

PERSONAL FINANCIAL AFFAIRS STATEMENT

P M PDC OFFICE USE
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DATE FILED PDC

APR 15 2008

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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

AMOUNT

- 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 First Middle Initial

ROACH Pam

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.

James - Sp

Mailing Address (Use PO Box or Work Address)

P.O. Box 682

City County Zip + 4

Auburn King 98071

Filing Status (Check only one box.)

- An elected or state appointed official filing annual report
- Final report as an elected official. Term expired: _____
- Candidate running in an election: month _____ year _____
- Newly appointed to an elective office
- Newly appointed to a state appointive office
- Professional staff of the Governor's Office and the Legislature

Office Held or Sought

Office title: State Senator

County, city, district or agency of the office,

name and number: 31st

Position number:

Term begins: Jan '07 ends: Jun '11

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)
SP	Social Security	retired	B
SP	U.S. Postal Pension - Off. Personal Management	retired	C
S	Roach Consulting	consulting	C
S	State Senator - WA St. Senate	senator	D

Check Here 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				
22102 S.E. Green Valley Rd. Auburn, WA	E	Citi mortgage P.O. Box 689196 Des Moines, IA		E E

Check here if continued on attached sheet

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ROACH, Pam4-14-08

F-1

attachmentReal Estate3375 Hancock St.
San Diego, CAassessed
value
Emortgage amt
None15405 46th St Ct. E.
Sumner, WAassessed
ECiti mortgage
P.O. 689196
Des Moines, IAoriginal
E E
current

Information Continued

Name

1 INCOME (continued)

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)
DELL -15405 46 th St. Ct. E., Summer	rent	B
3375 Hancock St, San Diego	rent	C

2 REAL ESTATE (continued)

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					

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS (continued)

A. Name and address of each bank or financial institution	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
B. Name and address of each insurance company	Thrift Savings Plan PO 385021 Birmingham, AL	D	
C. Name and address of each company, association, government agency			

4 CREDITORS (continued)

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

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)
	John Hancock P.O. 790 Boston, MA 02117-0790	D	
	UBS Financial Services 299 S. Main St. #2100 Salt Lake City, UT	C	
	ING USA Annuity & Life 909 Locust St. Des Moines, IA	C	
	Pacific Life P.O. 2378, Omaha, NE	C	
	Pacific Life P.O. 2378, Omaha, NE	A	
	T. Rowe Price T. Rowe Price - P.O. 17349 - Baltimore, MD	C	

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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.

AMOUNT (USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	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.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Signature: Pam Roach Date: 4/14/08
 Contact Telephone: (253) 735-4210
 Email: Roach - pa@leg.wa.gov (work)
 Email: _____ (Home)



PUBLIC DISCLOSURE COMMISSION
 711 CAPITOL WAY RM 206
 PO BOX 40908
 OLYMPIA WA 98504-0908
 (360) 753-1111
 TOLL FREE 1-877-801-2828
 EMAIL: pdc@pdc.wa.gov

PDC FORM
F-1
 SUPPLEMENT
 (1/08)

APR 15 2008

SUPPLEMENT PAGE
 PERSONAL FINANCIAL AFFAIRS STATEMENT

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

Last Name ROACH	First PAM	Middle Initial	DATE 4-14-08
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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.
- 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: **ROACH Consulting** POSITION OR PERCENT OF OWNERSHIP **100%**

TRADE OR OPERATING NAME:

ADDRESS: **P.O. 682
 Auburn, WA 98071**

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
political/campaign consulting/work

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:
 Purpose of payments **Ø** Amount (actual dollars) \$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:
 Agency name: **Ø** Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE:
 Customer name: **Universal Health Services** Purpose of payment (amount not required) **consulting**

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):
Ø

Check here if continued on attached sheet

Name

ENTITY NO. 2 Reporting For: Self Spouse Dependent

LEGAL NAME: *La Escuela de Esperanza* POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: *The School of Hope*

ADDRESS: *P.O. Box 682, Auburn, WA 98071*

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:
Non-profit, establishes clinics & schools in mostly Honduras, CA

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:
Purpose of payments: *Ø* Amount (actual dollars): \$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:
Agency name: *Ø* Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE:
Customer name: *Ø* 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):
Ø *mostly in-kind contributions and small donations.*

Check here if continued on attached sheet

B LOBBYING: List persons for whom you or any immediate family member lobbied or prepared state legislation or state rules, rates or standards for current or deferred compensation. Do not list pay from government body in which you are an elected official or professional staff member.

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code)

Check here if continued on attached sheet

C FOOD TRAVEL SEMINARS Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
			\$	

Check here if continued on attached sheet

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Information Continued

F-1 Supplement

Name **ROACH PAM** 4-14-08

ENTITY NO. **B** Reporting For: Self Spouse Dependent

LEGAL NAME: ~~XXXXXXXXXXXXXXXXXXXX~~ POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/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):

B LOBBYING: (Continued)

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code)

C FOOD TRAVEL SEMINARS (continued)

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
6/07	HANBAN-Chinese Language Bridge (Van., BC.) To American Schools	joined 700 Am. Educators in China to study Chinese language programs suitable for Am. schools - 10 legislators from WA went - @ paid \$750	\$	Scholarship NO money given \$1,300