendment iendar year or in the prior two years? Cortable agreement or arrangement tach Schedule V. Light FEB 12 PM 1: 20 COFFICE OF THE CLERK (DUSE OF REPRESENTATIVES) (Office Use Only) A \$200 penalty shall be as against any individual whomore than 30 days late. When the prior two years? Yes Pensation of more than \$5,000 from to prior years? Tach Schedule VI. Light FEB 12 PM 1: 20 (Office Use Only) A \$200 penalty shall be as against any individual whomore than 30 days late. Wes Ulary The CLERK (Office Use Only) (Office Use Only) A \$200 penalty shall be as against any individual whomore than 30 days late. Ves Ulary The CLERK (OF THE CLERK (OF THE CLERK) (Office Use Only) A \$200 penalty shall be as against any individual whomore than 30 days late.	- ANSWER EACH OF THESE QUESTIONS a.g., salaries or riing period? Yes No No No if iling in the current calenda of filing in the current calenda if yes, complete and attach with an outside entity? V. Did you have any reportat with an outside entity? If yes, complete and attach a single source in the two printing period? Part must be answered and the appropriate schedule
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Check if Amendment against any individual more than 30 days late.	
2014 FEB 12 PM 1: 20 OFFICE OF THE CLERK 1008SE OF REPRESENTATIVES (Office Use Only) Check if A \$200 penalty shall be against any individual	Status New officer or Employing Office: more
2014 FEB 12 OFFICE OF THE HOUSE OF REPR	Candidate for the State: WA Date of House of Representatives District: Election: 11/2014 Amendment
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FORM B LEG SLATIVE RESOURCE CENTER use by candidates and new employees	FINANCIAL DISCLOSURE STATEMENT Period covered: January 1, 2013 - January 28, 2014 For use by candidates and new employees 2014 FEB

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Michael Delavar

Page 2 of 4

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Exclude: Military pay (such as National Guard of meserve pay), lederal refirent programs, and		benefits received under the Social Security Act.	Security Act.
COLLEGE (include date of receipt for honoraria)	Type	Amount	unt
Course (include date of receipt for nonoralia)	-)	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
Proprizer Air Industries Inc Seattle WA	Salaras	10 600	92,600
Ron Penting CC Clut TX	Spouse Salary	NA	N/A
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×		×		Royalties	*							ē	Indefinite	==		DC, Examples: Simon & Schuster
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None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*	\$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*	\$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000	None \$1 - \$200 \$201 - \$1,000	TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST	DIVIDENDS RENT	Spouse/DC Asset over \$1,000,000* NONE	\$25,000,001 - \$50,000,000 Over \$50,000,000	\$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000	\$500,001 - \$1,000,000	\$100,001 - \$250,000 \$250,001 - \$500,000	\$50,001 - \$100,000	\$1,001 \$15,000 \$15,001 \$50,000	\$1 - \$1,000	None	homes and vacation homes (<i>unless</i> 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.
	VII VIII IX X XI XII	V ∨ ≤	=	ome)												Exclude: Your personal residence, including second
Preceding Year		בן בן בן	1				Σ	<u> </u>	د.	I	ন ন	m		в С	 →	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.
				Ŕ	during the reporting period.	luring the	<u> </u>	held iid.	*This column is for assets solely held by your spouse or dependent child.	ssets pend	for as	use	spo	his c	T	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.
This column is for income derived from assets solely held by your souse or dependent child.	or income derive ent child.	* This column is for incom- spouse or dependent child.	* This o	be dis- ck "None" to income	interest, and capital gallis, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income	reinves		should	it generated income, the value should be "None."	the v	ome,	linco	rated ne."	it generate be "None."		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.
Income. Check "None" if no income was earned or generated.	one" if no incom	e. Check "N	income	check the Nvidends ,	plans or IRAs), you may check the "Tax-Deferred" column. Dividends ,	lans or IR		repor	If an asset was sold during the report- ing year and is included only because	ed or	sold o	was:	set v	an as		Provide complete names of stocks and mutual funds (do not use ticker symbols).
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. Dividends, interest, and capital gains, even if relnyested, must be disclosed as	th you checked " solumn. For all otling the appropriates, even if rein	ets for whiche "None" checkir	For ass check to income	apply. For at do not specific erate tax- as 401(k)	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))	Sheck all c etirement etirement etirement nvestment leferred in	0 = 0 7 0	of ation alue, I.	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.	et at ouse a ir man ethod	an fa	ue of erth ∺	yall ye oth	dicate portion ethorogenesses		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.
of Income	Amount of Income			me	Type of Income	Ţ			9	Value of Asset	e of	alu	_			Asset and/or Income Source
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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