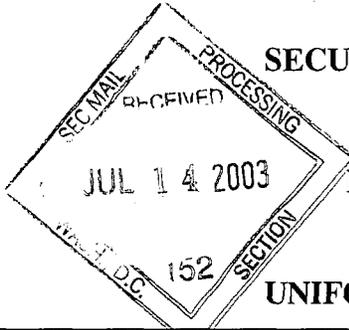


FORM D

1065036



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY table with Prefix, Serial, and DATE RECEIVED fields.

Name of Offering (Washington Economic Development Finance Authority Taxable Economic Development Revenue Bonds, Series 2003A (CSC of Tacoma LLC Detention Facility Project))

Filing Under (Rule 504, Rule 505, Rule 506, Section 4(6), ULOE) and Type of Filing (New Filing, Amendment)

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer (Name, Address, Telephone Number)



03026544

Brief Description of Business (Washington Economic Development Finance Authority provides jobs and economic development through revenue bond financing.)

PROCESSED JUL 15 2003

Type of Business Organization (corporation, limited partnership, business trust, other)

THOMSON FINANCIAL

Actual or Estimated Date of Incorporation or Organization (Month 07, Year 89) and Jurisdiction (WA)

GENERAL INSTRUCTIONS

Federal: Who Must File, When to File, Where to File, Copies Required, Information Required, Filing Fee

State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE...

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice

**A. BASIC IDENTIFICATION DATA**

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

**Hardman, Scott L.**

Business or Residence Address (Number and Street, City, State, Zip Code)

**1000 Second Ave., Suite 2700, Seattle, WA 98104-1046**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

**Pechtel, George H.**

Business or Residence Address (Number and Street, City, State, Zip Code)

**1000 Second Ave., Suite 2700, Seattle, WA 98104-1046**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

**Burke, Suzanne M.**

Business or Residence Address (Number and Street, City, State, Zip Code)

**1000 Second Ave., Suite 2700, Seattle, WA 98104-1046**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

**Hayes, Jonathan A.**

Business or Residence Address (Number and Street, City, State, Zip Code)

**1000 Second Ave., Suite 2700, Seattle, WA 98104-1046**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

**B. INFORMATION ABOUT OFFERING**

- Yes No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? .....
- Answer also in Appendix, Column 2, if filing under ULOE.
2. What is the minimum investment that will be accepted from any individual? ..... \$ N/A
- Yes No
3. Does the offering permit joint ownership of a single unit? .....
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

**Morgan Keegan & Company, Inc.**

Business or Residence Address (Number and Street, City, State, Zip Code)

**5956 Sherry Lane, Suite 1900, Dallas, TX 75225**

Name of Associated Broker or Dealer

States in Which Person Listed has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States).....  All States

[ AL ]	[ AK ]	[ AZ ]	[ AR ]	[ CA ]	[ CO ]	[ CT ]	[ DE ]	[ DC ]	[ FL ]	[ GA ]	[ HI ]	[ ID ]
[ IL ]	X [ IN ]	[ IA ]	[ KS ]	[ KY ]	[ LA ]	[ ME ]	[ MD ]	X [ MA ]	X [ MI ]	[ MN ]	[ MS ]	[ MO ]
[ MT ]	[ NE ]	[ NV ]	[ NH ]	[ NJ ]	[ NM ]	X [ NY ]	[ NC ]	[ ND ]	[ OH ]	[ OK ]	[ OR ]	[ PA ]
[ RI ]	[ SC ]	[ SD ]	X [ TN ]	X [ TX ]	[ UT ]	[ VT ]	[ VA ]	[ WA ]	[ WV ]	[ WI ]	[ WY ]	[ PR ]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States).....  All States

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States).....  All States

[ AL ]	[ AK ]	[ AZ ]	[ AR ]	[ CA ]	[ CO ]	[ CT ]	[ DE ]	[ DC ]	[ FL ]	[ GA ]	[ HI ]	[ ID ]
[ IL ]	[ IN ]	[ IA ]	[ KS ]	[ KY ]	[ LA ]	[ ME ]	[ MD ]	[ MA ]	[ MI ]	[ MN ]	[ MS ]	[ MO ]
[ MT ]	[ NE ]	[ NV ]	[ NH ]	[ NJ ]	[ NM ]	[ NY ]	[ NC ]	[ ND ]	[ OH ]	[ OK ]	[ OR ]	[ PA ]
[ RI ]	[ SC ]	[ SD ]	[ TN ]	[ TX ]	[ UT ]	[ VT ]	[ VA ]	[ WA ]	[ WV ]	[ WI ]	[ WY ]	[ PR ]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)



**Attachment to Form D for Washington Economic Development Finance Authority  
Taxable Economic Development Revenue Bonds, Series 2003A (CSC of Tacoma  
LLC Detention Facility Project)**

C. Offering Price, Number of Investors, Expenses and Use of Proceeds

4.a. Other Expenses (identify)

Issuer's Fees.....	\$ 172,245.00
Bond Rating Fees (Standard & Poor's and Moody's Investors Service).....	\$ 74,500.00
Trustee Fees.....	\$ 6,700.00
Developer's Fee.....	\$ 600,000.00
Annual Surveillance Fee.....	\$ 15,000.00
Title Insurance Fee.....	\$ 21,756.75
Independent Managers Fee.....	\$ 10,000.00
Independent Valuation Opinion.....	\$ 10,000.00
Construction Manager Fees.....	\$ 160,690.00
Financial Advisory Fees.....	\$ 550,000.00
Bond Insurance Premium.....	\$ 2,341,000.00

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." ..... \$ 52,795,374.00

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payment listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payment to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees .....	<input checked="" type="checkbox"/> \$ <u>20,000.00</u>	<input type="checkbox"/> \$ <u>-0-</u>
Purchase of real estate .....	<input type="checkbox"/> \$ <u>-0-</u>	<input type="checkbox"/> \$ <u>-0-</u>
Purchase, rental or leasing and installation of machinery and equipment .....	<input type="checkbox"/> \$ <u>-0-</u>	<input type="checkbox"/> \$ <u>-0-</u>
Construction or leasing of plant buildings and facilities .....	<input type="checkbox"/> \$ <u>-0-</u>	<input checked="" type="checkbox"/> \$ <u>6,437,819.15</u>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) .....	<input type="checkbox"/> \$ <u>-0-</u>	<input type="checkbox"/> \$ <u>-0-</u>
Repayment of indebtedness .....	<input type="checkbox"/> \$ <u>-0-</u>	<input type="checkbox"/> \$ <u>-0-</u>
Working capital .....	<input type="checkbox"/> \$ <u>-0-</u>	<input type="checkbox"/> \$ <u>-0-</u>
Other (specify): <u>Further project costs and development expenses</u> .....	<input type="checkbox"/> \$ <u>-0-</u>	<input checked="" type="checkbox"/> \$ <u>34,961,532.18</u>
	<input type="checkbox"/> \$ <u>-0-</u>	<input type="checkbox"/> \$ <u>-0-</u>
Column Totals .....	<input checked="" type="checkbox"/> \$ <u>20,000.00</u>	<input checked="" type="checkbox"/> \$ <u>41,399,351.33</u>
Total Payments Listed (column totals added) .....	<input checked="" type="checkbox"/> \$ <u>41,419,351.33</u>	

**D. FEDERAL SIGNATURE**

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)  <b>Washington Economic Development Finance Authority</b>	Signature  	Date  <b>July 9, 2003</b>
Name of Signer (Print or Type)  <b>Jonathan Hayes</b>	Title of Signer (Print or Type)  <b>Executive Director</b>	

**ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001.)

**E. STATE SIGNATURE**

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule? ..... Yes  No

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
<b>Washington Economic Development Finance Authority</b>		<b>July 7, 2003</b>
Name (Print or Type)	Title (Print or Type)	
<b>Jonathan Hayes</b>	<b>Executive Director</b>	

**Instruction:**

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.



**APPENDIX**

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)			Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH									
NJ									
NM									
NY		X	X	2	\$36,705,000.00	0	N/A		X
NC									
ND									
OH									
OK									
OR									
PA									
RI									
SC									
SD									
TN		X	X	1	6,820,000.00	0	N/A		X
TX		X	X	1	1,000,000.00	0	N/A		X
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									