

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

**F-1**SUPPLEMENT
(1/15)

PDC FORM

100888130

#### SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

04-11-2019

# PROVIDE INFORMATION FOR YOURSELF, SPOUSE, REGISTERED DOMESTIC PARTNER, DEPENDENT CHILDREN AND OTHER DEPENDENTS IN YOUR HOUSEHOLD

Last Name	First	Middle Initial	DATE
SATTERBERG	DANIEL	T	2019-04-11

A OFFICE HELD,
BUSINESS
INTERESTS:

Check here  $\square$  if continued on attached sheet

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.	s entity if the qualifications referenced below are met.
ENTITY NO. 1	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 Purpose of payments	O OFFICE: Amount (actual dollars) \$
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR Agency name:	MORE: 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 (c) and assessed value of property is over \$24,000. List street address, assessor parcel number, c	

**CONTINUE PARTS B AND C ON NEXT PAGES** 

### **FOOD TRAVEL SEMINARS**

F-1 Supplement

Name
SATTERBERG, DANIEL T

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

SEMINA	390-20-020A; 2) Travel occasions	s costing over \$50 per occasion, excluding cer s; or 3) Seminars, educational programs or other		ied iii WAC
Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use
02-25-2018	Institute for Innovation New York NY	I attended the IIP Office-Involved Fatalities	\$ 1038.24	Code)
04-05-2018	IIP - Institute for New York NY	I attended the IIP Executive Session Meeting 4/5-4/7/18 in	1136.86	A
06-13-2018	Fair & Just Prosecution New York NY	I attended the FJP's Juvenile Justice Convening Meeting in	1240.55	A
07-25-2018	Association of Prosecuting Washington D.	I attended the APA's Summer Major County Prosecutor's	857.41	A
09-26-2018	Salt Lake City District Salt Lake City UT	I attended the Best Practices for the 21st Century Modern	668.12	A
10-21-2018	Fair & Just Prosecution New York NY	I attended the FJP's Harm Reduction Responses to Drug	691.99	A
11-14-2018	Penn State University Philadelphia PA	I attended the APA's 5th Innovations in Prosecution	352.00	A
Check here ☐ if contir	l nued on attached sheet			

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111

F-1

**PDC FORM** 

# PERSONAL FINANCIAL AFFAIRS STATEMENT

PDC OFFICE USE

100888130

TOLL FREE 1-877-601-2828 DOLLAR Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** Covers: \$1 to \$4,499 Incumbent elected and appointed officials -- by April 15. 2018 Candidates and others -- within two weeks of becoming a В \$4,500 to \$23,999 С \$24,000 to \$47,999 candidate or being newly appointed to a position. Received: D \$48,000 to 119,999 04-11-2019

SEND REP	ORT TO PUBLIC DISCLOSURE COMMISSION		E	\$120,000 or more	
Last Name	First	Middle	Initial	Names of immediate family mem domestic partner. If there is no re	
SATTERBE	ERG DANIEL	Т		disclose for dependent children, in your household, do not identify	or other dependents living
				spouse or registered domestic pa	
Mailing Addr	ess (Use PO Box or Work Address)			details.	
	,			LINDA K. NORMAN	SP
	TH AVENUE S.				
City	County	Zip + 4			
NORMANDY	Y PARK KING	9819	8		
Filing Status	(Check only one box.)			Office Held or Sought	
X An elect	ed or state appointed official filing annual report			Office title: COUNTY PROSE	CUTOR
Final rep	port as an elected official. Term expired:				
Candida	tte running in an election: month	year		County, city, district or agency of	the office,
	<del></del>	year _		name and number: KING	CO
│	ppointed to an elective office			Position number:	
│	ppointed to a state appointive office			Term begins: NA	ends:
Profess	ional staff of the Governor's Office and the Legislature			01-01-2019	12-31-2022
	ional stair of the Governor's Office and the Legislature				
1	INCOME List each employer, or other source of income family member, including registered dome				
<b>"</b> .	options received during the reporting				
Show Self (S)	dividends in Item 3 on reverse)				
Spo@se (SP/DP)	Name and Address of Employer or Source of Compensation	F	KING <b>୧୯୯</b> ୯	Wation of the Recursor	Am <u>e</u> unt։
Dependent (D)	516 3RD AVENUE #W400		(ELECTED	)) Was Earned	(Use Code)
	SEATTLE WA 98104				
SP	MICROSOFT	(	CORPORAT	TE LAWYER	E
	ONE MICROSOFT WAY				
	REDMOND WA 98052				
	Check Here ☐ if continued on attached sheet				
1					

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.) Nature and Amount (Use Code) of Payment or Property Sold or Interest Divested Assessed Name and Address of Purchaser Value Consideration Received (Use Code) Security Given Property Purchased or Interest Acquired Creditor's Name/Address Mortgage Amount - (Use Code) Payment Terms Current Original PARCEL # 6114400020 403 SW Ε CASH 174TH NORMANDY PARK, WA All Other Property Entirely or Partially Owned #6114400015 Ε 0 0 Check here 

if continued on attached sheet

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS		eavings accounts, in the serty (including but noted in the serty (including but noted in the serty in the ser				
Α.	Name and address of each bank or financial institution in wh or a family member, including registered domestic partner,	ich you Type of	Account or Descript	ion of Asset	Asset Value (Use Code)	Income / (Use C	
	ana anny member, including registered domestic partner, ana argain Disco \$24,000 any time during the report period.		KS, BONDS, CA	SH	E E	0	,oue)
В.	Name and address of each insurance company where you or a member, including registered domestic partner had a policy a cash or loan value over \$24,000 during the period.						
C.	Name and address of each company, association, gover agency, etc. in which you or a family member, in registered domestic partner, owned or had a financial worth over \$2,400. Include stocks, bonds, own retirement plan, IRA, notes, stock options, and other into property. If you, your spouse, registered domestic partner dependents had decision making authority regarding included assets/investments list each asset or investment, the value as income amount. EXAMPLE: If you self directed an investment, identify each stock or other asset in that account.	cluding interest nership, angible and/or dividual und any					
Che	eck here 🔯 if continued on attached sheet.						
4	List each creditor you or a family CREDITORS or more any time during the per or mortgages or real estate reporte	riod. Don't incl				AMC (USE (	
	Creditor's Name and Address		rms of Payment	Secur	ity Given	Original	Present
Che	ack here if continued on attached sheet.			Ab a E 4 Ours		laa ka aasa	
5	All filers answer questions A thru D below. If the answ part of this report. If all answers are NO and you are a executive officer filing your initial report, no F-1 Supple	candidate for sta	ite or local office, a				
	Incumbent elected officials and state executive office Supplement is required of these officeholders unless a				must answer o	question E	. An F-1
A.	At any time during the reporting period were you, your spouse, register company, union, association, joint venture or other entity or (2) a part entity including but not limited to a professional limited liability company	ner or member of an	y limited partnership, li	mited liability par			
B.	Did you, your spouse, registered domestic partner or dependents have at any time during the reporting period? If yes, complete Supplement	an ownership of 10 <sup>o</sup> nt, Part A.	% or more in any compa	any, corporation,	partnership, joint	venture or of	her business
C.	Did you, your spouse, registered domestic partner or dependents own a	a business at any tim	e during the reporting p	eriod? If yes	s, complete Supple	ement, Part A	٠.
D.	Did you, your spouse, registered domestic partner or dependents prep (other than pay for a currently-held public office) at any time during the				dards for current	or deferred c	ompensatior
E.	Only for Persons Filing Annual Report. Regarding the receipt of iter your spouse, registered domestic partner or dependents (or any com source other than your governmental agency provide or pay in whole seminar or other training? $\underline{X}$ If yes to either or both questions, complete the provided of the provided register.	bination thereof) acc or in part for you, yo	cept a gift of food or be our spouse, registered	everages costing	over \$50 per oc	casion? c	or 2) Did any
AL	FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATION:		nder penalty o contained in th		
	I hold a state elected office, am an executive state officer or pr have read and am familiar with RCW 42.52.180 regarding resources in campaigns.				e best of my kno		ilue allu
X	I hold a local elected office. I have read and am familiar with regarding the use of public facilities in campaigns.	n RCW 42.17A.55	Daniel Todo Signature	Satterbe	erq	04-11 Date	-2019
			Contact Telephon	e: 206-229	9-7008	*	
			Email:dan.sat				
	NDIDATES: Do not use public agency addresses or teleph	one numbers for	Email:			(Home)	Optional

# **REAL ESTATE PURCHASED CONTINUED**

F-1

Name SATTERBERG, DANIEL T					Page 3	
2 REAL ESTATE						
Property Purchased or Interest Acquired	Assessed Value (Use Code)	Creditor's Name/Address	Payment Terms	Security Given	Mortgage Original	Amount Current
1825 4th Avenue S. Jormandy Park, WA 98198	E	NA	NA		0	0
		WA				
neck here 🔲 if continued on attached sheet						

**F-**1

Name Page SATTERBERG, DANIEL T 2 **REAL ESTATE** Security Given Mortgage Amount Original Current All Other Property Entirely or Partially Owned Assessed Payment Terms Creditor's Name/Address Current Value (Use Code) #6114400031 Α 0 0 WA #6114400020 0 0 Ε Check here ☐ if continued on attached sheet

F-1

Name Page SATTERBERG, DANIEL T 5 3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS Asset Value A. Name and address of each bank or financial institution Type of Account or Description of Asset Income Amount (Use Code) (Use Code) 0 FIDELITY INVESTMENTS STOCKS Ε MORGAN STANLEY SMITH BARNEY STOCKS Ε 0 MICROSOFT STOCKS Ε 0 0 Harborstone Credit Union cash Ε 401 Fifth Avenue, Suite 100 WA 98101 Seattle Check here  $\square$  if continued on attached sheet.

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111

F-1

PDC FORM

# PERSONAL FINANCIAL AFFAIRS STATEMENT

PDC OFFICE USE

100815945

**TOLL FREE 1-877-601-2828** DOLLAR Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** Covers: \$1 to \$4,499 Incumbent elected and appointed officials -- by April 15. 2017 Candidates and others -- within two weeks of becoming a В \$4,500 to \$23,999 C \$24,000 to \$47,999 candidate or being newly appointed to a position. Received:

SEND REF	ORT TO PUBLIC	DISCLOS	IRE COMMIS	SION	E	\$120,000 or more	03-22-2018
Last Name SATTERBE	PDC	First DAN	rer	<b>Middle</b> T	e Initial	Names of immediate family mer domestic partner. If there is no disclose for dependent children.	reportable information to
SATIERDE	LRG	DAN.	ren	1		in your household, do not identification spouse or registered domestic productions.	y them. Do identify your
Mailing Addr	ess (Use PO Box or	Work Addres	s)			LINDA K. NORMAN	SP
17417 41	TH AVE. SW						
City		Coun	ty	Zip + 4	4		
NORMAND	Y PARK	KIN	G	9816	56		
Filing Status	(Check only one bo	x.)				Office Held or Sought	
X An elect	ed or state appointe	d official filing	annual report			Office title: COUNTY PROSE	CUTOR
Final re	oort as an elected of	ficial. Term e	xpired:	_		County, city, district or agency of	f the office,
Candida	ate running in an elec	ction: month		year <sub>-</sub>		name and number: KING	CO
Newly a	ppointed to an electi	ve office				Position number:	
☐ Newly a	ppointed to a state a	ppointive offi	ce			Term begins:	ends:
Profess	ional staff of the Gov	vernor's Office	and the Legis	lature		01-01-2015	12-31-2018
1	INCOME fami	ly member,	including reg	istered domestic p	artner, rece	ocial security, legal judgment, eived \$2,400 or more during a value of \$2,400 or more	the period. Include stock
Show Self (S)			3 on reverse		mat mad	a value of \$2,400 of more	. (neport interest and
Sposse (SP/DP)	Name and Address	s of Employer	or Source of C	Compensation	KING <b>299</b> t	JRation or How Compensation	Am <u>e</u> unt:
Dependent (D)	516 3RD AVE	NUE #W40	0		(ELECTEI	) Was Earned	(Use Code)
	SEATTLE		WA 9	8104			
SP	MICROSOFT				CORPORAT	TE LAWYER	E
	ONE MICROSO	FT WAY					
	REDMOND		WA 9	8052			
	Check Here ☐ if c	ontinued on a	ttached sheet				
2	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 Solo	or Interest Divested	••	Assessed Value (Use Code)	Name and Address o	f Purchaser	Nature and Amount Consideration Rece	(Use Code) of Payment or ved

#### Security Given Property Purchased or Interest Acquired Creditor's Name/Address Payment Terms Mortgage Amount - (Use Code) Original Current PARCEL # 6114400020 403 SW Ε CASH 174TH NORMANDY PARK, WA All Other Property Entirely or Partially Owned #6114400015 Ε 0 0 Check here ☑ if continued on attached sheet

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS		eavings accounts, in erty (including but no l.				
A.	Name and address of each bank or financial institution in whor a family member, including registered domestic partner, and account over \$24,000 any time during the report period.	had	Account or Description		Asset Value (Use Code)	Income (Use 0	
В.	Name and address of each insurance company where you or member, including registered domestic partner had a policy a cash or loan value over \$24,000 during the period.						
C.	Name and address of each company, association, gove agency, etc. in which you or a family member, in registered domestic partner, owned or had a financial worth over \$2,400. Include stocks, bonds, own retirement plan, IRA, notes, stock options, and other int property. If you, your spouse, registered domestic partner dependents had decision making authority regarding in assets/investments list each asset or investment, the value a income amount. EXAMPLE: If you self directed an investment, identify each stock or other asset in that account.	ncluding interest nership, tangible and/or dividual and any					
Che	eck here 🔀 if continued on attached sheet.						
4	List each creditor you or a family CREDITORS or more any time during the per or mortgages or real estate reporte	riod. Don't incl					OUNT CODE)
	Creditor's Name and Address		rms of Payment	Secur	ity Given	Original	Present
	eck here if continued on attached sheet.  All filers answer questions A thru D below. If the answer	ver is YES to any	of these questions	the F-1 Supp	lement must a	lso be com	nleted as
5	part of this report. If all answers are NO and you are a executive officer filing your initial report, no F-1 Supple	candidate for sta	ite or local office, an				
	Incumbent elected officials and state executive offic Supplement is required of these officeholders unless a				must answer	question E	. An F-1
A.	At any time during the reporting period were you, your spouse, register company, union, association, joint venture or other entity or (2) a part entity including but not limited to a professional limited liability company	ner or member of an	y limited partnership, lim				
В.	Did you, your spouse, registered domestic partner or dependents have at any time during the reporting period? If yes, complete Supplementary		% or more in any compa	ny, corporation,	partnership, joint	venture or o	ther business
C.	Did you, your spouse, registered domestic partner or dependents own	a business at any tim	e during the reporting pe	riod? If yes	s, complete Supple	ement, Part A	٨.
D.	Did you, your spouse, registered domestic partner or dependents prep (other than pay for a currently-held public office) at any time during the				ndards for current	or deferred o	compensation
E.	Only for Persons Filing Annual Report. Regarding the receipt of ite your spouse, registered domestic partner or dependents (or any com source other than your governmental agency provide or pay in whole seminar or other training? X If yes to either or both questions, complete.	bination thereof) acc or in part for you, yo	cept a gift of food or be our spouse, registered d	erages costing	over \$50 per oc	casion?	or 2) Did an
ALI	L FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATION:		nder penalty o		
	I hold a state elected office, am an executive state officer or pr have read and am familiar with RCW 42.52.180 regarding resources in campaigns.				e best of my kno		ilue allu
	I hold a local elected office. I have read and am familiar with regarding the use of public facilities in campaigns.	n RCW 42.17A.558	Daniel T. Sa Signature	atterber	q	03-22 Date	-2018
			Contact Telephone	: 206-229	9-7008	*	
			Email:dan.sat			<u>√</u> (work)*	
	ANDIDATES: Do not use public agency addresses or telephotact information.	none numbers for	Email:			(Home)	Optional

**F-1** 

Name Page SATTERBERG, DANIEL T 2 **REAL ESTATE** Security Given Mortgage Amount Original Current Assessed All Other Property Entirely or Partially Owned Payment Terms Creditor's Name/Address Current Value (Use Code) #6114400031 Α 0 0 WA #6114400020 0 0 Ε Check here ☐ if continued on attached sheet

Name Page SATTERBERG, DANIEL T 3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS A. Name and address of each bank or financial institution Type of Account or Description of Asset Asset Value Income Amount (Use Code) (Use Code) 0 FIDELITY INVESTMENTS STOCKS  $\mathbf{E}$ MORGAN STANLEY SMITH BARNEY STOCKS Ε 0 MICROSOFT STOCKS Ε 0 0 Prevail Credit Union cash  $\mathbf{E}$ 801 Second Ave., Suite 100 WA 98104 Seattle Check here  $\square$  if continued on attached sheet.



DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908

OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

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PDC FORM

F-1

SUPPLEMENT

(<u>1/15</u>)

100815945

#### SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

**CONTINUE PARTS B AND C ON NEXT PAGES** 

03-22-2018

PROVIDE INFORMATION FOR YOURSELF,	SPOUSE, REGISTERED	DOMESTIC PARTNER,	DEPENDENT CHILDREN	AND OTHER DEPENDE	NTS IN
YOUR HOUSEHOLD					

Last Name	First	Middle Initial	DATE
SATTERBERG	DANIEL	T	2018-03-22

A OFFICE HELD,
BUSINESS
INTERESTS:

Check here I if continued on attached sheet

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 busines.	s entity if the qualifications referenced below are met.
ENTITY NO. 1	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 Purpose of payments	O OFFICE: Amount (actual dollars) \$
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR Agency name:	MORE: 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 (and assessed value of property is over \$24,000. List street address, assessor parcel number, or	

## **FOOD TRAVEL SEMINARS**

F-1 Supplement

Name SATTERBERG, DANIEL T

**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

SEMINA	390-20-020A; 2) Travel occasions	s costing over \$50 per occasion, excluding cers; or 3). Seminars, educational programs or other		ied iii WAC
Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use
01-25-2017	APA Association of San Francisco CA	I attended the APA's Major County Prosecutors Meeting in	\$ 570.00	Code)
01-31-2017	Institute for Innovation New York NY	I attended the IIP Executive Session Meeting in NYC	761.22	A
03-29-2017	FJP - Fair and Just Chicago IL	I attended the FJP meeting in Chicago 3/29-31/18. The FJP	755.83	А
06-27-2017	IIP - Institute for New York NY	I attended the IIP Advisory Board Mtg. 6/27-30 in NYC.	1335.40	А
07-27-2017	APA - Association of Washington DC	I attended the APA's Major County Prosecutor's	512.92	. A .
09-07-2017	Institute for Innovation New York NY	I attended the IIP's Executive Session Meeting	1573.80	A
09-21-2017	EBJ Judicial Peer Group Salt Lake City UT	I attending the EBS Education and Judicial Peer Group	685.95	A
11-15-2017	Fair & Just Prosecution Tampa FL	I attended the Fair & Just Prosecution Meeting Nov.	880.54	А
12-04-2017	Mayor's Fund to Advance New York NY	I attended and was a speakder at the Cities Thrive Mental	500.00	А
Charles	l an attached shout			
Check here 🔲 if conti	nued on attached sheet			

PUBLIC DISCLOSURE COMMISSION
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F-1

PDC FORM

# PERSONAL FINANCIAL AFFAIRS STATEMENT

PDC OFFICE USE

100744596

TOLL FREE 1-877-601-2828 DOLLAR Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** Covers: \$1 to \$4,499 Α Incumbent elected and appointed officials -- by April 15. 2016 Candidates and others -- within two weeks of becoming a В \$4,500 to \$23,999 С \$24,000 to \$47,999 candidate or being newly appointed to a position. Received: D \$48,000 to 119,999 03\_17\_2017

SEND REP	ORT TO PUBLIC	DISCLOS	JRE COMMIS	SION	E	\$120	0,000 or more	03-17-2017
Last Name		First		Middle	Initial			pers, including registered eportable information to
SATTERBE	IRG	DAN	IEL	T		in your hous	ehold, do not identify	or other dependents living them. Do identify your ortner. See F-1 manual for
Mailing Addr	ess (Use PO Box or '	Work Addres	is)			LINDA K	. NORMAN	SP
17417 47	TH AVE. SW							
City		Coun	ty	Zip + 4	1			
NORMANDY	Y PARK	KIN	<u>G</u>	9816	56			
Filing Status	(Check only one box	<b>(.)</b>				Office Held	or Sought	
X An elect	ed or state appointed	d official filinç	, annual report			Office title:	COUNTY PROSEC	CUTOR
Final rep	oort as an elected offi	icial. Term e	xpired:	_		County oity	, district or agency of	the office
Candida	ate running in an elec	tion: month		year _		'''	d number: KING	·
☐ Newly a	ppointed to an electiv	ve office				Position number:		
□ Newly a	ppointed to a state ap	opointive offi	ce			Term begins	NA	ends:
Profess	ional staff of the Gov	ernor's Offic	e and the Legis	lature		l com segun	01-01-2015	12-31-2018
Show Self (S)	INCOME <sub>famil</sub> optio	y member, ns receive	including reg	istered domestic period	artner, rece	eived \$2,400	or more during th	tc.) from which you or a ne period. Include stock (Report interest and
Spo@se (SP/DP)	Name and Address	of Employer	or Source of C	Compensation	KING <b>2004</b>	upation or Hou	y <sub>E</sub> Compensation	Am <u>a</u> unt:
Dependent (D)	516 3RD AVEN	NUE #W40			(ELECTED) Was Earned		d	(Use Code)
	SEATTLE		WA 9	8104				
SP	MICROSOFT				CORPORAT	TE LAWYER	₹	E
	ONE MICROSOE	T WAY						
	REDMOND		WA 9	8052				
	Check Here ☐ if co	ontinued on a	attached sheet					
2	REAL ESTATE	real estat	e with value o	of over \$12,000 in w	hich you or	r a family me	ember, including req	ach parcel of Washington gistered domestic partner, any, etc. real estate on F-
Property Sold or Interest Divested		Assessed Value	Name and Address o	f Purchaser		Nature and Amount (U	Jse Code) of Payment or ed	

#### (Use Code) Security Given Property Purchased or Interest Acquired Creditor's Name/Address Payment Terms Mortgage Amount - (Use Code) Original Current PARCEL # 6114400020 403 SW Ε CASH 174TH NORMANDY PARK, WA All Other Property Entirely or Partially Owned #6114400015 Ε 0 0 Check here ☑ if continued on attached sheet

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS		savings accounts, in erty (including but no l.				
A.	Name and address of each bank or financial institution in whor a family member, including registered domestic partner,  PACOMITOXEC\$24,000 any time during the report period.	had	Account or Description		Asset Value (Use Code) E	Income (Use 0	
В.	Name and address of each insurance company where you or member, including registered domestic partner had a policy a cash or loan value over \$24,000 during the period.						
C.	Name and address of each company, association, gover agency, etc. in which you or a family member, in registered domestic partner, owned or had a financial worth over \$2,400. Include stocks, bonds, own retirement plan, IRA, notes, stock options, and other interproperty. If you, your spouse, registered domestic partner dependents had decision making authority regarding in assets/investments list each asset or investment, the value as income amount. EXAMPLE: If you self directed an investment, identify each stock or other asset in that account.	ncluding interest nership, tangible and/or dividual and any					
Che	eck here 🔟 if continued on attached sheet.						
4	List each creditor you or a family CREDITORS or more any time during the per or mortgages or real estate reporte	riod. Don't incl					OUNT CODE)
	Creditor's Name and Address	Te	rms of Payment	Secur	rity Given	Original	Present
Ol-	and have T " and "count on all school about						
5	eck here if continued on attached sheet.  All filers answer questions A thru D below. If the answert of this report. If all answers are NO and you are a executive officer filing your initial report, no F-1 Supplements.	candidate for sta	ite or local office, an				
	Incumbent elected officials and state executive offic Supplement is required of these officeholders unless a	ers filing an ann	ual financial affairs		must answer	question E	. An F-1
Α.	At any time during the reporting period were you, your spouse, register company, union, association, joint venture or other entity or (2) a part entity including but not limited to a professional limited liability company	ner or member of an	y limited partnership, lin				
B.	Did you, your spouse, registered domestic partner or dependents have at any time during the reporting period? If yes, complete Supplemental Young the reporting period? If yes, complete Supplemental Young the reporting period?		% or more in any compa	ny, corporation,	partnership, joint	venture or o	ther business
C.	Did you, your spouse, registered domestic partner or dependents own	a business at any tim	e during the reporting pe	eriod? If yes	s, complete Supple	ement, Part A	٨.
D.	Did you, your spouse, registered domestic partner or dependents prep (other than pay for a currently-held public office) at any time during the				ndards for current	or deferred o	compensation
E.	Only for Persons Filing Annual Report. Regarding the receipt of ite your spouse, registered domestic partner or dependents (or any com source other than your governmental agency provide or pay in whole seminar or other training? X If yes to either or both questions, complete the complete of the provided in the complete of the comple	bination thereof) acc or in part for you, yo	cept a gift of food or be our spouse, registered d	verages costing	over \$50 per oc	casion?	or 2) Did an
ALI	L FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATION:		nder penalty o		
	I hold a state elected office, am an executive state officer or pr have read and am familiar with RCW 42.52.180 regarding resources in campaigns.				e best of my kno		truc and
	I hold a local elected office. I have read and am familiar with regarding the use of public facilities in campaigns.	n RCW 42.17A.55	Daniel T. S. Signature	atterber	g	03-17 <b>Date</b>	-2017
			Contact Telephone	: 206-229	9-7008	*	
			Email:dan.sat				
	ANDIDATES: Do not use public agency addresses or telephotact information.	none numbers for	Email:			(Home)	Optional

**F-**1

Name Page SATTERBERG, DANIEL T 2 **REAL ESTATE** Security Given Mortgage Amount Original Current Assessed All Other Property Entirely or Partially Owned Payment Terms Creditor's Name/Address Current Value (Use Code) #6114400031 Α 0 0 WA #6114400020 0 0 Ε Check here ☐ if continued on attached sheet

Name Page SATTERBERG, DANIEL T 3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS A. Name and address of each bank or financial institution Type of Account or Description of Asset Asset Value Income Amount (Use Code) (Use Code) 0 FIDELITY INVESTMENTS STOCKS  $\mathbf{E}$ MORGAN STANLEY SMITH BARNEY STOCKS Ε 0 MICROSOFT STOCKS Ε 0 0 Prevail Credit Union cash  $\mathbf{E}$ 801 Second Ave., Suite 100 WA 98104 Seattle Check here  $\square$  if continued on attached sheet.



DISCLOSURE COMMISSION

711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

TOLL FREE 1-877-601-2828 EMAIL: pdc@pdc.wa.gov PDC FORM

F-1

SUPPLEMENT

(<u>1/15</u>)

100744596

#### SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

03-17-2017

PROVIDE INFORMATION FOR YOURSELF, SPOU	SE, REGISTERED DOMESTIC PARTNER	R, DEPENDENT CHILDREN A	AND OTHER DEPENDENTS IN
YOUR HOUSEHOLD			

Last Name	First	Middle Initial	DATE
SATTERBERG	DANIEL	T	2017-03-17

A OFFICE HELD,
BUSINESS
INTERESTS:

Check here I if continued on attached sheet

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		ications referenced below are met.
ENTITY NO. 1		Reporting For: S	elf Spouse
		Registered Dome	estic Partner Dependent D
LEGAL NAME:		POSITION (	OR PERCENT OF OWNERSHIP
TRADE OR OPERATING N	AME:		
ADDRESS:			
BRIEF DESCRIPTION OF T	HE BUSINESS/ORGANIZATION:		
· · · · · · · · · · · · · · · · · · ·	IVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD of payments		mount (actual dollars)
PAYMENTS ENTITY RECE Agency	IVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR Name:		urpose of payment (amount not required)
	IVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE ner name:	Pt	urpose of payment (amount not required)
	ATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Certy is over \$24,000. List street address, assessor parcel number, or		

**CONTINUE PARTS B AND C ON NEXT PAGES** 

### **FOOD TRAVEL SEMINARS**

F-1 Supplement

Name SATTERBERG, DANIEL T

FOOD TRAVEL

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

**SEMINARS** 390-20-020A; 2) Travel occasions; or 3) Seminars, educational programs or other training. Actual Dollar Amount Donor's Name, City and State Value Date **Brief Description** Received (Use Code) I attended the APA'''s Major \$ 677.40 APA Association of County Prosecutor'''s Phoenix AZUSDOJ Office of Community I attended the COPS Forum in 994.20 Α Washington DC on April 27th. Washington Institute for Innovation I attended the IIP Advisory 1456.06 Α Board Meeting in NYC 6/7-9. New York NY 1328.60 American University I attend the LEAD (Law Α Enforcement Assisted Philadelphia PAAPA Association of I attended the APA''''s 914.72 Α summer Major County Boulder CO IIP - Institute for 2722.95 I attended meetings in both Α NYC & Washington DC for the New York NY I attended the APA'''s APA - Association of 557.17 Α Prosecutorial Leadership Washington Fund for the City of New I attended the Chicago 1056.87 Α Prosecutor Thought Leader Chicago TI Check here  $\square$  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

F-1

PDC FORM

# PERSONAL FINANCIAL AFFAIRS STATEMENT

PDC OFFICE USE

100681899

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.

DOLLAR
CODE AMOUNT

Covers:
2015

C \$24,000 to \$23,999

C \$24,000 to \$47,999

Received:
D \$48,000 to 119,999

SEND REP	ORT TO PUBLIC D	SCLOSURE C	OMMISSION	D E	\$48,000 to 119,999 \$120,000 or more	04-11-2016
Last Name SATTERBE	IRG	First DANIEL	<b>Middl</b> T	e Initial	Names of immediate family mem domestic partner. If there is no re disclose for dependent children, or in your household, do not identify spouse or registered domestic particles.	eportable information to or other dependents living them. Do identify your
Mailing Addr	ess (Use PO Box or W	ork Address)			LINDA K. NORMAN	SP
	TH AVE. SW					
City		County	Zip +	4		
NORMANDY	Y PARK (Check only one box.)	KING	981	66	Office Held or Sought	
_ ~	,					TITOD
X An elect	ed or state appointed	official filing annua	I report		Office title: COUNTY PROSEC	
Candida  Newly a	oort as an elected offic te running in an elective ppointed to an elective ppointed to a state app	on: month			County, city, district or agency of name and number: KING  Position number: NA  Term begins: 01-01-2015	•
Show Self (S)	INCOME family option	member, includ	ing registered domestic ping the reporting period	oartner, rec	ocial security, legal judgment, e eived \$2,400 or more during the a value of \$2,400 or more.	he period. Include stoc
Sposse (SP/DP)	Name and Address o	f Employer or Sou	rce of Compensation	KING &	upation or How Compensation	Am <u>e</u> unt:
Dependent (D)	516 3RD AVENU	JE #W400		(ELECTE	D) Was Earned	(Use Code)
	SEATTLE	1	WA 98104			
SP	MICROSOFT ONE MICROSOFT REDMOND		WA 98052	CORPORA	TE LAWYER	Е
	Check Here ☐ if con	tinued on attached	d sheet			
2	REAL ESTATE	real estate with	value of over \$12,000 in v	vhich you o	nal description AND county for e or a family member, including req period. (Show partnership, comp	gistered domestic partne
Property Sold	or Interest Divested	Asse Va	ssed Name and Address (lue Code)	of Purchaser	Nature and Amount (I Consideration Receiv	Jse Code) of Payment or ed

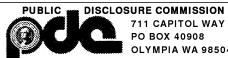
Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purc	naser	Nature and Amor Consideration Re	unt (Use Code) of eceived	Payment or
Property Purchased or Interest Acquired PARCEL # 6114400020 403 SW 174TH NORMANDY PARK, WA	E	Creditor's Name/Address	Payment Terms CASH	Security Given	Mortgage Amou Original O	unt - (Use Code) Current 0
All Other Property Entirely or Partially Owned #6114400015  Check here 🖾 if continued on attached sheet	E	WA			0	0

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS		savings accounts, erty (including but d.				
Α.	Name and address of each bank or financial institution in whom a family member, including registered demostic partner		of Account or Descrip	tion of Asset	Asset Value (Use Code)	Income / (Use C	
	or a family member, including registered domestic partner, anacoaunt oxeo\$24,000 any time during the report period.		KS, BONDS, C.	ASH	E E	0	oue)
В.	Name and address of each insurance company where you or member, including registered domestic partner had a policy a cash or loan value over \$24,000 during the period.						
C.	Name and address of each company, association, gover agency, etc. in which you or a family member, in registered domestic partner, owned or had a financial worth over \$2,400. Include stocks, bonds, own retirement plan, IRA, notes, stock options, and other into property. If you, your spouse, registered domestic partner dependents had decision making authority regarding in assets/investments list each asset or investment, the value a income amount. EXAMPLE: If you self directed an investment, identify each stock or other asset in that account.	ncluding interest nership, tangible and/or dividual and any					
Che	eck here 🔟 if continued on attached sheet.						
4	List each creditor you or a family CREDITORS or more any time during the per or mortgages or real estate reporte	riod. Don't in				AMO (USE (	
	Creditor's Name and Address		erms of Payment	Secur	ity Given	Original	Present
Che	eck here 🔲 if continued on attached sheet.						
5	All filers answer questions A thru D below. If the answ part of this report. If all answers are NO and you are a executive officer filing your initial report, no F-1 Supple	candidate for s	ate or local office, a				
	Incumbent elected officials and state executive office Supplement is required of these officeholders unless a	ers filing an an	nual financial affair		must answer	question E	. An F-1
A.	At any time during the reporting period were you, your spouse, register company, union, association, joint venture or other entity or (2) a part entity including but not limited to a professional limited liability company	ner or member of a	ny limited partnership, l	imited liability par			
B.	Did you, your spouse, registered domestic partner or dependents have at any time during the reporting period? If yes, complete Supplementary		0% or more in any comp	pany, corporation,	partnership, joint	venture or ot	her business
C.	Did you, your spouse, registered domestic partner or dependents own	a business at any ti	me during the reporting	period? If yes	s, complete Supple	ement, Part A	<b>.</b> .
D.	Did you, your spouse, registered domestic partner or dependents prep (other than pay for a currently-held public office) at any time during the				ndards for current	or deferred c	ompensatior
E.	Only for Persons Filing Annual Report. Regarding the receipt of iter your spouse, registered domestic partner or dependents (or any comsource other than your governmental agency provide or pay in whole seminar or other training? X If yes to either or both questions, complete the complete of the comple	nbination thereof) a or in part for you,	ccept a gift of food or b our spouse, registered	everages costing	over \$50 per oc	casion? c	or 2) Did any
ALI	FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATION		nder penalty o		
	I hold a state elected office, am an executive state officer or pr have read and am familiar with RCW 42.52.180 regarding resources in campaigns.				e best of my kno		ilue allu
	I hold a local elected office. I have read and am familiar with regarding the use of public facilities in campaigns.	n RCW 42.17A.5	Daniel T. S Signature	Satterber	g	04-11 Date	-2016
			Contact Telephor	ne: 206-229	9-7008	*	
			Email:dan.sat	tterberg@l	kingcounty	<u>/</u> (work)*	
	NDIDATES: Do not use public agency addresses or teleph	none numbers fo	r Email:			(Home)	Optional

**F-**1

Name Page SATTERBERG, DANIEL T 2 **REAL ESTATE** Security Given Mortgage Amount Original Current Assessed All Other Property Entirely or Partially Owned Payment Terms Creditor's Name/Address Current Value (Use Code) #6114400031 Α 0 0 WA #6114400020 0 0 Ε Check here ☐ if continued on attached sheet

Name Page SATTERBERG, DANIEL T 3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS A. Name and address of each bank or financial institution Type of Account or Description of Asset Asset Value Income Amount (Use Code) (Use Code) 0 FIDELITY INVESTMENTS STOCKS  $\mathbf{E}$ MORGAN STANLEY SMITH BARNEY STOCKS Ε 0 MICROSOFT STOCKS Ε 0 0 Prevail Credit Union cash  $\mathbf{E}$ 801 Second Ave., Suite 100 WA 98104 Seattle Check here  $\square$  if continued on attached sheet.



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 (<u>1/15)</u>

100681899

# **SUPPLEMENT PAGE**

PERSONAL FINANCIAL AFFAIRS STATEMENT

04-11-2016

PROVIDE INFORMATION FOR YOURSELF,	SPOUSE, REGISTERED DO	OMESTIC PARTNER, DEF	PENDENT CHILDREN AN	ND OTHER DEPENDENTS IN
YOUR HOUSEHOLD				

YOUR HOUSEHOLD			
Last Name	First	Middle Initial	DATE
SATTERBERG	DANIEL	T	2016-04-11
A OFFICE HEI BUSINESS INTERESTS	dependents (1) were an officer, director, georganization, union, partners (2) were a partner or member	during the reporting period, you, your eneral partner, trustee, or 10 percent or ship, joint venture or other entity; and/or of a limited partnership, limited liability not limited to a professional limited liability	more owner of a corporation, non-profit partnership, limited liability company or
•	Legal Name: Report name used on legal docu	•	company.
•	Trade or Operating Name: Report name used	•	e legal name.
•	Position or Percent of Ownership: The office, t	• •	ŭ
•	Brief Description of the Business/Organization:	: Report the purpose, product(s), and/or the	he service(s) rendered.
•	Payments from Governmental Unit: If the governity concerning which you're reporting, show		
•	Payments from Business Customers and Oth proprietorship, union, association, business of seek/hold office) which paid compensation of services or other consideration was given or personal control of the control of	or other commercial entity and each gove \$12,000 or more during the period to the	ernment agency (other than the one you
•	Washington Real Estate: Identify real estate or	wned by the business entity if the qualifica	ations referenced below are met.
ENTITY NO. 1		Reporting For: Self	Spouse
		Registered Domesti	ic Partner Dependent D
LEGAL NAME:		POSITION OF	R PERCENT OF OWNERSHIP
TRADE OR OPERATING I	NAME:		
ADDRESS:			
BRIEF DESCRIPTION OF	THE BUSINESS/ORGANIZATION:		
	EIVED FROM GOVERNMENTAL UNIT IN WHIC se of payments		ount (actual dollars)
	EIVED FROM OTHER GOVERNMENT AGENC y name:		pose of payment (amount not required)
	EIVED FROM BUSINESS CUSTOMERS OF \$13 omer name:		pose 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

**CONTINUE PARTS B AND C ON NEXT PAGES** 

## **FOOD TRAVEL SEMINARS**

F-1 Supplement

SATTERBERG, DANIEL T

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

SEIVIINA	390-20-020A; 2) Travel occasions	s; or 3) Seminars, educational programs or other	er training.	
Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use
10-27-2015	Reasearch Foundation of New York NY	I attended The Institute for Innovation in Prosecution	<b>\$</b> 1247.30	Code)
05-04-2015	Idaho Prosecuting Boise ID	I was a guest speaker at the IPAA''''''s meeting on May	271.99	A
Check here ☐ if conti	nued on attached sheet			



**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 SUPPLEMENT

(<u>1/15)</u>

100619697

#### SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

03-26-2015

PROVIDE INFORMATION FOR YOURSELF, SPOUSI	, REGISTERED DOMESTIC PARTNER	, DEPENDENT CHILDREN A	ND OTHER DEPENDENTS IN
YOUR HOUSEHOLD			

Last Nam	е	First	DATE	
SATTERBERG		DANIEL	T	2015-03-26
Α	OFFICE HELD, BUSINESS INTERESTS:	dependents (1) were an officer, director,		our spouse, registered domestic partner cut or more owner of a corporation, non-prof

Check here I if continued on attached sheet

- organization, union, partnership, joint venture or other entity; and/or
- 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

<ul> <li>Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.</li> </ul>						
ENTITY NO. 1	Reporting For: Self  Spouse  Dependent  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 Purpose of payments	O OFFICE: Amount (actual dollars) \$					
PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR Agency name:	MORE: 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 (and assessed value of property is over \$24,000. List street address, assessor parcel number, or						

**CONTINUE PARTS B AND C ON NEXT PAGES** 

### **FOOD TRAVEL SEMINARS**

F-1 Supplement

Name SATTERBERG, DANIEL T 2

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

390-20-020A; 2) Travel occasions; or 3) Seminars, educational programs or other training. Actual Dollar Amount Date Donor's Name, City and State **Brief Description** Value Received (Use Code) \$ 295 11-10-2014 Department of Justice/DBA I attended the Regional Best Practices Committee Meeting Denver 12-17-2014 National Network for Safe I attended the MacArthur 830.20 Α Foundation/National Network New York Check here ☐ if continued on attached sheet

DISCLOSURE COMMISSION PO BOX 40908

711 CAPITOL WAY RM 206 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

(1/15)

PDC FORM

### PERSONAL FINANCIAL **AFFAIRS STATEMENT**

PDC OFFICE USE

100619697

DOLLAR Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** Covers: \$1 to \$4,499 Incumbent elected and appointed officials -- by April 15. 2014 \$4,500 to \$23,999 В Candidates and others -- within two weeks of becoming a Ċ \$24,000 to \$47,999 candidate or being newly appointed to a position. Received:

SEND REF	PORT TO PUBLIC D	SISCLOSURE COMMIS	SSION	D E		000 to 119,999 ),000 or more	03-26-2015	
Last Name	ERG	First DANIEL	<b>M</b> iddle	e Initial	domestic pa disclose for in your hous	rtner. If there is no re dependent children, c ehold, do not identify	bers, including registered eportable information to or other dependents living them. Do identify your artner. See F-1 manual for	
Mailing Add	ress (Use PO Box or W	ork Address)			1	. NORMAN	SP	
17417 4	TH AVE. SW					· IVOICHAIN	OI.	
City		County	Zip + 4	4				
NORMAND'	Y PARK	KING	9816	56				
Filing Status	(Check only one box.)				Office Held	ŭ		
X An elec	ted or state appointed o	official filing annual report			Office title:	COUNTY PROSEC	CUTOR	
Final report as an elected official. Term expired:  Candidate running in an election: month yea  Newly appointed to an elective office  Newly appointed to a state appointive office  Professional staff of the Governor's Office and the Legislature  INCOME  List each employer, or other source of income family member, including registered domestic options received during the reporting periodividends in Item 3 on reverse)  Show Self (S) Spoge (SP/DP) Dependent (D)  Name and Address of Employer or Source of Compensation  516 3RD AVENUE #W400				that had	name and Position nun Term begins ocial security eived \$2,400 a value of	NA 01-01-2015  , legal judgment, e or more during the \$2,400 or more.	ends: 12-31-2018  tc.) from which you or a he period. Include stock	
SP	SEATTLE MICROSOFT ONE MICROSOFT REDMOND	T WAY	98104	CORPORA:	TE LAWYER	٤	Е	
Check Here if continued on attached sheet  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-								
Property Sold or Interest Divested  Assessed Value (Use Code)  Name and A			Name and Address o	f Purchaser		Nature and Amount (I Consideration Receiv	Jse Code) of Payment or ed	

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 PARCEL # 6114400020 403 SW 174TH NORMANDY PARK, WA	Е	Creditor's Name/Address	Payment Terms CASH	Security Given	Mortgage Amou Original 0	int - (Use Code) Current 0	
All Other Property Entirely or Partially Owned #6114400015  Check here ☑ if continued on attached sheet	Е	WA			0	0	

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS		eavings accounts, in erty (including but no l.				
A.	Name and address of each bank or financial institution in whor a family member, including registered domestic partner, apparace of the partner of the partne	had	Account or Description		Asset Value (Use Code) E	Income (Use 0	
В.	Name and address of each insurance company where you or member, including registered domestic partner had a policy a cash or loan value over \$24,000 during the period.						
C.	Name and address of each company, association, gove agency, etc. in which you or a family member, in registered domestic partner, owned or had a financial worth over \$2,400. Include stocks, bonds, own retirement plan, IRA, notes, stock options, and other int property. If you, your spouse, registered domestic partner dependents had decision making authority regarding in assets/investments list each asset or investment, the value a income amount. EXAMPLE: If you self directed an investment, identify each stock or other asset in that account.	icluding interest nership, angible and/or dividual and any					
Che	eck here 🔟 if continued on attached sheet.						
4	List each creditor you or a family CREDITORS or more any time during the per or mortgages or real estate reporte	riod. Don't incl					OUNT CODE)
	Creditor's Name and Address		rms of Payment	Secur	ity Given	Original	Present
Cha	eck here 🔲 if continued on attached sheet.						
5	All filers answer questions A thru D below. If the answ part of this report. If all answers are NO and you are a executive officer filing your initial report, no F-1 Supple	candidate for sta	ite or local office, an				
	Incumbent elected officials and state executive office Supplement is required of these officeholders unless a				must answer	question E	. An F-1
A.	At any time during the reporting period were you, your spouse, register company, union, association, joint venture or other entity or (2) a part entity including but not limited to a professional limited liability company	ner or member of an	y limited partnership, lim				
B.	Did you, your spouse, registered domestic partner or dependents have at any time during the reporting period? If yes, complete Supplementary		% or more in any compa	ny, corporation,	partnership, joint	venture or o	ther business
C.	Did you, your spouse, registered domestic partner or dependents own	a business at any tim	e during the reporting pe	riod? If yes	s, complete Supple	ement, Part A	<b>A</b> .
D.	Did you, your spouse, registered domestic partner or dependents preg (other than pay for a currently-held public office) at any time during the				ndards for current	or deferred o	compensation
E.	Only for Persons Filing Annual Report. Regarding the receipt of ite your spouse, registered domestic partner or dependents (or any com source other than your governmental agency provide or pay in whole seminar or other training? X If yes to either or both questions, complete.	bination thereof) acc or in part for you, yo	cept a gift of food or be our spouse, registered d	erages costing	over \$50 per oc	casion?	or 2) Did an
ALI	L FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATION:		nder penalty o		
	I hold a state elected office, am an executive state officer or pr have read and am familiar with RCW 42.52.180 regarding resources in campaigns.				e best of my kno		i ilue and
	I hold a local elected office. I have read and am familiar with regarding the use of public facilities in campaigns.	n RCW 42.17A.55	Daniel T. Sa Signature	atterber	<u> </u>	03-26 Date	-2015
			Contact Telephone	: 206-229	9-7008	*	
			Email:dan.sat				
	ANDIDATES: Do not use public agency addresses or telephatact information.	one numbers for	Email:			(Home)	Optional

**F-**1

Name Page SATTERBERG, DANIEL T 2 **REAL ESTATE** Security Given Mortgage Amount Original Current Assessed All Other Property Entirely or Partially Owned Payment Terms Creditor's Name/Address Current Value (Use Code) #6114400031 Α 0 0 WA #6114400020 0 0 Ε Check here ☐ if continued on attached sheet

Name Page SATTERBERG, DANIEL T 3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS A. Name and address of each bank or financial institution Type of Account or Description of Asset Asset Value Income Amount (Use Code) (Use Code) 0 FIDELITY INVESTMENTS STOCKS  $\mathbf{E}$ MORGAN STANLEY SMITH BARNEY STOCKS Ε 0 MICROSOFT STOCKS Ε 0 0 Prevail Credit Union cash  $\mathbf{E}$ 801 Second Ave., Suite 100 WA 98104 Seattle Check here  $\square$  if continued on attached sheet.

DISCLOSURE COMMISSION PO BOX 40908

711 CAPITOL WAY RM 206 OLYMPIA WA 98504-0908 (360) 753-1111

(1/12)

PDC FORM

### PERSONAL FINANCIAL **AFFAIRS STATEMENT**

PDC OFFICE USE

100563066

**TOLL FREE 1-877-601-2828** DOLLAR Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** Covers: Incumbent elected and appointed officials -- by April 15. \$1 to \$3,999 2013 Candidates and others -- within two weeks of becoming a В \$4,000 to \$19,999 С \$20,000 to \$39,999 candidate or being newly appointed to a position. Received:

SEND REP	PORT TO PUBLIC DISC	CLOSURE COMM	MISSION	D E	\$40,000 to \$99,999 \$100,000 or more	04-02-2014		
Last Name SATTERBE	ERG	First DANIEL	<b>Middle</b> T	Initial	Names of immediate family members, including registered domestic partner. 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 or registered domestic partner. See F-1 manual for details.			
Mailing Addr	ess (Use PO Box or Work	Address)			LINDA K. NORMAN	SP		
17417 41	TH AVE. SW				BINDII II. NOITHIIN			
City		County	Zip + 4	4				
NORMANDY	Y PARK	KING	9816	56				
Filing Status	(Check only one box.)				Office Held or Sought			
X An elect	ed or state appointed offic	cial filing annual repo	ort		Office title: COUNTY PROSEC	CUTOR		
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					County, city, district or agency of the office, name and number: KING CO  Position number: NA  Term begins: ends: 12-31-2014  cial security, legal judgment, etc.) from which you or a family			
•	dividends	in Item 3 on revers	se)	received \$2	2,000 or more during the perio	od. (Report interest and		
Show Self (S) Spouse (SP/DP) Dependent (D) S	Name and Address of En KING COUNTY 516 3RD AVENUE SEATTLE		·		upation or How Compensation Was Earned UNTY PROSECUTOR D)	Amount: (Use Code) E		
SP	MICROSOFT ONE MICROSOFT N REDMOND	WAY WA	98052	CORPORAT	IE LAWYER	E		
	Check Here ☐ if continu	ued on attached she	et	ther or leas	al description AND county for ea	ach parcel of Washington		

2 **REAL ESTATE** 

real estate with value of over \$10,000 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 supplei	ment.)		` `	• • • • • • • • • • • • • • • • • • • •	• •		
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 PARCEL # 6114400020 403 SW 174TH NORMANDY PARK, WA	E	Creditor's Name/Address	Payment Terms CASH	Security Given	Mortgage Amou Original 0	int - (Use Code) Current 0	
All Other Property Entirely or Partially Owned #6114400015 Check here ☑ if continued on attached sheet	E	WA			0	0	

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS			ounts, insurance		k, bonds a	and other
Α.	Name and address of each bank or financial institution in which or a family member, including registered domestic partner, had account over \$20,000 any time during the report period.		Account or Desc	ription of Asset	Asset Value (Use Code)		Amount Code)
	DA DAVIDSON	STOCK	S, BONDS,	CASH	E	0	
В.	Name and address of each insurance company where you or a far member, including registered domestic partner had a policy wit cash or loan value over \$20,000 during the period.						
C.	Name and address of each company, association, governmagency, etc. in which you or a family member, including registed domestic partner, owned or had a financial interest worth cost, 2,000. Include stocks, bonds, ownership, retirement plan, linotes, and other intangible property. If you, your spouse, registed domestic partner and/or dependents had decision making author regarding individual assets/investments list each asset or investment the value and any income amount.	red over RA, red ority					
Ob.	allabara 🖾 X assakios and an allasabad abasak						
4	eck here 🔯 if continued on attached sheet.  List each creditor you or a family mem						UNT
4	CREDITORS more any time during the period. mortgages or real estate reported in Ite	m 2		,		,	CODE)
	Creditor's Name and Address		ms of Payment	Coour	ity Given	Original	Present
Che	eck here 🔲 if continued on attached sheet.						
5	All filers answer questions A thru D below. If the answer i part of this report. If all answers are NO and you are a car executive officer filing your initial report, no F-1 Suppleme	ididate for sta	te or local office				
	Incumbent elected officials and state executive officers Supplement is required of these officeholders unless all a				must answer	question E	. An F-1
Α.	At any time during the reporting period were you, your spouse, registered d company, union, association, joint venture or other entity or (2) a partner centity including but not limited to a professional limited liability company?	or member of any	/ limited partnershi	p, limited liability par	eneral partner or tnership, limited I	trustee of any iability compa	corporation any or simila
В.	Did you, your spouse, registered domestic partner or dependents have an at any time during the reporting period? If yes, complete Supplement, F		6 or more in any co	mpany, corporation,	partnership, joint	venture or o	ther business
C.	Did you, your spouse, registered domestic partner or dependents own a bus	siness at any time	e during the reportin	ng period? If yes	s, complete Suppl	ement, Part A	٨.
D.	Did you, your spouse, registered domestic partner or dependents prepare, (other than pay for a currently-held public office) at any time during the repo				dards for current	or deferred o	compensation
E.	Only for Persons Filing Annual Report. Regarding the receipt of items in your spouse, registered domestic partner or dependents (or any combina source other than your governmental agency provide or pay in whole or in seminar or other training? If yes to either or both questions, complete S	tion thereof) acc part for you, yo	ept a gift of food o ur spouse, register	r beverages costing	over \$50 per oc	casion?	or 2) Did any
ALI	FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATIO	ON: I certify ur	nder penalty contained in th		
	I hold a state elected office, am an executive state officer or profes have read and am familiar with RCW 42.52.180 regarding the resources in campaigns.				e best of my kno		truc and
	I hold a local elected office. I have read and am familiar with RC regarding the use of public facilities in campaigns.	CW 42.17A.555	Daniel T. Signature	Satterber	<u> </u>	04-02 Date	-2014
				none: 206-229	9-7008	*	
				atterberg@}			
	NDIDATES: Do not use public agency addresses or telephone tact information.	numbers for	Email:			(Home)	Optional

**F-**1

Page Name SATTERBERG, DANIEL T 2 **REAL ESTATE** Security Given Mortgage Amount Original Current All Other Property Entirely or Partially Owned Assessed Payment Terms Creditor's Name/Address Current Value (Use Code) #6114400031 0 Α 0 WΑ Check here ☐ if continued on attached sheet

Name Page SATTERBERG, DANIEL T 3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS Asset Value A. Name and address of each bank or financial institution Type of Account or Description of Asset Income Amount (Use Code) (Use Code) 0 FIDELITY INVESTMENTS STOCKS  $\mathbf{E}$ MORGAN STANLEY SMITH BARNEY STOCKS Ε 0 MICROSOFT STOCKS Ε 0 0 Harborstone Credit Union cash  $\mathbf{E}$ 801 Second Ave., Suite 100 WA 98104 Seattle 0 T. Rowe Price Mutual Funds Ε 0 Russell Company Mutual Funds  $\mathbf{E}$ Check here  $\square$  if continued on attached sheet.

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111

Property Purchased or Interest Acquired

174TH NORMANDY PARK, WA

#6114400015

PARCEL # 6114400020 403 SW

All Other Property Entirely or Partially Owned

Check here ☑ if continued on attached sheet

**TOLL FREE 1-877-601-2828** 

F-1

PDC FORM

# PERSONAL FINANCIAL AFFAIRS STATEMENT

PDC OFFICE USE

100508505

DOLLAR Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** Covers: \$1 to \$3,999 Α Incumbent elected and appointed officials -- by April 15. 2012 Candidates and others -- within two weeks of becoming a В \$4,000 to \$19,999 Ċ \$20,000 to \$39,999 candidate or being newly appointed to a position. Received.

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION					D E		0,000 to \$99,999 00,000 or more	03-29-2013		
Last Name SATTERBE	ERG	First DAN	IEL	<b>Middle</b> T	e Initial	domestic p disclose for in your hou	artner. If there is no r dependent children, sehold, do not identify	bers, including registered eportable information to or other dependents living them. Do identify your artner. See F-1 manual for		
Mailing Address (Use PO Box or Work Address)						LINDA K	. NORMAN	SP		
516 THIE	RD AVENUE, #W	400								
City		Coun	ty	Zip + 4	4					
SEATTLE		KIN	G	9810	) 4	000 1111				
Filing Status 	(Check only one box	.)				Office Held	· ·			
X An elect	ted or state appointed	official filing	g annual report			Office title:	COUNTY PROSE	CUTOR		
Final re	oort as an elected offi	cial. Term e	expired:	_		County site	, district or agency of	the office		
☐ Candida	ate running in an elect	ion: month		year _		] ''	nd number: KING	•		
│ │	ppointed to an electiv	e office					- <u></u>	<del></del>		
│ │	ppointed to a state ap	pointive offi	ce			Position number:  NA  Term begins:  ends:				
	ional staff of the Gove			slature		Term begir	01-01-2011	$\frac{12-31-2014}{1}$		
1	INCOME memi	oer, includi	/er, or other so ing registered i 3 on reverse)	I domestic partner,	nsion, socia received \$	l security, le 2,000 or mo	gal judgment, etc.) fore during the perio	rom which you or a family od. (Report interest and		
Show Self (S) Spouse (SP/DP)	Name and Address of Employer or Source of Compensation				Occupation or How Compensation Was Earned KING COUNTY PROSECUTOR			Amount:		
Dependent (D)	KING COUNTY							(Use Code) $^{ m E}$		
	516 3RD AVEN	IUE #W40	0		(ELECTE					
	SEATTLE		WA S	98104						
SP	MICROSOFT				CORPORA:	TE LAWYE	R	E		
	ONE MICROSOF	T WAY								
	REDMOND		WA S	98052						
	Check Here ☐ if continued on attached sheet									
2	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, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)									
Property Solo	d or Interest Divested		Assessed Value (Use Code)	Name and Address o	of Purchaser		Nature and Amount ( Consideration Receiv	Use Code) of Payment or red		

Creditor's Name/Address

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#### **CONTINUE ON NEXT PAGE**

Original

0

Mortgage Amount - (Use Code)

Current

0

Security Given

Payment Terms

CASH

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS			ounts, insurance		k, bonds a	and other
Α.	Name and address of each bank or financial institution in which or a family member, including registered domestic partner, had account over \$20,000 any time during the report period.		Account or Desc	ription of Asset	Asset Value (Use Code)		Amount Code)
	DA DAVIDSON	STOCK	S, BONDS,	CASH	E	0	
В.	Name and address of each insurance company where you or a far member, including registered domestic partner had a policy wit cash or loan value over \$20,000 during the period.						
C.	Name and address of each company, association, governmagency, etc. in which you or a family member, including registed domestic partner, owned or had a financial interest worth cost, 2,000. Include stocks, bonds, ownership, retirement plan, linotes, and other intangible property. If you, your spouse, registed domestic partner and/or dependents had decision making author regarding individual assets/investments list each asset or investment the value and any income amount.	red over RA, red ority					
01-	allabara 🖾 X assakarrad ara albashad abasak						
4	eck here 🔯 if continued on attached sheet.  List each creditor you or a family mem						UNT
4	CREDITORS more any time during the period.  mortgages or real estate reported in Ite	m 2		,		,	CODE)
	Creditor's Name and Address	101	ms of Payment	Secui	ity Given	Original	Present
	_						
<b>5</b>	ack here ☐ if continued on attached sheet.  All filers answer questions A thru D below. If the answer i part of this report. If all answers are NO and you are a car executive officer filing your initial report, no F-1 Suppleme	ididate for sta	te or local office				
	Incumbent elected officials and state executive officers Supplement is required of these officeholders unless all a	filing an annı	ual financial aff		must answer	question E	. An F-1
Α.	At any time during the reporting period were you, your spouse, registered of company, union, association, joint venture or other entity or (2) a partner of entity including but not limited to a professional limited liability company?	omestic partner	or dependents (1) a	an officer, director, go p, limited liability par	eneral partner or tnership, limited I	trustee of any iability compa	corporation any or simila
В.	Did you, your spouse, registered domestic partner or dependents have an at any time during the reporting period? If yes, complete Supplement, F	ownership of 10%			partnership, joint	venture or o	ther business
C.	Did you, your spouse, registered domestic partner or dependents own a bus	siness at any time	e during the reporti	ng period? If yes	s, complete Suppl	ement, Part A	٨.
D.	Did you, your spouse, registered domestic partner or dependents prepare, (other than pay for a currently-held public office) at any time during the repo				dards for current	or deferred o	compensation
E.	Only for Persons Filing Annual Report. Regarding the receipt of items in your spouse, registered domestic partner or dependents (or any combina source other than your governmental agency provide or pay in whole or in seminar or other training? If yes to either or both questions, complete S	tion thereof) acc part for you, yo	ept a gift of food o ur spouse, register	r beverages costing	over \$50 per oc	casion?	or 2) Did any
ALI	FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATIO	ON: I certify ur	nder penalty contained in th		
	I hold a state elected office, am an executive state officer or profes have read and am familiar with RCW 42.52.180 regarding the resources in campaigns.				e best of my kno		tiue and
	I hold a local elected office. I have read and am familiar with RC regarding the use of public facilities in campaigns.	CW 42.17A.555	Daniel T. Signature	Satterber	<u> </u>	03-29 Date	-2013
			Contact Teleph	none: 206-229	9-7008	*	
				atterberg@}			
	NDIDATES: Do not use public agency addresses or telephone tact information.	numbers for	Email:			(Home)	Optional

Name SATTERBERG, DANIEL T					Page 3	
2 REAL ESTATE						
All Other Property Entirely or Partially Owned	Assessed Value (Use Code)	Creditor's Name/Address	Payment Terms	Security Given	Mortgage Original	Amount Curren
6114400031	A				0	0
		WA				
						-
	-			-		
Check here 🔲 if continued on attached sheet						

Name Page SATTERBERG, DANIEL T 3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS A. Name and address of each bank or financial institution Asset Value Type of Account or Description of Asset Income Amount (Use Code) (Use Code) 0 FIDELITY INVESTMENTS STOCKS  $\mathbf{E}$ MORGAN STANLEY SMITH BARNEY STOCKS D 0 MICROSOFT STOCKS Ε 0 0 Prevail Credit Union cash  $\mathbf{E}$ 801 Second Ave., Suite 100 WA 98104 Seattle 0 T. Rowe Price Mutual Funds Ε 0 Russell Company Mutual Funds  $\mathbf{E}$ Check here  $\square$  if continued on attached sheet.

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111

F-1

PDC FORM

# PERSONAL FINANCIAL AFFAIRS STATEMENT

PDC OFFICE USE

100443640

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.

TOLL FREE 1-877-601-2828

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

Covers: 2011 Received:

03-22-2012

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name Names of immediate family members, including registered Middle Initial domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living Τ SATTERBERG DANIEL in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details. Mailing Address (Use PO Box or Work Address) LINDA K. NORMAN SP 516 THIRD AVENUE, #W400 City County Zip + 498104 SEATTLE KING Office Held or Sought Filing Status (Check only one box.) Office title: COUNTY PROSECUTOR X An elected or state appointed official filing annual report Final report as an elected official. Term expired: \_\_\_\_ County, city, district or agency of the office, Candidate running in an election: month \_\_\_\_ year \_ name and number: KING CO Newly appointed to an elective office Position number: Newly appointed to a state appointive office Term begins: ends: 12-31-2014 Professional staff of the Governor's Office and the Legislature

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 \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse)

Show Self (S) Name and Address of Employer or Source of Compensation Occupation or How Compensation Amount: Was Farned (Use Code) Dependent (D) KING COUNTY KING COUNTY PROSECUTOR (ELECTED) 516 3RD AVENUE #W400 SEATTLE WA 98104 SP MICROSOFT CORPORATE LAWYER E ONE MICROSOFT WAY

REDMOND WA 98052

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, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

1 suppler	1 supplement.)									
Property Sold or Interest Divested	Assessed Value (Use Code)			Nature and Amor Consideration Re	unt (Use Code) of eceived	Payment or				
Property Purchased or Interest Acquired  PARCEL # 6114400020 403 SW 174TH NORMANDY PARK, WA	E	Creditor's Name/Address	Payment Terms CASH	Security Given	Mortgage Amou Original O	int - (Use Code) Current 0				
All Other Property Entirely or Partially Owned #6114400015  Check here ☑ if continued on attached sheet	E	WA			0	0				

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS			ounts, insurance ing the reporting		k, bonds a	and other
Α.	Name and address of each bank or financial institution in which or a family member, including registered domestic partner, had account over \$20,000 any time during the report period.		Account or Desc	ription of Asset	Asset Value (Use Code)		Amount Code)
	DA DAVIDSON	STOCK	S, BONDS,	CASH	E	0	
В.	Name and address of each insurance company where you or a far member, including registered domestic partner had a policy wit cash or loan value over \$20,000 during the period.						
C.	Name and address of each company, association, governmagency, etc. in which you or a family member, including registed domestic partner, owned or had a financial interest worth cost, 2,000. Include stocks, bonds, ownership, retirement plan, linotes, and other intangible property. If you, your spouse, registed domestic partner and/or dependents had decision making author regarding individual assets/investments list each asset or investment the value and any income amount.	red over RA, red ority					
Ob.	allabara 🖾 X assakios and an allasabard abasak						
_	eck here 🔯 if continued on attached sheet.  List each creditor you or a family mem					AMC	UNT
4	CREDITORS more any time during the period. mortgages or real estate reported in Ite	m 2		accounts, credi	t cards, or	(USE	CODE)
	Creditor's Name and Address	Tei	ms of Payment	Secur	ity Given	Original	Present
Che	eck here $\square$ if continued on attached sheet.						
5	All filers answer questions A thru D below. If the answer i part of this report. If all answers are NO and you are a car executive officer filing your initial report, no F-1 Suppleme	ididate for sta	te or local office				
	Incumbent elected officials and state executive officers Supplement is required of these officeholders unless all a	filing an annı	ual financial aff		must answer	question E	. An F-1
Α.	At any time during the reporting period were you, your spouse, registered d company, union, association, joint venture or other entity or (2) a partner of entity including but not limited to a professional limited liability company?	or member of any	/ limited partnershi	p, limited liability par	eneral partner or tnership, limited I	trustee of any iability compa	corporation any or simila
В.	Did you, your spouse, registered domestic partner or dependents have an at any time during the reporting period? If yes, complete Supplement, F		6 or more in any co	mpany, corporation,	partnership, joint	venture or o	ther business
C.	Did you, your spouse, registered domestic partner or dependents own a bus	siness at any time	e during the reporti	ng period? If yes	s, complete Suppl	ement, Part A	<b>A</b> .
D.	Did you, your spouse, registered domestic partner or dependents prepare, (other than pay for a currently-held public office) at any time during the repo				dards for current	or deferred o	compensation
E.	Only for Persons Filing Annual Report. Regarding the receipt of items in your spouse, registered domestic partner or dependents (or any combina source other than your governmental agency provide or pay in whole or in seminar or other training? If yes to either or both questions, complete S	tion thereof) acc part for you, yo	ept a gift of food o ur spouse, register	r beverages costing	over \$50 per oc	casion?	or 2) Did any
ALI	FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATIO	ON: I certify ur			
	I hold a state elected office, am an executive state officer or profes have read and am familiar with RCW 42.52.180 regarding the resources in campaigns.				contained in the best of my kno		true and
	I hold a local elected office. I have read and am familiar with RC regarding the use of public facilities in campaigns.	CW 42.17A.555	Daniel T. Signature	Satterberg	<u> </u>	03-22 Date	-2012
			Contact Teleph	none: 206-229	9-7008	*	
				atterberg@}			
	NDIDATES: Do not use public agency addresses or telephone tact information.	numbers for	Email:			(Home)	Optional

Name SATTERBERG, DANIEL T					Page 3	
2 REAL ESTATE						
All Other Property Entirely or Partially Owned	Assessed Value (Use Code)	Creditor's Name/Address	Payment Terms	Security Given	Mortgage Original	Amount Curren
6114400031	A				0	0
		WA				
						-
	-			-		
Check here 🔲 if continued on attached sheet						

Name Page SATTERBERG, DANIEL T 3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS A. Name and address of each bank or financial institution Asset Value Type of Account or Description of Asset Income Amount (Use Code) (Use Code) 0 FIDELITY INVESTMENTS STOCKS  $\mathbf{E}$ MORGAN STANLEY SMITH BARNEY STOCKS D 0 MICROSOFT STOCKS Ε 0 0 Prevail Credit Union cash  $\mathbf{E}$ 801 Second Ave., Suite 100 WA 98104 Seattle 0 T. Rowe Price Mutual Funds Ε 0 Russell Company Mutual Funds  $\mathbf{E}$ Check here  $\square$  if continued on attached sheet.

DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 **OLYMPIA WA 98504-0908** (360) 753-1111

(11/08)

Middle Initial

PDC FORM

#### PERSONAL FINANCIAL **AFFAIRS STATEMENT**

PDC OFFICE USE

100394402

Refer to instruction manual for detailed assistance and examples.

Last Name

SEATTLE

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.

TOLL FREE 1-877-601-2828

**DOLLAR** CODE **AMOUNT** \$1 to \$3,999 В \$4,000 to \$19,999 С \$20,000 to \$39,999 \$40,000 to \$99,999 D Ε \$100,000 or more

2010 Received:

03-16-2011

Covers:

#### SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

SATTERBERG

Τ DANIEL

Names of immediate family members, including registered domestic partner. 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 or registered domestic partner. See F-1 manual for details.

LINDA K. NORMAN

SP

516 THIRD AVENUE, #W400

Mailing Address (Use PO Box or Work Address)

City

County Zip + 498104 KING

Filing Status (Check only one box.)

X 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: COUNTY PROSECUTOR

County, city, district or agency of the office,

name and number: KING CO

Position number:

Term begins: ends:

12-31-2014

1 INCOME

SP

2

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 \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse)

Show Self (S) Name and Address of Employer or Source of Compensation Spouse (SP/DP) Dependent (D) KING COUNTY

Was Farned KING COUNTY PROSECUTOR

Occupation or How Compensation

(ELECTED)

(Use Code)

Amount:

516 3RD AVENUE #W400

SEATTLE WA 98104

ONE MICROSOFT WAY

MICROSOFT

REDMOND WA 98052 CORPORATE LAWYER E

Check Here I if continued on attached sheet

**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, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-

i suppler	1 supplement.)										
Property Sold or Interest Divested	Assessed Value (Use Code)			Nature and Amou Consideration Re	Payment or						
Property Purchased or Interest Acquired PARCEL # 6114400020 403 SW 174TH NORMANDY PARK, WA	E	Creditor's Name/Address	Payment Terms CASH	Security Given	Mortgage Amou Original O	nt - (Use Code) Current ()					
All Other Property Entirely or Partially Owned #6114400015  Check here ☑ if continued on attached sheet	E	WA			0	0					

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS			ounts, insurance ing the reporting		k, bonds a	and other
Α.	Name and address of each bank or financial institution in which or a family member, including registered domestic partner, had account over \$20,000 any time during the report period.		Account or Desc	ription of Asset	Asset Value (Use Code)		Amount Code)
	DA DAVIDSON	STOCK	S, BONDS,	CASH	E	0	
В.	Name and address of each insurance company where you or a far member, including registered domestic partner had a policy wit cash or loan value over \$20,000 during the period.						
C.	Name and address of each company, association, governmagency, etc. in which you or a family member, including registed domestic partner, owned or had a financial interest worth cost, 2,000. Include stocks, bonds, ownership, retirement plan, linotes, and other intangible property. If you, your spouse, registed domestic partner and/or dependents had decision making author regarding individual assets/investments list each asset or investment the value and any income amount.	red over RA, red ority					
_	eck here 🔀 if continued on attached sheet.  List each creditor you or a family mem	ber, including	registered dom	nestic partner, ow	/ed \$2,000 or	AMC	UNT
4	CREDITORS more any time during the period. mortgages or real estate reported in Ite	Don't include					CODE)
	Creditor's Name and Address	Te	ms of Payment	Secur	ity Given	Original	Present
Che	eck here 🔲 if continued on attached sheet.						
5	All filers answer questions A thru D below. If the answer i part of this report. If all answers are NO and you are a car executive officer filing your initial report, no F-1 Suppleme	ididate for sta	te or local office				
	Incumbent elected officials and state executive officers	-		airs report also	must answer	question E	. An F-1
	Supplement is required of these officeholders unless all a						
A.	At any time during the reporting period were you, your spouse, registered of company, union, association, joint venture or other entity or (2) a partner of entity including but not limited to a professional limited liability company?	or member of an	y limited partnershi	p, limited liability par	eneral partner or tnership, limited I	trustee of any liability compa	y corporation any or simila
B.	Did you, your spouse, registered domestic partner or dependents have an at any time during the reporting period? If yes, complete Supplement, F	ownership of 109 Part A.	6 or more in any co	ompany, corporation,	partnership, joint	venture or o	ther business
C.	Did you, your spouse, registered domestic partner or dependents own a bus	siness at any tim	e during the reporti	ng period? If yes	, complete Suppl	ement, Part A	<b>A</b> .
D.	Did you, your spouse, registered domestic partner or dependents prepare, (other than pay for a currently-held public office) at any time during the repo				dards for current	or deferred o	compensation
E.	Only for Persons Filing Annual Report. Regarding the receipt of items n your spouse, registered domestic partner or dependents (or any combina source other than your governmental agency provide or pay in whole or in seminar or other training? If yes to either or both questions, complete S	tion thereof) acc part for you, yo	ept a gift of food our spouse, register	or beverages costing	over \$50 per oc	casion?	or 2) Did any
ALI	FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATION	ON: I certify ur			
	I hold a state elected office, am an executive state officer or profes have read and am familiar with RCW 42.52.180 regarding the resources in campaigns.				contained in the best of my kno		true and
	I hold a local elected office. I have read and am familiar with RC regarding the use of public facilities in campaigns.	CW 42.17.130	Daniel T. Signature	Satterberg	<u> </u>	03-16 Date	-2011
			Contact Teleph	none: 206-229	9-7008	*	
			-	atterberg@}		<u>v .     (</u> work)*	
	NDIDATES: Do not use public agency addresses or telephone tact information.	numbers for	Email:			(Home)	Optional

Name SATTERBERG, DANIEL T					Page 3	
2 REAL ESTATE						
All Other Property Entirely or Partially Owned	Assessed Value (Use Code)	Creditor's Name/Address	Payment Terms	Security Given	Mortgage Original	Amount Curren
6114400031	A				0	0
		WA				
						-
	-					
Check here 🔲 if continued on attached sheet						

Name Page SATTERBERG, DANIEL T 3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS Asset Value A. Name and address of each bank or financial institution Type of Account or Description of Asset Income Amount (Use Code) (Use Code) 0 FIDELITY INVESTMENTS STOCKS  $\mathbf{E}$ MORGAN STANLEY SMITH BARNEY STOCKS D 0 MICROSOFT STOCKS Ε 0 0 Prevail Credit Union cash  $\mathbf{E}$ 801 Second Ave., Suite 100 WA 98104 Seattle 0 T. Rowe Price Mutual Funds Ε Check here  $\square$  if continued on attached sheet.

DISCLOSURE COMMISSION

711 CAPITOL WAY RM 206 PO BOX 40908 **OLYMPIA WA 98504-0908** (360) 753-1111 TOLL FREE 1-877-601-2828

(11/08)

PDC FORM

#### PERSONAL FINANCIAL **AFFAIRS STATEMENT**

PDC OFFICE USE

100343667

Refer to instruction manual for detailed assistance and examples.

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.

**DOLLAR** CODE **AMOUNT** \$1 to \$3,999 В \$4,000 to \$19,999 С \$20,000 to \$39,999 \$40,000 to \$99,999 D Ε \$100,000 or more

Covers: 2009 Received:

03-03-2010

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Names of immediate family members, including registered Last Name First Middle Initial domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living Τ SATTERBERG DANIEL in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details. Mailing Address (Use PO Box or Work Address) LINDA K. NORMAN SP JAMES WN SATTERBERG D 17417 4TH AVE SW County Zip + 4KATHERINE GN  $\Box$ 98166 NORMANDY PARK KING Office Held or Sought Filing Status (Check only one box.) Office title: COUNTY PROSECUTOR X An elected or state appointed official filing annual report Final report as an elected official. Term expired: County, city, district or agency of the office, Candidate running in an election: month \_\_\_ year \_ name and number: KING CO Newly appointed to an elective office Position number: Term begins: 11-Newly appointed to a state appointive office ends: 12-31-2010 Professional staff of the Governor's Office and the Legislature

List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family INCOME member, including registered domestic partner, received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse)

Name and Address of Employer or Source of Compensation

Dependent (D) KING COUNTY 516 3RD AVENUE #W400 SEATTLE

Was Earned KING COUNTY PROSECUTOR (ELECTED)

Occupation or How Compensation

(Use Code)

Amount:

WA 98104

Check Here I if continued on attached sheet

SP MICROSOFT

Show Self (S)

Spouse (SP/DP)

2

ONE MICROSOFT WAY REDMOND WΑ 98052 CORPORATE LAWYER

E

**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, 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 Name and Address of Purchaser Nature and Amount (Use Code) of Payment or Value Consideration Received (Use Code) Security Given Property Purchased or Interest Acquired Creditor's Name/Address Payment Terms Mortgage Amount - (Use Code) Original Current PARCEL # 6114400020 403 SW CASH 174TH NORMANDY PARK, WA All Other Property Entirely or Partially Owned #6114400015 Ε 0  $\cap$ Check here ☑ if continued on attached sheet

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS			ounts, insurance ing the reporting		k, bonds a	and other
Α.	Name and address of each bank or financial institution in which or a family member, including registered domestic partner, had account over \$20,000 any time during the report period.		Account or Desc	ription of Asset	Asset Value (Use Code)	Income (Use	Amount Code)
	DA DAVIDSON	STOCK	as, Bonds,	CASH	E	0	
В.	Name and address of each insurance company where you or a fa member, including registered domestic partner had a policy wire cash or loan value over \$20,000 during the period.						
C.	Name and address of each company, association, governing agency, etc. in which you or a family member, including registed domestic partner, owned or had a financial interest worth of \$2,000. Include stocks, bonds, ownership, retirement plan, notes, and other intangible property. If you, your spouse, registed domestic partner and/or dependents had decision making authoregarding individual assets/investments list each asset or investment the value and any income amount.	ered over RA, ered ority					
_	eck here 🔀 if continued on attached sheet.  List each creditor you or a family mem	ber, including	registered dom	nestic partner, ow	ved \$2,000 or	AMC	UNT
4	CREDITORS more any time during the period. mortgages or real estate reported in Ite		retail charge	accounts, credi	t cards, or	(USE (	CODE)
	Creditor's Name and Address	Te	rms of Payment	Secur	ity Given	Original	Present
Che	eck here 🔲 if continued on attached sheet.						
5	All filers answer questions A thru D below. If the answer part of this report. If all answers are NO and you are a cal executive officer filing your initial report, no F-1 Supplement	ndidate for sta	te or local office				
	Incumbent elected officials and state executive officers Supplement is required of these officeholders unless all a	-		•	must answer	question E	. An F-1
A.	At any time during the reporting period were you, your spouse, registered company, union, association, joint venture or other entity or (2) a partner entity including but not limited to a professional limited liability company?	or member of an	y limited partnershi	p, limited liability par			
B.	Did you, your spouse, registered domestic partner or dependents have an at any time during the reporting period? If yes, complete Supplement, I		% or more in any co	ompany, corporation,	partnership, joint	venture or of	her business
C.	Did you, your spouse, registered domestic partner or dependents own a bu	siness at any tim	e during the reporti	ng period? If yes	, complete Suppl	ement, Part A	۸.
D.	Did you, your spouse, registered domestic partner or dependents prepare, (other than pay for a currently-held public office) at any time during the repo				dards for current	or deferred c	ompensatior
E.	Only for Persons Filing Annual Report. Regarding the receipt of items ryour spouse, registered domestic partner or dependents (or any combina source other than your governmental agency provide or pay in whole or is seminar or other training? If yes to either or both questions, complete \$1.00.	ation thereof) acc n part for you, yo	ept a gift of food our spouse, register	or beverages costing	over \$50 per oc	casion? o	or 2) Did any
ALI	FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATIO	ON: I certify ur	nder penalty contained in th		
	I hold a state elected office, am an executive state officer or profeshave read and am familiar with RCW 42.52.180 regarding the resources in campaigns.				e best of my kno		inde and
	I hold a local elected office. I have read and am familiar with Roregarding the use of public facilities in campaigns.	CW 42.17.130	Daniel T. Signature	Satterberg	<del>-</del>	03-03 Date	-2010
			Contact Teleph	none: 206-229	7008	*	
				atterberg@}			
	NDIDATES: Do not use public agency addresses or telephone tact information.	numbers for	Email:			(Home)	Optional

**F-**1

Name Page SATTERBERG, DANIEL T 2 **REAL ESTATE** Security Given Mortgage Amount Original Current Assessed All Other Property Entirely or Partially Owned Payment Terms Creditor's Name/Address Current Value (Use Code) #6114400031 Α 0 0 WA #6114400020 0 0 Ε Check here ☐ if continued on attached sheet

Name Page SATTERBERG, DANIEL T 3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS Asset Value A. Name and address of each bank or financial institution Type of Account or Description of Asset Income Amount (Use Code) (Use Code) 0 FIDELITY INVESTMENTS STOCKS  $\mathbf{E}$ SMITH BARNEY STOCKS Ε 0 CHARLES SCHWAB STOCKS Ε 0 0 MICROSOFT STOCKS  $\mathbf{E}$ 0 Prevail Credit Union cash Ε 801 Second Ave., Suite 100 WA 98104 Seattle Check here  $\square$  if continued on attached sheet.

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY
PO BOX 40908
OLYMPIA WA 9850

711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828

F-1

PDC FORM

# PERSONAL FINANCIAL AFFAIRS STATEMENT

PDC OFFICE USE

100297250

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.

DOLLAR
CODE AMOUNT

A \$1 to \$3,999

B \$4,000 to \$19,999

C \$20,000 to \$39,999

Received:

	candidate of being		•		D E	\$40,000 to \$99,999	Received: 04-03-2009	
Last Name	PORT TO PUBLIC I	First	RE COMMIS		l E Initial	\$100,000 or more  Names of immediate family men		
SATTERBI		DANI		T	e milital	domestic partner. If there is no disclose for dependent children, in your household, do not identif spouse or registered domestic p details.	reportable information to or other dependents living y them. Do identify your	
Mailing Add	ress (Use PO Box or V	Vork Address	s)			linda k. NORMAN	SP	
17417 41	TH AVE SW					JAMES WN SATTERBERG	D	
City		County	/	Zip + 4	1	KATHERINE GN	D	
NORMAND'	Y PARK	KING	N J	9816	56			
Filing Status	(Check only one box.	)				Office Held or Sought		
X An elec	ted or state appointed	official filing	annual report			Office title: COUNTY PROSE	CUTOR	
Candida Newly a	port as an elected office ate running in an elect appointed to an electivappointed to a state appointed staff of the Government	ion: month _ e office pointive offic	e	year _		County, city, district or agency o name and number: KING Position number: NA Term begins: 11-29-2007	•	
1	INCOME memb	er, includir		I domestic partner,		al security, legal judgment, etc.) 2,000 or more during the peri		
Show Self (S) Spouse (SP/DP) Dependent (D) S	Name and Address KING COUNTY 516 3RD AVEN SEATTLE	of Employer	or Source of (	Compensation		Occupation or How Compensation Was Earned  NG COUNTY PROSECUTOR  LECTED		
SP	MICROSOFT ONE MICROSOF REDMOND	T WAY	WA 9	98052	CORPORA	TE LAWYER	E	
	Check Here ☐ if co	ntinued on at	tached sheet					
2	REAL ESTATE	real estate	with value of sonal financi	of over \$10,000 in w	hich you o	al description AND county for e r a family member, including re period. (Show partnership, com	gistered domestic partne	
Property Solo	d or Interest Divested		Assessed Value (Use Code)	Name and Address o	f Purchaser	Nature and Amount Consideration Recei	(Use Code) of Payment or ved	

1 supplement.)										
Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purc	Nature and Amou Consideration Re	unt (Use Code) of Payment or eceived						
Property Purchased or Interest Acquired  PARCEL # 6114400020 403 SW  174TH NORMANDY PARK, WA	E	Creditor's Name/Address	Payment Terms CASH	Security Given	Mortgage Amou Original ()	int - (Use Code) Current				
All Other Property Entirely or Partially Owned #6114400015 Check here ☑ if continued on attached sheet	E	WA			0	0				

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS			ounts, insurance		k, bonds a	and other
A.	Name and address of each bank or financial institution in which or a family member, including registered domestic partner, had account over \$20,000 any time during the report period.		Account or Descr	ription of Asset	Asset Value (Use Code)		Amount Code)
	DA DAVIDSON	STOCI	KS, BONDS,	CASH	E	0	
В.	Name and address of each insurance company where you or a far member, including registered domestic partner had a policy wit cash or loan value over \$20,000 during the period.						
C.	Name and address of each company, association, governmagency, etc. in which you or a family member, including registed domestic partner, owned or had a financial interest worth of \$2,000. Include stocks, bonds, ownership, retirement plan, I notes, and other intangible property. If you, your spouse, registed domestic partner and/or dependents had decision making author regarding individual assets/investments list each asset or investment the value and any income amount.	ered over RA, ered ority					
Ol-	and the second second second and all all all all all all all all all al						
4	eck here  if continued on attached sheet.  List each creditor you or a family mem  CREDITORS more any time during the period.  mortgages or real estate reported in Ite	Don't includ					OUNT CODE)
	Creditor's Name and Address		erms of Payment	Secur	ity Given	Original	Present
Che	eck here  if continued on attached sheet.						
5	All filers answer questions A thru D below. If the answer part of this report. If all answers are NO and you are a car executive officer filing your initial report, no F-1 Supplement	ndidate for st	ate or local office				
	Incumbent elected officials and state executive officers Supplement is required of these officeholders unless all a				must answer	question E	. An F-1
A.	At any time during the reporting period were you, your spouse, registered company, union, association, joint venture or other entity or (2) a partner entity including but not limited to a professional limited liability company?	or member of ar	ny limited partnership	o, limited liability par			
В.	Did you, your spouse, registered domestic partner or dependents have an at any time during the reporting period? If yes, complete Supplement, F		% or more in any co	mpany, corporation,	partnership, joint	venture or of	her business
C.	Did you, your spouse, registered domestic partner or dependents own a bu	siness at any tin	ne during the reportir	ng period? If yes	, complete Suppl	ement, Part A	۸.
D.	Did you, your spouse, registered domestic partner or dependents prepare, (other than pay for a currently-held public office) at any time during the repo	promote or opporting period?	ose state legislation _ If yes, complete S	, rules, rates or stan upplement, Part B.	dards for current	or deferred o	ompensatior
E.	Only for Persons Filing Annual Report. Regarding the receipt of items ryour spouse, registered domestic partner or dependents (or any combina source other than your governmental agency provide or pay in whole or it seminar or other training? If yes to either or both questions, complete States.	ition thereof) ac n part for you, y	cept a gift of food o our spouse, register	r beverages costing	over \$50 per oc	casion?	or 2) Did any
ALI	L FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATIO	ON: I certify ur	nder penalty contained in th	of perjury	that the
	I hold a state elected office, am an executive state officer or profeshave read and am familiar with RCW 42.52.180 regarding the resources in campaigns.				best of my kno		uu <del>o</del> anu
	I hold a local elected office. I have read and am familiar with R0 regarding the use of public facilities in campaigns.	CW 42.17.130	Daniel T. Signature	Satterbero	<u> </u>	04-03 Date	-2009
			Contact Teleph	none: 206-229	7008	*	
				atterberg@}			
	ANDIDATES: Do not use public agency addresses or telephone ntact information.	numbers for	Email:			(Home)	Optional

**F-**1

Name Page SATTERBERG, DANIEL T 2 **REAL ESTATE** Security Given Mortgage Amount Original Current Assessed All Other Property Entirely or Partially Owned Payment Terms Creditor's Name/Address Current Value (Use Code) #6114400031 Α 0 0 WA #6114400020 0 0 Ε Check here ☐ if continued on attached sheet

F-1

Name Page SATTERBERG, DANIEL T 4 3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS A. Name and address of each bank or financial institution Asset Value Income Amount Type of Account or Description of Asset (Use Code) (Use Code) 0 FIDELITY INVESTMENTS STOCKS Ε SMITH BARNEY STOCKS Ε 0 0 CHARLES SCHWAB STOCKS Ε 0 STOCKS MICROSOFT Ε Check here  $\square$  if continued on attached sheet.

# PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908

F-1

PDC FORM

PERSONAL FINANCIAL AFFAIRS STATEMENT

PDC OFFICE USE

(360) 753-1111 (1/08)**TOLL FREE 1-877-601-2828 DATE FILED PDC** DOLLAR Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** APR - 7 2008 Incumbent elected and appointed officials -- by April 15. \$1 to \$3,999 Deadlines: \$4,000 to \$19,999 Candidates and others -- within two weeks of becoming a R candidate or being newly appointed to a position. С \$20,000 to \$39,999 D \$40,000 to \$99,999 SEND REPORT TO PUBLIC DISCLOSURE COMMISSION E \$100,000 or more Last Name First Middle Initial Names of immediate family members. If there is no reportable information to disclose for dependent children, or SATTERBERG DANIEL other dependents living in your household, do not identify them. Do identify your spouse. See F-1 manual for details. Mailing Address (Use PO Box or Work Address) LINDA K. NORMAN 17417 4TH AVE SW JAMES WN SATTERBERG D KATHERINE GN Saffer Derg D City County Zip + 4 NORMANDY PARK KING 98166 Office Held or Sought Filing Status (Check only one box.) Office title: COUNTY PROSECUTOR X An elected or state appointed official filing annual report Final report as an elected official. Term expired: County, city, district or agency of the office, Candidate running in an election: month \_\_\_\_\_ year \_ KING CO name and number: Newly appointed to an elective office Position number: Newly appointed to a state appointive office Term begins: ends: 11-29-2007 12-31-2010 Professional staff of the Governor's Office and the Legislature List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family INCOME member received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse) Show Self (S) Spouse (SP) Name and Address of Employer or Source of Compensation Occupation or How Compensation Amount: Was Earned (Use Code) Dependent (D) KING COUNTY KING COUNTY PROSECUTOR Ε (ELECTED) 516 3RD AVENUE #W400 SEATTLE 98104 SP MICROSOFT CORPORATE LAWYER Е ONE MICROSOFT WAY REDMOND WA 98052 Check Here if continued on attached sheet 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 **REAL ESTATE** the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.) Property Sold or Interest Divested Name and Address of Purchaser Assessed Nature and Amount (Use Code) of Payment or Value Consideration Received (Use Code) Property Purchased or Interest Acquired Creditor's Name/Address Security Given Payment Terms Mortgage Amount - (Use Code) Original Current PARCEL # 6114400020 Ε CASH 0 0 403 SW 174TH All Other Property Entirely or Partially Owned #6114400015 Ε 0 0 Check here I 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.								
Α.	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	n of Asset	Asset Value (Use Code)	1	Amount Code)			
	DA DAVIDSON	STOCKS, BONDS & CA	ASH	E	O ATE F				
В.	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.				APR -	LED PI 7 2008			
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.			_					
	KING COUNTY DEFERRED COMP.	TRP PERSONAL STRAT GROWTH & BLUE CHIE GROWTH		E	0				
Che	eck here 🖾 if continued on attached sheet.			<u> </u>					
4	CREDITORS List each creditor you or a family member o Don't include retail charge accounts, credit				AMOUNT (USE CODE)				
	Creditor's Name and Address	Terms of Payment	Secur	ity Given	Original	Present			
	•		: :						
			į						
Che	eck here  if continued on attached sheet.								
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.									
Α.									
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? \( \text{\text{\text{10}}} \) If yes, complete Supplement, Part A.								
C.	Did you, your spouse or dependents own a business at any time during the reporting period 1 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?								
Е.	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? In 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? Did if yes to either or both questions, complete Supplement, Part C.								
ALL	FILERS EXCEPT CANDIDATES. Check the appropriate box.	CERTIFICATION:	I certify un	nder penalty o	of perjury	that the			
	I hold a state elected office, am an executive state officer or professional have read and am familiar with RCW 42.52.180 regarding the use resources in campaigns.	al staff. 1   of public		e best of my kno					
X	I hold a local elected office. I have read and am familiar with RCW 4 regarding the use of public facilities in campaigns.	Contact Telephone:	(206) 20	• • •	Date				
		Email: <u>DAN.SATT</u> Email: <u>NORMANSA</u>			- A-				

# **DATE FILED PDC** APR - 7 2008

#### **ALL OTHER REAL ESTATE CONTINUED**

Name Page SATTERBERG, DANIEL T 2 **REAL ESTATE** Mortgage Amount Original Current All Other Property Entirely or Partially Owned Security Given Assessed Creditor's Name/Address Payment Terms Value (Use Code) #6114400031 Α 0 WA #6114400020 Ε 0 0 Check here [ ] if continued on attached sheet

# DATE FILED PDC APR - 7 2008

#### FINANCIAL INSTITUTIONS CONTINUED

Name SATTERBERG, DANIEL T								
3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS								
Name and address of each bank or financial institution	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)					
FIDELITY INVESTMENTS	STOCKS	E	0					
		:						
SMITH BARNEY	атоаха							
SMIIN BARNEI	STOCKS	E	0					
		,						
		•						
Check here ☐ if continued on attached sheet.								

DISCLOSURE COMMISSION **PDC FORM** PDC OFFICE USE 711 CAPITOL WAY RM 206 PERSONAL FINANCIAL PO BOX 40908 1001260954 **OLYMPIA WA 98504-0908 AFFAIRS STATEMENT** (360) 753-1111 (1/08)TOLL FREE 1-877-601-2828 **DOLLAR** Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** Covers: \$1 to \$3,999 Incumbent elected and appointed officials -- by April 15. 2007 В \$4,000 to \$19,999 Candidates and others -- within two weeks of becoming a С \$20,000 to \$39,999 candidate or being newly appointed to a position. Received: D \$40,000 to \$99,999 04-09-2008 SEND REPORT TO PUBLIC DISCLOSURE COMMISSION Ε \$100,000 or more Names of immediate family members. If there is no Last Name First Middle Initial reportable information to disclose for dependent children, or other dependents living in your household, do not identify SATTERBERG DANIEL Τ them. Do identify your spouse. See F-1 manual for details. Mailing Address (Use PO Box or Work Address) LINDA K. NORMAN SP JAMES WN SATTERBERG D 17417 4TH AVE SW D KATHERINE GN City County Zip + 4KING 98166 NORMANDY PARK Office Held or Sought Filing Status (Check only one box.) Office title: COUNTY PROSECUTOR X An elected or state appointed official filing annual report Final report as an elected official. Term expired: County, city, district or agency of the office, year \_ Candidate running in an election: month KING CO name and number: PROSECUTING Newly appointed to an elective office Position number: NA Newly appointed to a state appointive office Term begins: ends: 11-29-2007 12-31-2010 Professional staff of the Governor's Office and the Legislature List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family 1 INCOME member received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse) Show Self (S) Name and Address of Employer or Source of Compensation Occupation or How Compensation Amount: Spouse (SP) Was Earned (Use Code) Dependent (D) KING COUNTY KING COUNTY PROSECUTOR Ε (ELECTED) 516 3RD AVENUE #W400 MA 98104 SEATTLE SP MICROSOFT CORPORATE LAWYER Ε ONE MICROSOFT WAY REDMOND WA98052 Check Here I if continued on attached sheet List street address, assessor's parcel number, or legal description AND county for each parcel of Washington 2 **REAL ESTATE** 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.) Nature and Amount (Use Code) of Payment or Property Sold or Interest Divested Assessed Name and Address of Purchaser Value Consideration Received (Use Code)

Creditor's Name/Address

Ε

 $\mathbf{E}$ 

MΔ

Property Purchased or Interest Acquired

174TH NORMANDY PARK, WA

#6114400015

PARCEL # 6114400020 403 SW

All Other Property Entirely or Partially Owned

Check here X if continued on attached sheet

Original

0

0

Mortgage Amount - (Use Code)

Current

0

0

Security Given

Payment Terms

CASH

3			nd savings acc operty held du				k, bonds a	and other
A.	Name and address of each bank or financial institution in which yo or a family member had an account over \$20,000 any time during th report period.		Account or Des	criptio	n of Asset	Asset Value (Use Code)		Amount Code)
	DA DAVIDSON	STOCK	S, BONDS,	CAS	SH	E	0	
В.	Name and address of each insurance company where you or a famil member had a policy with a cash or loan value over \$20,000 durin the period.							
C.	Name and address of each company, association, government agency, etc. in which you or a family member owned or had financial interest worth over \$2,000. Include stocks, bonds ownership, retirement plan, IRA, notes, and other intangible property	a s,						
Che	eck here 🛛 if continued on attached sheet.							
4	CREDITORS  List each creditor you or a family membe Don't include retail charge accounts, cred							
	Creditor's Name and Address		rms of Payment			ity Given	Original	Present
Che	eck here 🔲 if continued on attached sheet.							
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 joint venture or other entity or (2) a partner or member of any limited partnersh a professional limited liability company? If yes, complete Supplement, Pa	nip, limited liab	director, general p ility partnership, li	artner mited I	or trustee of an iability compan	y corporation, cor y or similar entity	mpany, union including but	, association not limited to
B.	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 rep	oorting period?	If yes, comp	lete Su	ıpplement, Part	Α.		
D.	Did you, your spouse or dependents prepare, promote or oppose state leg currently-held public office) at any time during the reporting period? If yes,			rds for	current or det	erred compensat	tion (other th	an pay for a
E.	Only for Persons Filing Annual Report. Regarding the receipt of items not your spouse or dependents (or any combination thereof) accept a gift of governmental agency provide or pay in whole or in part for you, your spouse questions, complete Supplement, Part C.	food or bever	ages costing over	r \$50 <sub> </sub>	per occasion?	or 2) Did an	y source oth	ner than you
ALI	FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERTIFICATI	ION:		nder penalty contained in th		
	I hold a state elected office, am an executive state officer or professi- have read and am familiar with RCW 42.52.180 regarding the us resources in campaigns.		DANIEL T	. SP	correct to the	e best of my kno	owledge.	-2008_
X	I hold a local elected office. I have read and am familiar with RCW regarding the use of public facilities in campaigns.	<i>l</i> 42.17.130	Signature Contact Telep	hone	: (206)29	96-9067	Date	
						KINGCOUNT		
Ī			Email:NORM.	ANS A	TITEKREK(	G@COMCAST	<u>. ɪ</u> (Home)	

**F-**1

Name Page SATTERBERG, DANIEL T 2 **REAL ESTATE** Security Given Mortgage Amount Original Current Assessed All Other Property Entirely or Partially Owned Payment Terms Creditor's Name/Address Current Value (Use Code) #6114400031 Α 0 0 WA #6114400020 0 0 Ε Check here ☐ if continued on attached sheet

### FINANCIAL INSTITUTIONS CONTINUED

Name SATTERBERG, DANIEL T			Page 4
3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS			
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)
FIDELITY INVESTMENTS	STOCKS	E	0
SMITH BARNEY	STOCKS	E	0
Check here 🔲 if continued on attached sheet.			



PDC FORM

#### **PERSONAL FINANCIAL** AFFAIRS STATEMENT

PDC OFFICE USE

DATE FILED PDC

**TOLL FREE 1-877-601-2828 DOLLAR** RECE JUN 16 2007 Refer to instruction manual for detailed assistance and examples. CODE **AMOUNT** \$1 to \$2,999 Deadlines: Incumbent elected and appointed officials -- by April 15. В \$3,000 to \$14,999 Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position. C \$15,000 to \$29,999 Ε \$30,000 to \$74,999 D D SEND REPORT TO PUBLIC DISCLOSURE COMMISSION Ε \$75,000 or more Middle Initial Last Name First Names of immediate family members. If there is no reportable information to disclose for dependent children, or Satterberg Daniel Т other dependents living in your household, do not identify them. Do identify your spouse. See F-1 manual for details. Mailing Address (Use PO Box or Work Address) Linda K. Norman 516 3rd Ave. W554 King County Courthouse Zip + 498104 Seattle King Office Held or Sought Filing Status (Check only one box.) Office title: Prosecuting Attorney An elected or state appointed official filing annual report County, city, district or agency of the office, Final report as an elected official. Term expired: name and number: Candidate running in an election: month 8 year 2007 Position number: Newly appointed to an elective office Term begins: Newly appointed to a state appointive office 12/31/2010 List each employer, or other source of income (pension, social security, legal judgment) from which you or a family INCOME member received \$1,500 or more during the period. (Report interest and dividends in Item 3 on reverse) Show Self (S) Name and Address of Employer or Source of Compensation Occupation or How Compensation Amount: Spouse (SP) Dependent (D) Was Earned (Use Code) s King County Prosecuting Attorney's Office Attorney Ε sp Microsoft Corporation Attorney Ε Check Here I if continued on attached sheet List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$7,500 in which you or a family member held a personal financial interest during **REAL ESTATE** the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.) Property Sold or Interest Divested Assessed Name and Address of Purchaser Nature and Amount (Use Code) of Payment or Value Consideration Received (Use Code) Property Purchased or Interest Acquired Security Given Creditor's Name/Address Payment Terms Mortgage Amount - (Use Code) Original Current All Other Property Entirely or Partially Owned 17417 4th Ave SW Normandy Park Ε N/A N/A N/A N/A N/A 611440-0015-05 Check here if continued on attached sheet

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS inta	st bank and savings accounts, insurance policies, stock, bonds and other tangible 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 \$15,000 any time during the	Type of	Type of Account or Description of Asset			Income Amount (Use Code)			
	report period. T. Rowe Price, PO Box 17349, Baltimore MD 21297	1	ed Comp		E E	<i>,</i>			
	Prevail Credit Union	Check	ing & Savings		<u> </u>		•		
В.	Name and address of each insurance company where you or a family member had a policy with a cash or loan value over \$15,000				المراجعة المراجعة المراجعة	limes of free free	- (m) (m) <b>^</b>		
	during the period. None					FILED   1 6 20			
					,,301	N 1 0 20	107		
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 \$1,500. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property. Portfolio with D.A. Davidson 701 5 <sup>th</sup> Ave #3100	Munici							
	Seattle, WA 98104	& Cash	pal Bonds, Mutua า	i i unus	E	С			
	Charles Schwab 101 Montgomery St. San Francisco, CA 94104	   MSFT	ESPP Plan		E	D			
Che	eck here  if continued on attached sheet.	<u></u>							
4	List each creditor you or a family member o Don't include retail charge accounts, credit	cards, o	r mortgages or real e	during the pestate report	eriod. ed in Item 2.	AMOUNT (USE CODE)			
	Creditor's Name and Address	Ter	ms of Payment	Securi	ty Given	Original	Present		
					-				
			İ						
		,							
Check here ☐ if continued on attached sheet.			. of these musetions	the Ed Su		alaa ba a			
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 Supplement is required of these officeholders unless all answer				must answer	question E	. An F-1		
Α.	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 any 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? No If yes, complete Supplement, Part A								
В.	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? No If yes, complete Supplement, Part A.								
C.	Did you, your spouse or dependents own a business at any time during the reporting period? No 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? No 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.								
_	FILERS EXCEPT CANDIDATES. Check the appropriate box.		CERMICATION:		der penalty of contained in this				
	I hold a state elected office or am an executive state officer. I have r am familiar with RCW 42.52.180 regarding the use of public resocampaigns.		Signature C	aller	f my kno	<u> </u>	ne <u>2007</u>		
	I hold a local elected office. I have read and am familiar with RCW 42 regarding the use of public facilities in campaigns.	2.17.130	Contact Telephore: Email:dan.satterberg Email:normansattert	@metrokc.	<u> </u>	(wo	rk) me)		