

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 (1/15)	PERSONAL FINANCIAL AFFAIRS STATEMENT	P M PDC OFFICE USE O A S R T K DATE FILED PDC R JUN 01 2017 E C E I V E D
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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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DOLLAR CODE</th> <th style="text-align: left;">AMOUNT</th> </tr> <tr> <td>A</td> <td>\$1 to \$4,499</td> </tr> <tr> <td>B</td> <td>\$4,500 to \$23,999</td> </tr> <tr> <td>C</td> <td>\$24,000 to \$47,999</td> </tr> <tr> <td>D</td> <td>\$48,000 to \$119,999</td> </tr> <tr> <td>E</td> <td>\$120,000 or more</td> </tr> </table>	DOLLAR CODE	AMOUNT	A	\$1 to \$4,499	B	\$4,500 to \$23,999	C	\$24,000 to \$47,999	D	\$48,000 to \$119,999	E	\$120,000 or more
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Last Name MURAKAMI	First PATRICIA	Middle Initial A.		
Mailing Address (Use PO Box or Work Address) * 5606 SIXTH AVENUE SOUTH				
City SEATTLE	County KING	Zip + 4 98108-2504		

Filing Status (Check only one box.) <input type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input checked="" type="checkbox"/> Candidate running in an election: month <u>11</u> year <u>2017</u> <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature	Office Held or Sought Office title: <u>CITY COUNCIL</u> County, city, district or agency of the office, name and number: <u>SEATTLE</u> Position number: <u>9</u> Term begins: <u>1/1/18</u> ends: <u>12/31/21</u>
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1	INCOME	List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3.)		
Show Self (S) Spouse (SP/DP) Dependent (D)		Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
S & SP		SELF-EMPLOYED - NSG INTERNATIONAL, LLC dba NETWORK SUPPORT GROUP 5606 SIXTH AVENUE SOUTH, SEATTLE 98108	COMPUTER ANALYSIS	E
D		TRI-MED AMBULANCE 18821 E. VALLEY HWY, KENT 98032	EMT	B
Check Here <input 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 \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)									
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 5700000755, KING	E	Creditor's Name/Address BANK OF AMERICA P.O. BOX 31788 TAMPA, FL 33631 U.S. BANK P.O. BOX 1800 ST. PAUL, MN 55101	Payment Terms 22 YRS AT 5.85% 10 YRS AT PRIME PLUS 2%	Security Given DEED OF TRUST	Mortgage Amount - (Use Code) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">Original</th> <th style="text-align: left;">Current</th> </tr> <tr> <td style="text-align: center;">E</td> <td style="text-align: center;">D</td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">C</td> </tr> </table>	Original	Current	E	D	D	C
Original	Current										
E	D										
D	C										
All Other Property Entirely or Partially Owned 091900042300, GRAYS HARBOR C		NONE	CASH	Ø	Ø						
Check here <input type="checkbox"/> if continued on attached sheet											

CONTINUE ON NEXT PAGE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.

A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$24,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
B. Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$24,000 during the period.			
C. Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account.	SEE ATTACHED		

Check here if continued on attached sheet.

4 CREDITORS List each creditor you or a family member, including registered domestic partner, owed \$2,400 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
ALASKA USA FED. C.U., PO BOX 766 13 ANCHORAGE, AK 99519	4.5 YR AT 2.85%	VEHICLE	B	B
BECU, PO BOX 97050, SEATTLE, WA 98124	4.5 YR AT 3%	VEHICLE	B	B

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, registered domestic partner 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? Y If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner 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? Y If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? Y If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? N 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, registered domestic partner 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, registered domestic partner 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 42.17A.555 regarding the use of public facilities in campaigns.

*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.

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


Pat Murakami 5/23/17
Signature Date

Contact Telephone: (206) * 478-9038
Email: pat@nsgint.com (work) *
Email: _____ (Home) Optional

NAME	ADDRESS	CITY, STATE, ZIP	VALUE	INCOME
Banks				
U.S. Bank	PO Box 1800	St. Paul, MN 55101	C	A
Alaska USA Federal Credit Union	PO Box 196613	Anchorage, AK 99519	D	A
Stocks				
3M				
Aetna Inc.	151 Farmington Ave	St. Paul, MN 55144	B	A
Aflac Inc.	1932 Wynnnton Road	Hartford, CT 06156	B	A
Ameren	PO Box 66887	Columbus, GA 31999	B	A
American Funds	PO Box 6007	St. Louis, MO 63166	A	A
AT&T	PO Box 43078	Indianapolis, IN 46206	B	A
Bemis Company	1110 Centre Pointe Curve, Ste 101	Providence, RI 02940	B	A
Boeing Company	100 North Riverside	Mendota Heights, MN 55120	B	A
BP PLC	501 Westlake Park Blvd	Chicago, IL 60606	B	A
Chevron	6001 Bollinger Canyon Rd	Houston, TX 77079	B	A
CMS Energy	One Energy Plaza	San Ramon, CA 94583	B	A
Costco Wholesale	999 Lake Drive	Jackson, MI 49201	A	A
Duke Energy	PO Box 1005	Issaquah, WA 98027	B	A
Ecolab Inc.	370 Wabasha Street North, ECC-17	Charlotte, NC 28201	A	A
Emerson Electric	PO Box 4100	St. Paul, MN 55102	B	A
Energren Corp.	PO Box 30170	St. Louis, MO 63136	B	A
ExxonMobil	PO Box 30170	College Station, TX 77842	B	A
FedEx Corp	942 South Shady Grove Road	College Station, TX 77842	A	A
Fidelity Investments	PO Box 770001	Memphis, TN 38120	A	A
Flowerserve	5215 N O'Connor Blvd, Suite 2300	Cincinnati, OH 45277	C	A
General Dynamics	PO Box 43069	Irving, TX 75039	A	A
Intel	2200 Mission College Blvd	Providence, RI 02940	C	A
Johnson & Johnson	One Johnson & Johnson Plaza	Santa Clara, CA 95054	A	A
Johnson Controls	PO Box 64874	New Brunswick, NJ 08933	A	A
Kimberly Clark	PO Box 43078	St. Paul, MN 55164	A	A
L Brands	Three Limited Parkway	Providence, RI 02940	A	A
McDonald's	PO Box 43078	Columbus, OH 43230	A	A
		Providence, RI 02940	B	A

MGE Energy	PO Box 1231	Madison, WI 53701	A	A
Pfizer	35 East 42nd Street	New York, NY 10017	A	A
Raytheon	870 Winter Street	Waltham, MA 02451	B	A
Target Corporation	1000 Niccollet Mall	Minneapolis, MN 55403	A	A
The Home Depot	PO Box 43078	Providence, RI 02940	B	A
The Procter & Gamble Company	PO Box 64874	St. Paul, MN 55164	B	A
Travelers Company	One Tower Square	Hartford, CT 06183	B	A
TreeFree Biomass Solutions	210 S Hudson St	Seattle, WA 98134	B	A
Tyson	2200 W Don Tyson Parkway	Springdale, AR 72762	A	A
Unilever N V	800 Sylvan Avenue	Englewood Cliffs, NJ 07632	B	A
Vanguard Group	14321 N Northsight Blvd	Scottsdale, AZ 85260	B	A
Verizon Communications	PO Box 43078	Providence, RI 02940	A	A
Volkswagen AG	Hellmuth-Hirth-Strasse 1	D-73760 Ostfildern, Germany	A	A
Walt Disney Company	PO Box 1342	Brentwood, NY 11717	B	A
Wells Fargo	420 Montgomery Street	San Francisco, CA 94014	B	A

JUN 01 2017

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 (1/15)	SUPPLEMENT PAGE PERSONAL FINANCIAL AFFAIRS STATEMENT
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PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name	First	Middle Initial	DATE
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A**OFFICE HELD, BUSINESS INTERESTS:**

Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents

- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
- (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.

- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$12,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self Spouse COMBINEDRegistered Domestic Partner Dependent

LEGAL NAME: NSG INTERNATIONAL, LLC

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME: NETWORK SUPPORT GROUP

ADDRESS: 5606 SIXTH AVENUE SOUTH, SEATTLE, WA 98108

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

IT (COMPUTER HARDWARE & SOFTWARE) SALES & SUPPORT

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

Purpose of payments

Amount (actual dollars)

NONE

\$ 0

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

NONE

0

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

Customer name:

Purpose of payment (amount not required)

Dehan CPA SAVANAH LOGISTICS

FOR EQUIPMENT AND

ZULI LIGHTING

SERVICES RENDERED

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

0

Check here if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

Name

ENTITY NO. 2 Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: 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 \$12,000 OR MORE:
 Agency name: Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE
 Customer name: Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here if continued on attached sheet

B LOBBYING: List persons for whom you, or any immediate family member, including registered domestic partner, lobbied or prepared state legislation or state rules, rates, or standards for compensation 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)
N/A		

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, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion, excluding certain receptions as defined in WAC 390-20-020A; 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)
	N/A		\$	

Check here if continued on attached sheet