

Modification Request Cover Sheet

Name of Filer	William H. Gates, Sr.
Type of Request	<input type="checkbox"/> New <input type="checkbox"/> Renewal with No Change <input checked="" type="checkbox"/> Renewal with Change
Office Held/Sought	Regent of the University of Washington. His term of office expires in 2012.
PDC Protocol (if any)	<input type="checkbox"/> Attorney: Interpretation #02-03. <input type="checkbox"/> Spousal: Interpretation #02-06. <input type="checkbox"/> Automobile Dealership: Interpretation #02-05. <input type="checkbox"/> Judge/ Judicial Candidate: Interpretation #02-04. <input checked="" type="checkbox"/> Not Applicable
Modification Request Supporting Document(s) (attached)	<input checked="" type="checkbox"/> Modification Application/Questionnaire <input type="checkbox"/> Letter <input checked="" type="checkbox"/> Current F-1 <input checked="" type="checkbox"/> Most Recent Order
History (brief narrative)	The original Modification was granted on February 24, 1998. The 2007 change is that Mr. Gates Sr. is no longer a Board Member for the United Way of America.
Reason(s) for Modification (stated by filer)	<ul style="list-style-type: none"> • Mr. Gates Sr. is a Board Member for Costco Wholesale Corporation (referred to as Costco). He is requesting a renewal of his modification that would exempt him from reporting the business and other governmental customers who paid Costco more than \$10,000 during 2007. • Mr. Gates Sr. said that Costco had annual sales of more than \$63 billion in 2007 with 50 million cardholders across the United States and the globe. • Mr. Gates Sr. stated that Costco does not sort customer lists in their ordinary course of business, and he estimated there would be over 400,000 potential business customers that paid more than \$10,000 in 2007. He said it would be a very burdensome effort for Costco staff to compile a list of business customers. • Mr. Gates Sr. said he is a non-executive director of Costco and is not involved in the day-to-day operations of the business, and has no access to the customer information.

	<ul style="list-style-type: none"> • Mr. Gates Sr. stated that he does not have regular and ongoing management responsibilities of this company and he believes providing a public list of Costco business and government customers would aid competitors. • Mr. Gates Sr. is also requesting a renewal of his modification that would exempt him from reporting the assets, income and other financial interests of his spouse, Mimi Gardner Gates, except insofar as the applicant has knowledge. • Mr. Gates Sr. said that when he and his spouse were married in 1996, they agreed in writing that he would have no interest or claim on any of her assets, property or income. They do not have any community property together. • Mr. Gates Sr. said that he has disclosed the little bit of his spouse's financial information of which he has personal knowledge.
Other Issues	N/A
Staff Recommendations	Approve Modification with change.

Application Questionnaire**RECEIVED**

MAR 10 2008

Public Disclosure
CommissionFiler Name: William H. GatesFiler Office Held or Sought: Regent – University of WashingtonDate of Request: March 6, 2008Period Covered by Request: 2007**Please answer questions # 1 - # 8 below.**

- However, if you are seeking only nondisclosure of a residential address, answer # 1, # 4, # 6 and # 8.
- However, 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. **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).**

Customer lists

2. **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.

Costco Wholesale Corp.

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

Fiscal 2007 (which ended September 2, 2007) sales of over \$63 billion; at the end of fiscal 2007 the Company had over 50 million cardholders (persons entitled to shop at Costco warehouses).

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

For purposes of this questionnaire I am advised that management ran a query that showed that in the State of Washington alone in fiscal 2007 more than 46,000 business accounts spent more than \$10,000 at Costco Wholesale. I am informed by management that in the United States there are more than 3.8 million business accounts. Accordingly, there would be over 400,000 businesses that spent over \$10,000 at Costco during fiscal 2007.

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

As a non-executive director I do not seek or receive access to information about the Company's customer base except at the aggregate level.

- Describe if you are involved with the day-to-day operations of the entity.

As a non-executive director I am not involved in day-to-day operations of the Company.

- 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.

I am advised by management that sporadic information about a tiny fraction of the Company's customers may appear in public sources from time to time, but there is no systematic disclosure remotely approaching that sought by the regulations from which relief is sought here.

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

Not on any site maintained by the Company, except for sporadic references to customers in a publication sent to certain of the Company customers.

- If the entity has a website address, list it here:
www.costco.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:
Sporadic information about a tiny fraction of the Company's customers may appear in public sources from time to time but there is no systematic disclosure remotely approaching that sought by the regulations from which relief is sought here.

[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.

Yes, although such sorting is not done in the ordinary course of business.

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- 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.

No. I am advised by management that there is not a reliable method for ascertaining all of the "governmental customers" and that generating such a list with any accuracy would require a very burdensome effort, as that information is not compiled in the normal course of business. In addition, I am advised by Company management that such an accurate list would be quite substantial, that no such list has been publicly disclosed by the Company in other contexts, and that the identity of such customers would be proprietary information valuable to the Company's competitors.

- 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 a Supplement for that entity.

Not applicable to this application.

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Public Disclosure
Comments

- 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.

I am advised by management that the hardship would be manifestly unreasonable because of the competitive harm that would flow from a public disclosure of the Company's most valuable customers.

- 3. Describe how allowing you to not disclose the information described in your modification request does not frustrate the purposes of the Public Disclosure Act.** Please describe in detail the reasons why you believe allowing you an exemption does not conflict with the purposes of the Act.

I have made disclosure of the amount of business between Costco and the University of Washington as reported by the University. If there are any Costco customers who have business with the University of Washington, I am not aware of who those entities might be or that I considered issues as a Regent impacting any such entity. Accordingly, I believe that there is no public benefit to the disclosure of Costco's other customers and that any potential benefit of such disclosure is outweighed by the harm that would occur to Costco as a result of such disclosure.

- 4. 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 powers and duties of the Board of Regents are described in RCW28B.20.130.

- 5. 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.

Non-executive director. The duties of directors of Washington corporations are described in RCW 23B.08.010. My duties at Costco are in the nature of general oversight as opposed to day-to-day involvement in the business.

- 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?

None to my knowledge, except that I hope my decisions as a Regent will benefit the University of Washington, which I am informed is a customer of Costco.

6. **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

7. **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. 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.

See separate application.

8. **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.)

See PDC Rulings from prior years on this question. E.g., 2006 Order No. 2750; 2005 Order No. 2699.

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➤ **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.**

MAR 10 2008

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**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: March 6, 2008

Entity or name of individual
requesting reporting modification: William H. Gates

Your signature: 

Your printed name: William H. Gates

Business street address: 5161 N.E. 41st

City, state and zip code: Seattle, WA 98105

Telephone number: (206) 527 - 5444

E-Mail Address: bill.gates@gatesfoundation.org

Date Signed: March 6, 2008

Place Signed (City and County):

Seattle
City

King
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

Application Questionnaire**RECEIVED**

Filer Name: William H. Gates

MAR 10 2008

Filer Office Held or Sought: Regent, University of Washington

Public Disclosure
Commission

Date of Request: March 6, 2008

Period Covered by Request: 2007

Please answer questions # 1 - # 8 below.

- However, if you are seeking only nondisclosure of a residential address, answer # 1, # 4, # 6 and # 8.
- However, 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. **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).**

I request that I not be required to report on assets, assets, income or interests of my spouse, Mimi Gardner Gates, except insofar as I may have knowledge thereof. When we were married in 1996 we agreed, in writing, that I would have no interest or claim upon any property or earnings she might have. That agreement remains in effect. I know only little of what she owns or earns and that I will list. We do not have any community property.

2. **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.
-

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

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

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

- Describe if you are involved with the day-to-day operations of the entity.

- 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.

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

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

- 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:

[*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.

- 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.

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

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Commission

- Indicate whether your spouse's interest in an entity requires you to complete an F-1 Supplement for that entity.
- 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.

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Public Disclosure Commission

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3. **Describe how allowing you to not disclose the information described in your modification request does not frustrate the purposes of the Public Disclosure Act.** Please describe in detail the reasons why you believe allowing you an exemption does not conflict with the purposes of the Act.

-
4. **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 powers and duties of the Board of Regents are described in RCW28B.20.130

5. **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.

-
- 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?

-
6. **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.
-

7. **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. 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.

As I say above, I have no interest in her property or earnings nor do those financial interests constitute a present or prospective source of income for me. Our written marital agreement provides specifically against my having any such interest. If there were an instance where there were an action of the Board of Regents which included the possibility of my acting in such a way as to favor some interest of my wife I could not do so when I do not know what those interests are.

8. **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.)

See PDC Rulings from prior years on this question. E.g., 2006 Order No. 2750; 2005 Order No. 2699.

- **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.**

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MAR 10 2008

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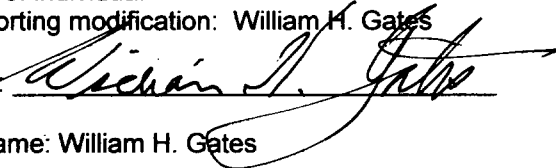
**Certification for an Application for a
Reporting Modification or Suspension
When Applicant Is Waiving Personal Appearance
At the Hearing
(Notary Not Required)**

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: March 6, 2008

Entity or name of individual
requesting reporting modification: William H. Gates

Your signature:



Your printed name: William H. Gates

Business street address: 5161 N. E. 41st Street

city, state and zip code: Seattle, WA 98105

Telephone number: (206) 527 - 5444

E-Mail Address: bill.gates@gatesfoundation.org

Date Signed: March 6, 2008

Place Signed (City and County):

Seattle
City

King
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

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MAR 10 2008

Public Disclosure
Commission

March 6, 2008

PDC
711 Capitol Way, Rm 206
P.O. Box 40908
Olympia, WA 98504-0908

Dear Sirs:

Herewith 2 Applications
Questionnaires to go with my
Personal Financial Affairs
Statement being filed electronically.

William J. Galt

PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	PDC FORM F-1 (1/08)	PERSONAL FINANCIAL AFFAIRS STATEMENT	PDC OFFICE USE 1001262058 Covers: 2007 Received: 03-06-2008
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	
Last Name: GATES First: WILLIAM Middle Initial: H		Names of immediate family members. 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. See F-1 manual for details. MIMI GARDNER GATES SP	
Mailing Address (Use PO Box or Work Address) 5161 NE 41ST City: SEATTLE County: KING Zip + 4: 98105			
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: REGENT/COLLEGE TRUSTEE _____ County, city, district or agency of the office, name and number: UNIVERSITY OF WASHINGTON Position number: _____ Term begins: 12-01-1997 ends: 09-30-2012	
1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse)			
Show Self (S) Spouse (SP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
S	BILL & MELINDA GATES FOUNDATION 1551 EASTLAKE AVE E SEATTLE WA 98102	CO-CHAIR	E
S	WILLIAM H. & MARY M. GATES CHARITABLE PO BOX 28338 SPOKANE WA 99228	ANNUITY AMOUNT	E
Check Here <input checked="" 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 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 SHAW ISLAND (NECK POINT) HOME & LOT Check here <input type="checkbox"/> if continued on attached sheet	E	BANK OF AMERICA WA	30 YEARS, 5.875% MORTGAGE E E

CONTINUE ON NEXT PAGE

INCOME CONTINUED

F-1

Name GATES, WILLIAM H

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 Earned

Amount:
(Use Code)

S	COSTCO WHOLESALE 999 LAKE DRIVE ISSAQUAH WA 98027	DIRECTOR FEES	E
S	THE WYLIE AGENCY 250 W 57TH ST. NEW YORK NY 10107	AUTHOR	E
S	SOCIAL SECURITY ADMINISTRATION PO BOX 2000 RICHMOND CA 94802	SOCIAL SECURITY	C

Check Here if continued on attached sheet

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS List bank and savings accounts, insurance policies, stock, bonds and other intangible property held during the reporting period.

A. Name and address of each bank or financial institution in which you or a family member 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)
WELLS FARGO	CHECKING	E	A
B. Name and address of each insurance company where you or a family member had a policy with a cash or loan value over \$20,000 during the period.			
REASSURE AMERICA	LIFE INSURANCE	E	0
C. Name and address of each company, association, government agency, etc. in which you or a family member owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property.			
WASHINGTON STATE MOTOR VEHICLE	BOND	E	E

Check here if continued on attached sheet.

4 CREDITORS List each creditor you or a family member 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.

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE)	
			Original	Present

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 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 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 or dependents own a business at any time during the reporting period? ___ If yes, complete Supplement, Part A.
- D. Did you, your spouse 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 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 and/or dependents to travel or to attend a seminar or other training? ___ If yes to either or both questions, complete Supplement, Part C.

<p>ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.</p>	<p>CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.</p> <p>WILLIAM H. GATES 03-06-2008 Signature Date</p> <p>Contact Telephone: 206-527-5444</p> <p>Email: BILL.GATES@GATESFOUNDATION (work)</p> <p>Email: BILL.GATES@GATESFOUNDATION (Home)</p>
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REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name GATES, WILLIAM H

Page 7

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)
CONFIRMA BELLEVUE WA	STOCK	D	0
COSTCO WHOLESALE	STOCK	E	A
DRUGSTORE.COM	STOCK	D	0
MICROSOFT	STOCK	E	C
OMEROS MEDICAL SYSTEMS SEATTLE WA	STOCK	E	0
INTREPID LEARNING SOLUTIONS SEATTLE WA	STOCK	E	0
MAGNA DRIVE	STOCK	D	0
PLUM CREEK	STOCK	E	B
PLEXUS	STOCK	E	0
VIZX LABS LLC	STOCK	E	0
WASINGTON MUTUAL	STOCK	B	A
WELLS FARGO	STOCK	E	C

Check here if continued on attached sheet.

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name GATES, WILLIAM H

Page 6

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)
PIERCE CTY WA SD #3	BOND	E	B
KENAI PENN ALASKA HOSP	BOND	E	B
COWLITZ CNTY SD #117	BOND	E	B
PIERCE KING CTY SD 417	BOND	E	B
SPOKANE WA LTGO	BOND	E	B
ADAMS CNTY WA SD 147	BOND	E	B
CLARK CTY SD #98	BOND	E	A
METRO PARK DIST TACOMA	BOND	E	B
DOUGLAS CNTY WA PUD	BOND	E	B
KING CNTY SCHOOL #415	BOND	E	B
SEATTLE WA HOUSING	BOND	E	B
BURLINGTON NORTHERN	BOND	A	A

Check here if continued on attached sheet.

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name GATES, WILLIAM H

Page 5

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)
SPOKANE STEVENS	BOND	E	B
WALLA WALLA WA WTR	BOND	E	B
WA STATE HEALTH CARE	BOND	D	B
CLARK CTY SD #101	BOND	E	B
COWLITZ CNTY SD #117	BOND	E	B
DOUGLAS CNTY SD #206	BOND	E	B
KITITITAS CNTY	BOND	E	A
MASON CNTY	BOND	E	B
PENNINSULA METRO PARK	BOND	E	B
YAKIMA CNY 201	BOND	E	B
CLARK & SKAMANIA CNTY	BOND	E	B
FRANKLIN CNTY	BOND	E	B

Check here if continued on attached sheet.

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1

Name GATES, WILLIAM H

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)
KENNEWICK LTGO	BOND	E	E
KING COUNTY	BOND	E	E
SNOHOMISH CTY	BOND	E	E
BENTON COUNTY	BOND	E	E
PORT OF SEATTLE	BOND	E	B
NORTHSIDE TEXAS SD	BOND	E	A
ANDERSON COUNTY	BOND	E	B
BURIEN WA LTGO	BOND	E	B
CLARK CTY SD #117	BOND	E	B
KENNEWICK WA LTGO	BOND	E	A
KING CNTY FPD #20	BOND	E	B
KITTTITAS CNTY	BOND	E	B

Check here if continued on attached sheet.

COMPANY, ASSOC., GOVERNMENT AGENCY CONTINUED

F-1


Name GATES, WILLIAM H

Page 8

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)
WYOMING RESERVE OIL	STOCK	B	A
VANGUARD MORGAN GROWTH FUND - IRA	MUTUAL FUND	E	B
BERKSHIRE HATHAWAY - IRA	STOCK	E	0
AIM SECTOR FUNDS UTILITIES - IRA	MUTUAL FUND	E	A
FIDELITY DEVONSHIRE TR UTLS INCOME FD -	MUTUAL FUND	D	A
MUTUAL SERIES FD INC QUALIFIED - IRA	MUTUAL FUND	E	D
MONEY MARKET FUND - IRA	CASH	E	A
PRIME FUND	CASH	B	A
DAILY INCOME MUNI SHORT TERM	CASH	E	A
VANGUARD INTERMEDIATE TERM TREASURY FUND	MUTUAL FUND	E	E
JH TEMPLETON WORLD - 401(K)	MUTUAL FUND	E	0

Check here 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 1-877-601-2828 EMAIL: pdc@pdc.wa.gov	PDC FORM F-1 SUPPLEMENT <small>(1/08)</small>	100126205 SUPPLEMENT PAGE PERSONAL FINANCIAL AFFAIRS STATEMENT 03-06-2008
	PROVIDE INFORMATION FOR YOURSELF, SPOUSE, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD	

Last Name	First	Middle Initial	DATE
GATES	WILLIAM	H	2008-03-06

A OFFICE HELD, BUSINESS INTERESTS: Provide the following information if, during the reporting period, you, your spouse 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 Dependent

LEGAL NAME: BILL & MELINDA GATES FOUNDATION **POSITION OR PERCENT OF OWNERSHIP:** OFFICER

TRADE OR OPERATING NAME: BILL & MELINDA GATES FOUNDATION

ADDRESS:
 1551 EASTLAKE
 SEATTLE WA 98102

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
 CHARITABLE FOUNDATION

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

Purpose of payments	Amount (actual dollars) \$
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PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:

Agency name:	Purpose of payment (amount not required)
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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

CONTINUE PARTS B AND C ON NEXT PAGES

 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 <small>(1/08)</small>	100126205 SUPPLEMENT PAGE PERSONAL FINANCIAL AFFAIRS STATEMENT 03-06-2008
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PROVIDE INFORMATION FOR YOURSELF, SPOUSE, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name GATES	First WILLIAM	Middle Initial H	DATE 2008-03-06
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A OFFICE HELD, BUSINESS INTERESTS: Provide the following information if, during the reporting period, you, your spouse 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.

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- Trade or Operating Name: Report name used for business purposes if different from the legal name.
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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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- 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 Dependent

LEGAL NAME: COSTCO WHOLESALE CORPORATION **POSITION OR PERCENT OF OWNERSHIP:** COSTCO WHOLESALE CORPORATOIN

TRADE OR OPERATING NAME: COSTCO WHOLESALE CORPORATION

ADDRESS:
 999 LAKE DR
 ISSAQUAH WA 98027

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
 INTERNATIONAL CHAIN OF MEMBERSHIP WAREHOUSES

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

Purpose of payments MISCELLANEOUS SUPPLIES AND NONCAPITALIZED MATERIALS	Amount (actual dollars) \$ E
--	---------------------------------

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

Agency name: NOT AVAILABLE	Purpose of payment (amount not required) MODIFICATION REQUESTED
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PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE:

Customer name: NOT AVAILABLE	Purpose of payment (amount not required) MODIFICATION REQUESTED
---------------------------------	--

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 PAGES

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

Last Name	First	Middle Initial	DATE
GATES	WILLIAM	H	2008-03-06

A

OFFICE HELD, BUSINESS INTERESTS:

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 - 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 Dependent

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP
 TRUSTEE

YALE UNIVERSITY

TRADE OR OPERATING NAME:

YALE UNIVERSITY

ADDRESS:

149 ELM STREET
 NEW HAVEN CT 06520

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

PRIVATE UNIVERSITY

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

Purpose of payments	Amount (actual dollars)
OUTSIDE SERVICES - SUBCONTRACT	\$ E

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



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
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 OLYMPIA WA 98504-0908
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 TOLL FREE 1-877-601-2828
 EMAIL: pdc@pdc.wa.gov

PDC FORM
F-1
 SUPPLEMENT
 (1/08)

100126205

SUPPLEMENT PAGE
 PERSONAL FINANCIAL AFFAIRS STATEMENT

03-06-2008

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

Last Name GATES	First WILLIAM	Middle Initial H	DATE 2008-03-06
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A

**OFFICE HELD,
 BUSINESS
 INTERESTS:**

- Provide the following information if, during the reporting period, you, your spouse 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
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ENTITY NO. 1

Reporting For: Self Spouse Dependent

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

INITIATIVE FOR GLOBAL DEVELOPMENT

DIRECTOR

TRADE OR OPERATING NAME:

INITIATIVE FOR GLOBAL DEVELOPMENT

ADDRESS:

1215 FOURTH AVE SUITE 650

SEATTLE

WA 98161

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

NATIONAL ALLIANCE OF BUSINESS LEADERS.

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):

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CONTINUE PARTS B AND C ON NEXT PAGES



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 753-1111
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PDC FORM
F-1
 SUPPLEMENT
 (1/08)

100126205
SUPPLEMENT PAGE
 PERSONAL FINANCIAL AFFAIRS STATEMENT
 03-06-2008

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

Last Name	First	Middle Initial	DATE
GATES	WILLIAM	H	2008-03-06

A

OFFICE HELD, BUSINESS INTERESTS:

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- 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 Dependent

LEGAL NAME:

THRIVE BY FIVE

POSITION OR PERCENT OF OWNERSHIP

DIRECTOR

TRADE OR OPERATING NAME:

THRIVE BY FIVE

ADDRESS:

1218 THIRD AVE

SEATTLE

WA 98101

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

NON-PROFIT CORPORATION

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

CONTINUE PARTS B AND C ON NEXT PAGES

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

Last Name	First	Middle Initial	DATE
GATES	WILLIAM	H	2008-03-06

A

OFFICE HELD, BUSINESS INTERESTS:

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- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Sell Spouse Dependent

LEGAL NAME:

COPPER CANYON PRESS

POSITION OR PERCENT OF OWNERSHIP

TRUSTEE

TRADE OR OPERATING NAME:

COPPER CANYON PRESS

ADDRESS:

1932 1ST AVE

SEATTLE

WA 98101

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

POETRY PUBLISHER

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:

CONSORTIUM BOOK SALES

Purpose of payment (amount not required)
 PURCHASE OF BOOKS

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 PAGES

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

Last Name GATES	First WILLIAM	Middle Initial H	DATE 2008-03-06
--------------------	------------------	---------------------	--------------------

A

OFFICE HELD, BUSINESS INTERESTS:

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ENTITY NO. 1

Reporting For: Self Spouse Dependent

LEGAL NAME:

SEATTLE ART MUSEUM

POSITION OR PERCENT OF OWNERSHIP

DIRECTOR

TRADE OR OPERATING NAME:

SEATTLE ART MUSEUM

ADDRESS:

100 UNIVERSITY

SEATTLE

WA 98101

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

ART MUSEUM

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:

4CULTURE - KING COUNTY

MAYOR'S OFFICE OF ARTS AND CULTURAL AFFAIRS - CITY OF

Purpose of payment (amount not required)
GRANT
GRANT

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

Customer name:

THE BOEING COMPANY

ACCENTURE

Purpose of payment (amount not required)
CONTRIBUTION - EMPLOYEES OF
CONTRIBUTION - EMPLOYEES OF

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 PAGES

PAYMENTS FROM OTHER GOVERNMENT AGENCIES

F-1 Supplement

Name

GATES, WILLIAM H

2

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

Agency name:

Purpose of payment (amount not required)

WASHINGTON STATE ARTS COMMISSION

GRANT

Check here if continued on attached sheet

PAYMENTS FROM BUSINESS CUSTOMERS

F-1 Supplement

Name GATES, WILLIAM H

3

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

Customer name:	Purpose of payment (amount not required)
BANK OF AMERICA	CONTRIBUTION - EMPLOYEES OF
CHRISTENSEN O''CONNOR JOHNSON KINDNESS PLLC	CONTRIBUTION - EMPLOYEES OF
CHRISTIE''S	CONTRIBUTION - EMPLOYEES OF
CITI PRIVATE BANK	CONTRIBUTION - EMPLOYEES OF
THE COMMERCE BANK OF WASHINGTON	CONTRIBUTION - EMPLOYEES OF
GOLDMAN SACHS & CO	CONTRIBUTION - EMPLOYEES OF
LAKHA INVESTMENTS	CONTRIBUTION - EMPLOYEES OF
MCMASTER-CARR SUPPLY COMPANY	CONTRIBUTION - EMPLOYEES OF
NINTENDO OF AMERICA	CONTRIBUTION - EMPLOYEES OF
NOBLE WINES LTD.	CONTRIBUTION - EMPLOYEES OF
THE NORTHERN TRUST COMPANY	CONTRIBUTION - EMPLOYEES OF
OBAYASHI CORPORATION	CONTRIBUTION - EMPLOYEES OF
ORIX USA, LP	CONTRIBUTION - EMPLOYEES OF
RUSSELL INVESTMENT GROUP	CONTRIBUTION - EMPLOYEES OF
SCHNITZER INVESTMENT CORP	CONTRIBUTION - EMPLOYEES OF
SOTHEBY''S	CONTRIBUTION - EMPLOYEES OF
STARBUCKS COFFEE COMPANY	CONTRIBUTION - EMPLOYEES OF
TARGET	CONTRIBUTION - EMPLOYEES OF
U.S. BANK	CONTRIBUTION - EMPLOYEES OF
UBS SWISS FINANCIAL ADVISORS AG	CONTRIBUTION - EMPLOYEES OF
WAMU	CONTRIBUTION - EMPLOYEES OF
WELLS FARGO BANK	CONTRIBUTION - EMPLOYEES OF

Check here if continued on attached sheet

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

Last Name	First	Middle Initial	DATE
GATES	WILLIAM	H	2008-03-06

A

OFFICE HELD, BUSINESS INTERESTS:

Provide the following information if, during the reporting period, you, your spouse 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 Dependent

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

SEATTLE YWCA

TRUSTEE

TRADE OR OPERATING NAME:

SEATTLE YWCA

ADDRESS:

1118 5TH AVE

SEATTLE

WA 98101

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

NON-PROFIT 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



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

WILLIAM H GATES
5161 NE 41ST
SEATTLE WA 98105

IN THE MATTER OF THE APPLICATION)	PDC NO. 2750
OF WILLIAM H. GATES FOR A)	Findings, Conclusions
REPORTING MODIFICATION)	and Order
_____)		

I.

On March 22, 2007, the application of William H. Gates, 5161 NE 41st, Seattle WA 98105, for a modification of the reporting requirements of RCW 42.17.241 was brought before the Public Disclosure Commission.

Consideration of the request, in absentia, was made pursuant to RCW 42.17.370(10) and chapter 390-28 WAC by the entire Commission. The proceedings were held in Room 206, Evergreen Plaza Building, 711 Capitol Way, Olympia, Washington. The applicant, William H. Gates, by letter, requested a modification that would exempt him from reporting the business and governmental customers of United Way of America, where he is a board member, and Costco Wholesale Corporation where he is an officer, and a modification that would exempt him from reporting the assets, income or financial interests of his spouse, Mimi Gardner Gates, except insofar as the applicant has knowledge.

The Commission was provided with a certification from Mr. Gates that the facts contained in the request are true and accurate.

II.

Based upon the letter, the Commission makes the following:

FINDINGS OF FACT

1. The applicant has previously been granted a modification, the most recent Order being #2699. The applicant states the facts to be considered at this time are the same as those on which the previous Order was granted.

2. The applicant is a Regent of the University of Washington. His term expires on September 30, 2012.
3. The applicant states that the United Way of America is a non-profit organization that exists to represent the United Way movement on the national scene and to assist local affiliates in their activities. The applicant states that the revenue of the United Way of America, which is headquartered in Alexandria, Virginia, usually takes the form of contributions and dues from its affiliates and individuals. The applicant stated that as a board member, he has no knowledge of the business and governmental customers that make payments to the United Way of America, and would not have occasion to learn the identity of the payer.
4. With respect to the assets of his spouse, the applicant requests an exemption to provide only the information of which he has personal knowledge.
5. The applicant also requests a modification that would exempt him from reporting the business and other governmental customers of Costco Wholesale Corporation (Costco), where he is a director. He said that Costco has millions of customers and numerous locations across the United States and the globe, and providing a list of business and government customers would be a hardship to compile.
6. The applicant stated that he does not have regular and ongoing management responsibilities as to the receipts of Costco, so he has no knowledge of the business and governmental customers. In addition, the applicant stated that providing a public list of business and government customers of Costco could put them at a competitive disadvantage and aid competitors.

III.

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 42.17.241 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.

IV.

Having made these Findings of Fact and Conclusions of Law, the Commission issues the following:

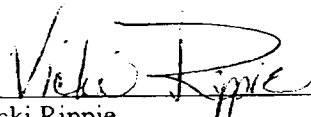
ORDER

For the Statement of Financial Affairs required to be filed with the Public Disclosure Commission between January 1 and April 16, 2007:

1. The applicant may satisfy the reporting requirements of RCW 42.17.241(1)(g)(ii) without identifying the business and other governmental customers of the United Way of America and Costco Wholesale Corporation.
2. The applicant shall disclose all reportable assets and earnings of his spouse of which he has personal knowledge.
3. In all other matters required to be reported, the applicant shall comply in full with the reporting requirements of RCW 42.17.

DATED this 2nd day of April, 2007.

FOR THE PUBLIC DISCLOSURE COMMISSION



Vicki Rippie
Executive Director