

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

Last Name SATTERBERG	First DANIEL	Middle Initial T	DATE 2019-04-11
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A OFFICE HELD, BUSINESS INTERESTS: Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents

(1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or

(2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.

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

ENTITY NO. 1 Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME: POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

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

Purpose of payments	Amount (actual dollars) \$
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PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:

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

Customer name:	Purpose of payment (amount not required)
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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

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.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
02-25-2018	Institute for Innovation New York NY	I attended the IIP Office-Involved Fatalities	\$ 1038.24	A
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 continued on attached sheet

Refer to instruction manual for detailed assistance and examples. Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position. SEND REPORT TO PUBLIC DISCLOSURE COMMISSION	DOLLAR CODE A \$1 to \$4,499 B \$4,500 to \$23,999 C \$24,000 to \$47,999 D \$48,000 to 119,999 E \$120,000 or more	Covers: 2018 Received: 04-11-2019
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Last Name First Middle Initial SATTERBERG DANIEL T	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.
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Mailing Address (Use PO Box or Work Address) 21825 4TH AVENUE S. City County Zip + 4 NORMANDY PARK KING 98198	LINDA K. NORMAN SP
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Filing Status (Check only one box.) <input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature	Office Held or Sought Office title: COUNTY PROSECUTOR County, city, district or agency of the office, name and number: KING CO Position number: _____ Term begins: <u>01-01-2019</u> ends: <u>12-31-2022</u>
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1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3 on reverse)

Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation (ELECTED) Was Earned	Amount: (Use Code)
	KING COUNTY 516 3RD AVENUE #W400 SEATTLE WA 98104	KING COUNTY PROSECUTOR	E
SP	MICROSOFT ONE MICROSOFT WAY REDMOND WA 98052	CORPORATE LAWYER	E

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 \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

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

Check here if continued on attached sheet

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS	List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.			
<p>A. Name and address of each bank or financial institution in which you or a family member, including registered domestic partner, had an account over \$24,000 any time during the report period.</p> <p>B. Name and address of each insurance company where you or a family member, including registered domestic partner had a policy with a cash or loan value over \$24,000 during the period.</p> <p>C. Name and address of each company, association, government agency, etc. in which you or a family member, including registered domestic partner, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self directed an investment account, identify each stock or other asset in that account.</p>		Type of Account or Description of Asset STOCKS, BONDS, CASH	Asset Value (Use Code) E	Income Amount (Use Code) 0	
Check here <input checked="" type="checkbox"/> if continued on attached sheet.					
4	CREDITORS	List each creditor you or a family member, including registered domestic partner, owed \$2,400 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.			AMOUNT (USE CODE)
Creditor's Name and Address		Terms of Payment	Security Given	Original	Present
Check here <input type="checkbox"/> if continued on attached sheet.					
5	<p>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.</p> <p>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.</p>				

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? ___ If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? ___ If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? ___ If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? ___ If yes, complete Supplement, Part B.
- E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? ___ or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? X. If yes to either or both questions, complete Supplement, Part C.

<p>ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.</p> <p><input type="checkbox"/> I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.</p> <p><input checked="" type="checkbox"/> I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.</p>	<p>CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.</p>
<p>*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.</p>	<p>Daniel Todd Satterberg 04-11-2019 Signature Date</p> <p>Contact Telephone: 206-229-7008 *</p> <p>Email: dan.satterberg@kingcounty. (work)*</p> <p>Email: _____ (Home) Optional</p>

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 Amount	
					Original	Current
21825 4th Avenue S. Normandy Park, WA 98198	E	NA WA	NA		0	0

Check here if continued on attached sheet

ALL OTHER REAL ESTATE CONTINUED

F-1

Name **SATTERBERG, DANIEL T** Page **4**

2 REAL ESTATE

All Other Property Entirely or Partially Owned	Assessed Value (Use Code)	Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount	
					Original	Current
#6114400031	A				0	0
#6114400020	E	WA			0	0

Check here if continued on attached sheet

FINANCIAL INSTITUTIONS CONTINUED

F-1

Name **SATTERBERG, DANIEL T** Page **5**

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
MORGAN STANLEY SMITH BARNEY	STOCKS	E	0
MICROSOFT	STOCKS	E	0
Harborstone Credit Union 401 Fifth Avenue, Suite 100 Seattle WA 98101	cash	E	0

Check here if continued on attached sheet.

Refer to instruction manual for detailed assistance and examples. Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position. SEND REPORT TO PUBLIC DISCLOSURE COMMISSION	DOLLAR CODE A \$1 to \$4,499 B \$4,500 to \$23,999 C \$24,000 to \$47,999 D \$48,000 to 119,999 E \$120,000 or more	Covers: 2017 Received: 03-22-2018
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<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Last Name</td> <td style="width:33%;">First</td> <td style="width:33%;">Middle Initial</td> </tr> <tr> <td>SATTERBERG</td> <td>DANIEL</td> <td>T</td> </tr> </table>	Last Name	First	Middle Initial	SATTERBERG	DANIEL	T	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.
Last Name	First	Middle Initial					
SATTERBERG	DANIEL	T					

Mailing Address (Use PO Box or Work Address) 17417 4TH AVE. SW City County Zip + 4 NORMANDY PARK KING 98166	LINDA K. NORMAN SP
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Filing Status (Check only one box.) <input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature	Office Held or Sought Office title: COUNTY PROSECUTOR County, city, district or agency of the office, name and number: KING CO Position number: _____ Term begins: <u>01-01-2015</u> ends: <u>12-31-2018</u>
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1	INCOME	List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3 on reverse)		
Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation KING COUNTY 516 3RD AVENUE #W400 SEATTLE WA 98104 MICROSOFT ONE MICROSOFT WAY REDMOND WA 98052	Occupation or How Compensation Was Earned (ELECTED) PROSECUTOR CORPORATE LAWYER	Amount: (Use Code) E E	Check Here <input type="checkbox"/> if continued on attached sheet

2	REAL ESTATE	List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)			
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Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received		
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current
PARCEL # 6114400020 403 SW 174TH NORMANDY PARK, WA	E		CASH		0 0
All Other Property Entirely or Partially Owned #6114400015	E				0 0
Check here <input checked="" type="checkbox"/> if continued on attached sheet					

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.

<p>A. Name and address of each bank or financial institution in which you or a family member, including registered domestic partner, had an account over \$24,000 any time during the report period.</p> <p>B. Name and address of each insurance company where you or a family member, including registered domestic partner had a policy with a cash or loan value over \$24,000 during the period.</p> <p>C. Name and address of each company, association, government agency, etc. in which you or a family member, including registered domestic partner, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self directed an investment account, identify each stock or other asset in that account.</p>	<p>Type of Account or Description of Asset</p> <p>STOCKS, BONDS, CASH</p>	<p>Asset Value (Use Code)</p> <p>E</p>	<p>Income Amount (Use Code)</p> <p>0</p>
<p>Check here <input checked="" type="checkbox"/> if continued on attached sheet.</p>			

4 CREDITORS List each creditor you or a family member, including registered domestic partner, owed \$2,400 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2. **AMOUNT (USE CODE)**

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
<p>Check here <input type="checkbox"/> if continued on attached sheet.</p>				

5 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? ___ If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? ___ If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? ___ If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? ___ If yes, complete Supplement, Part B.
- E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? ___ or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? X. If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

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

I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

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

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

Daniel T. Satterberg 03-22-2018
Signature Date

Contact Telephone: 206-229-7008 *

Email: dan.satterberg@kingcounty. (work)*

Email: _____ (Home) Optional

ALL OTHER REAL ESTATE CONTINUED

F-1

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 Amount	
					Original	Current
#6114400031	A				0	0
#6114400020	E	WA			0	0

Check here if continued on attached sheet

FINANCIAL INSTITUTIONS CONTINUED

F-1

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
MORGAN STANLEY SMITH BARNEY	STOCKS	E	0
MICROSOFT	STOCKS	E	0
Prevail Credit Union 801 Second Ave., Suite 100 Seattle WA 98104	cash	E	0

Check here if continued on attached sheet.

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

Last Name SATTERBERG	First DANIEL	Middle Initial T	DATE 2018-03-22
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- A OFFICE HELD, BUSINESS INTERESTS:** Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents
- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
 - (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
- Legal Name: Report name used on legal documents establishing the entity.
 - Trade or Operating Name: Report name used for business purposes if different from the legal name.
 - Position or Percent of Ownership: The office, title and/or percent of ownership held.
 - Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
 - Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
 - Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$12,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
 - Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

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

Purpose of payments

Amount (actual dollars)
\$

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

Agency name:

Purpose of payment (amount not required)

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

Customer name:

Purpose of payment (amount not required)

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

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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.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
01-25-2017	APA Association of San Francisco CA	I attended the APA's Major County Prosecutors Meeting in	\$ 570.00	A
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	A
06-27-2017	IIP - Institute for New York NY	I attended the IIP Advisory Board Mtg. 6/27-30 in NYC.	1335.40	A
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	A
12-04-2017	Mayor's Fund to Advance New York NY	I attended and was a speaker at the Cities Thrive Mental	500.00	A

Check here if continued on attached sheet

Refer to instruction manual for detailed assistance and examples. Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position. SEND REPORT TO PUBLIC DISCLOSURE COMMISSION	DOLLAR CODE A \$1 to \$4,499 B \$4,500 to \$23,999 C \$24,000 to \$47,999 D \$48,000 to 119,999 E \$120,000 or more	Covers: 2016 Received: 03-17-2017
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Last Name	First	Middle Initial					
SATTERBERG	DANIEL	T					

Mailing Address (Use PO Box or Work Address) 17417 4TH AVE. SW City County Zip + 4 NORMANDY PARK KING 98166	LINDA K. NORMAN SP
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Filing Status (Check only one box.) <input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature	Office Held or Sought Office title: COUNTY PROSECUTOR County, city, district or agency of the office, name and number: KING CO Position number: _____ Term begins: 01-01-2015 ends: 12-31-2018
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1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3 on reverse)

Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
	KING COUNTY 516 3RD AVENUE #W400 SEATTLE WA 98104	KING COUNTY PROSECUTOR (ELECTED)	E
SP	MICROSOFT ONE MICROSOFT WAY REDMOND WA 98052	CORPORATE LAWYER	E

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 \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

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

Check here if continued on attached sheet

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.

A. Name and address of each bank or financial institution in which you or a family member, including registered domestic partner, had an account over \$24,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
B. Name and address of each insurance company where you or a family member, including registered domestic partner had a policy with a cash or loan value over \$24,000 during the period.	STOCKS, BONDS, CASH	E	0
C. Name and address of each company, association, government agency, etc. in which you or a family member, including registered domestic partner, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self directed an investment account, identify each stock or other asset in that account.			

Check here if continued on attached sheet.

4 CREDITORS List each creditor you or a family member, including registered domestic partner, owed \$2,400 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2. **AMOUNT (USE CODE)**

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present

Check here if continued on attached sheet.

5 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? ___ If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? ___ If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? ___ If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? ___ If yes, complete Supplement, Part B.
- E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? ___ or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? X. If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

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

I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

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

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

Daniel T. Satterberg 03-17-2017
Signature Date

Contact Telephone: 206-229-7008 *

Email: dan.satterberg@kingcounty. (work)*

Email: _____ (Home) Optional

ALL OTHER REAL ESTATE CONTINUED

F-1

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 Amount	
					Original	Current
#6114400031	A				0	0
#6114400020	E	WA			0	0

Check here if continued on attached sheet

FINANCIAL INSTITUTIONS CONTINUED

F-1

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
MORGAN STANLEY SMITH BARNEY	STOCKS	E	0
MICROSOFT	STOCKS	E	0
Prevail Credit Union 801 Second Ave., Suite 100 Seattle WA 98104	cash	E	0

Check here if continued on attached sheet.

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

Last Name SATTERBERG	First DANIEL	Middle Initial T	DATE 2017-03-17
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- A OFFICE HELD, BUSINESS INTERESTS:** Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents
- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
 - (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
- Legal Name: Report name used on legal documents establishing the entity.
 - Trade or Operating Name: Report name used for business purposes if different from the legal name.
 - Position or Percent of Ownership: The office, title and/or percent of ownership held.
 - Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
 - Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
 - Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$12,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
 - Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

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

Purpose of payments

Amount (actual dollars)
\$

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

Agency name:

Purpose of payment (amount not required)

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

Customer name:

Purpose of payment (amount not required)

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

Check here if continued on attached sheet

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.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
	APA Association of Phoenix AZ	I attended the APA''''s Major County Prosecutor''''s	\$ 677.40	A
	USDOJ Office of Community Washington DC	I attended the COPS Forum in Washington DC on April 27th.	994.20	A
	Institute for Innovation New York NY	I attended the IIP Advisory Board Meeting in NYC 6/7-9.	1456.06	A
	American University Philadelphia PA	I attend the LEAD (Law Enforcement Assisted	1328.60	A
	APA Association of Boulder CO	I attended the APA''''s summer Major County	914.72	A
	IIP - Institute for New York NY	I attended meetings in both NYC & Washington DC for the	2722.95	A
	APA - Association of Washington DC	I attended the APA''''s Prosecutorial Leadership	557.17	A
	Fund for the City of New Chicago IL	I attended the Chicago Prosecutor Thought Leader	1056.87	A

Check here if continued on attached sheet

Refer to instruction manual for detailed assistance and examples. Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position. SEND REPORT TO PUBLIC DISCLOSURE COMMISSION	DOLLAR CODE A \$1 to \$4,499 B \$4,500 to \$23,999 C \$24,000 to \$47,999 D \$48,000 to 119,999 E \$120,000 or more	Covers: 2015 Received: 04-11-2016
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Last Name First Middle Initial SATTERBERG DANIEL T	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.
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Mailing Address (Use PO Box or Work Address) 17417 4TH AVE. SW City County Zip + 4 NORMANDY PARK KING 98166	LINDA K. NORMAN SP
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Filing Status (Check only one box.) <input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature	Office Held or Sought Office title: COUNTY PROSECUTOR County, city, district or agency of the office, name and number: KING CO Position number: _____ Term begins: <u>01-01-2015</u> ends: <u>12-31-2018</u>
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1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3 on reverse)

Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
	KING COUNTY 516 3RD AVENUE #W400 SEATTLE WA 98104	KING COUNTY PROSECUTOR (ELECTED)	E
SP	MICROSOFT ONE MICROSOFT WAY REDMOND WA 98052	CORPORATE LAWYER	E

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 \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

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

Check here if continued on attached sheet

3

ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

Table with 4 columns: A. Name and address of each bank or financial institution..., B. Name and address of each insurance company..., C. Name and address of each company, association, government agency..., Type of Account or Description of Asset, Asset Value (Use Code), Income Amount (Use Code). Includes a checkbox for continuation on attached sheet.

4

CREDITORS

List each creditor you or a family member, including registered domestic partner, owed \$2,400 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

AMOUNT (USE CODE)

Table with 5 columns: Creditor's Name and Address, Terms of Payment, Security Given, Original, Present. Includes a checkbox for continuation on attached sheet.

5

All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company?
B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period?
C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period?
D. Did you, your spouse, registered domestic partner 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?
E. Only for Persons Filing Annual Report. Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training?

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.
I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

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

Daniel T. Satterberg 04-11-2016
Signature Date
Contact Telephone: 206-229-7008
Email: dan.satterberg@kingcounty. (work)*
Email: (Home) Optional

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

ALL OTHER REAL ESTATE CONTINUED

F-1

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 Amount	
					Original	Current
#6114400031	A				0	0
#6114400020	E	WA			0	0

Check here if continued on attached sheet

FINANCIAL INSTITUTIONS CONTINUED

F-1

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
MORGAN STANLEY SMITH BARNEY	STOCKS	E	0
MICROSOFT	STOCKS	E	0
Prevail Credit Union 801 Second Ave., Suite 100 Seattle WA 98104	cash	E	0

Check here if continued on attached sheet.

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

Last Name SATTERBERG	First DANIEL	Middle Initial T	DATE 2016-04-11
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- A OFFICE HELD, BUSINESS INTERESTS:** Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents
- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
 - (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.
- Legal Name: Report name used on legal documents establishing the entity.
 - Trade or Operating Name: Report name used for business purposes if different from the legal name.
 - Position or Percent of Ownership: The office, title and/or percent of ownership held.
 - Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
 - Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
 - Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$12,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
 - Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self Spouse

Registered Domestic Partner Dependent

LEGAL NAME:

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

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

Purpose of payments

Amount (actual dollars)
\$

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

Agency name:

Purpose of payment (amount not required)

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

Customer name:

Purpose of payment (amount not required)

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

Check here if continued on attached sheet

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.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
10-27-2015	Reasearch Foundation of New York NY	I attended The Institute for Innovation in Prosecution	\$ 1247.30	A
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 continued on attached sheet

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

Last Name SATTERBERG	First DANIEL	Middle Initial T	DATE 2015-03-26
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A OFFICE HELD, BUSINESS INTERESTS: Provide the following information if, during the reporting period, you, your spouse, registered domestic partner or dependents

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

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

ENTITY NO. 1 Reporting For: Self Spouse
 Registered Domestic Partner Dependent

LEGAL NAME: _____ POSITION OR PERCENT OF OWNERSHIP _____

TRADE OR OPERATING NAME: _____

ADDRESS: _____

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: _____

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

Purpose of payments	Amount (actual dollars)
	\$ _____

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

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

Customer name:	Purpose of payment (amount not required)
----------------	--

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

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.

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code)
11-10-2014	Department of Justice/DBA Denver CO	I attended the Regional Best Practices Committee Meeting	\$ 295	A
12-17-2014	National Network for Safe New York NY	I attended the MacArthur Foundation/National Network	830.20	A

Check here if continued on attached sheet

Refer to instruction manual for detailed assistance and examples. Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position. SEND REPORT TO PUBLIC DISCLOSURE COMMISSION	DOLLAR CODE A \$1 to \$4,499 B \$4,500 to \$23,999 C \$24,000 to \$47,999 D \$48,000 to 119,999 E \$120,000 or more	Covers: 2014 Received: 03-26-2015
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<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Last Name</td> <td style="width:33%;">First</td> <td style="width:33%;">Middle Initial</td> </tr> <tr> <td>SATTERBERG</td> <td>DANIEL</td> <td>T</td> </tr> </table>	Last Name	First	Middle Initial	SATTERBERG	DANIEL	T	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.
Last Name	First	Middle Initial					
SATTERBERG	DANIEL	T					

Mailing Address (Use PO Box or Work Address) 17417 4TH AVE. SW City County Zip + 4 NORMANDY PARK KING 98166	LINDA K. NORMAN SP
--	--------------------

Filing Status (Check only one box.) <input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature	Office Held or Sought Office title: COUNTY PROSECUTOR County, city, district or agency of the office, name and number: KING CO Position number: _____ Term begins: 01-01-2015 ends: 12-31-2018
---	--

1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3 on reverse)

Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
	KING COUNTY 516 3RD AVENUE #W400 SEATTLE WA 98104	KING COUNTY PROSECUTOR (ELECTED)	E
SP	MICROSOFT ONE MICROSOFT WAY REDMOND WA 98052	CORPORATE LAWYER	E

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 \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

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

Check here if continued on attached sheet

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.

<p>A. Name and address of each bank or financial institution in which you or a family member, including registered domestic partner, had an account over \$24,000 any time during the report period.</p> <p>B. Name and address of each insurance company where you or a family member, including registered domestic partner had a policy with a cash or loan value over \$24,000 during the period.</p> <p>C. Name and address of each company, association, government agency, etc. in which you or a family member, including registered domestic partner, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self directed an investment account, identify each stock or other asset in that account.</p>	<p>Type of Account or Description of Asset</p> <p>STOCKS, BONDS, CASH</p>	<p>Asset Value (Use Code)</p> <p>E</p>	<p>Income Amount (Use Code)</p> <p>0</p>
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Check here if continued on attached sheet.

4 CREDITORS List each creditor you or a family member, including registered domestic partner, owed \$2,400 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2. **AMOUNT (USE CODE)**

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present

Check here if continued on attached sheet.

5 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? ___ If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? ___ If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? ___ If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? ___ If yes, complete Supplement, Part B.
- E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? ___ or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? X. If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

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I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

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

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

Daniel T. Satterberg 03-26-2015
 Signature Date

Contact Telephone: 206-229-7008 *

Email: dan.satterberg@kingcounty. (work)*

Email: _____ (Home) Optional

ALL OTHER REAL ESTATE CONTINUED

F-1

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 Amount	
					Original	Current
#6114400031	A				0	0
#6114400020	E	WA			0	0

Check here if continued on attached sheet

FINANCIAL INSTITUTIONS CONTINUED


F-1

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
MORGAN STANLEY SMITH BARNEY	STOCKS	E	0
MICROSOFT	STOCKS	E	0
Prevail Credit Union 801 Second Ave., Suite 100 Seattle WA 98104	cash	E	0

Check here if continued on attached sheet.

 PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	PDC FORM F-1 (1/12)	PERSONAL FINANCIAL AFFAIRS STATEMENT	PDC OFFICE USE 100563066 Covers: 2013 Received: 04-02-2014												
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.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DOLLAR CODE</th> <th style="text-align: left;">AMOUNT</th> </tr> <tr> <td>A</td> <td>\$1 to \$3,999</td> </tr> <tr> <td>B</td> <td>\$4,000 to \$19,999</td> </tr> <tr> <td>C</td> <td>\$20,000 to \$39,999</td> </tr> <tr> <td>D</td> <td>\$40,000 to \$99,999</td> </tr> <tr> <td>E</td> <td>\$100,000 or more</td> </tr> </table>	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	
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SEND REPORT TO PUBLIC DISCLOSURE COMMISSION															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Last Name</td> <td style="width:33%;">First</td> <td style="width:33%;">Middle Initial</td> </tr> <tr> <td>SATTERBERG</td> <td>DANIEL</td> <td>T</td> </tr> </table>	Last Name	First	Middle Initial	SATTERBERG	DANIEL	T	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.								
Last Name	First	Middle Initial													
SATTERBERG	DANIEL	T													
Mailing Address (Use PO Box or Work Address) 17417 4TH AVE. SW		LINDA K. NORMAN SP													
City	County	Zip + 4													
NORMANDY PARK	KING	98166													
Filing Status (Check only one box.) <input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature		Office Held or Sought Office title: COUNTY PROSECUTOR County, city, district or agency of the office, name and number: KING CO Position number: _____ Term begins: <u>01-01-2011</u> ends: <u>12-31-2014</u>													
1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse)															
Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)												
S	KING COUNTY 516 3RD AVENUE #W400 SEATTLE WA 98104	KING COUNTY PROSECUTOR (ELECTED)	E												
SP	MICROSOFT ONE MICROSOFT WAY REDMOND WA 98052	CORPORATE LAWYER	E												
Check Here <input type="checkbox"/> if continued on attached sheet															
2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$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 Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received												
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms												
PARCEL # 6114400020 403 SW 174TH NORMANDY PARK, WA	E		CASH												
All Other Property Entirely or Partially Owned			Security Given												
#6114400015	E		Mortgage Amount - (Use Code)												
			Original Current												
			0 0												
Check here <input checked="" type="checkbox"/> 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.

<p>A. Name and address of each bank or financial institution in which you or a family member, including registered domestic partner, had an account over \$20,000 any time during the report period. DA DAVIDSON</p> <p>B. Name and address of each insurance company where you or a family member, including registered domestic partner had a policy with a cash or loan value over \$20,000 during the period.</p> <p>C. Name and address of each company, association, government agency, etc. in which you or a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount.</p> <p>Check here <input checked="" type="checkbox"/> if continued on attached sheet.</p>	<p>Type of Account or Description of Asset</p> <p>STOCKS, BONDS, CASH</p>	<p>Asset Value (Use Code)</p> <p>E</p>	<p>Income Amount (Use Code)</p> <p>0</p>
---	---	--	--

4 CREDITORS List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2. AMOUNT (USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
<p>Check here <input type="checkbox"/> if continued on attached sheet.</p>				

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- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? ___ If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? ___ If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? ___ If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? ___ If yes, complete Supplement, Part B.
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*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.

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

Daniel T. Satterberg 04-02-2014
Signature Date

Contact Telephone: 206-229-7008 *

Email: dan.satterberg@kingcounty. (work)*

Email: _____ (Home) Optional

ALL OTHER REAL ESTATE CONTINUED

F-1

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 Amount	
					Original	Current
#6114400031	A	WA			0	0

Check here if continued on attached sheet

FINANCIAL INSTITUTIONS CONTINUED


F-1

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
MORGAN STANLEY SMITH BARNEY	STOCKS	E	0
MICROSOFT	STOCKS	E	0
Harborstone Credit Union 801 Second Ave., Suite 100 Seattle WA 98104	cash	E	0
T. Rowe Price	Mutual Funds	E	0
Russell Company	Mutual Funds	E	0

Check here if continued on attached sheet.

 PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	PDC FORM F-1 (1/12)	PERSONAL FINANCIAL AFFAIRS STATEMENT	PDC OFFICE USE 100508505 Covers: 2012 Received: 03-29-2013												
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All Other Property Entirely or Partially Owned			Security Given												
#6114400015	E		Mortgage Amount - (Use Code)												
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			0 0												
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<p>B. Name and address of each insurance company where you or a family member, including registered domestic partner had a policy with a cash or loan value over \$20,000 during the period.</p>			
<p>C. Name and address of each company, association, government agency, etc. in which you or a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount.</p> <p>Check here <input checked="" type="checkbox"/> if continued on attached sheet.</p>			

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

Daniel T. Satterberg 03-29-2013
Signature Date

Contact Telephone: 206-229-7008 *

Email: dan.satterberg@kingcounty. (work)*

Email: _____ (Home) Optional

ALL OTHER REAL ESTATE CONTINUED

F-1

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 Amount	
					Original	Current
#6114400031	A	WA			0	0

Check here if continued on attached sheet

FINANCIAL INSTITUTIONS CONTINUED


F-1

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
MORGAN STANLEY SMITH BARNEY	STOCKS	D	0
MICROSOFT	STOCKS	E	0
Prevail Credit Union 801 Second Ave., Suite 100 Seattle WA 98104	cash	E	0
T. Rowe Price	Mutual Funds	E	0
Russell Company	Mutual Funds	E	0

Check here if continued on attached sheet.

 PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	PDC FORM <h1 style="margin:0;">F-1</h1> (1/12)	<h2 style="margin:0;">PERSONAL FINANCIAL AFFAIRS STATEMENT</h2>	PDC OFFICE USE 100443640 Covers: 2011 Received: 03-22-2012												
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.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">DOLLAR CODE</th> <th style="text-align: left;">AMOUNT</th> </tr> <tr> <td>A</td> <td>\$1 to \$3,999</td> </tr> <tr> <td>B</td> <td>\$4,000 to \$19,999</td> </tr> <tr> <td>C</td> <td>\$20,000 to \$39,999</td> </tr> <tr> <td>D</td> <td>\$40,000 to \$99,999</td> </tr> <tr> <td>E</td> <td>\$100,000 or more</td> </tr> </table>	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	
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<h3 style="margin:0;">1 INCOME</h3> <p style="margin:0;">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)</p>															
Show Self (S) Spouse (SP/DP) Dependent (D)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Name and Address of Employer or Source of Compensation</th> <th style="width:30%;">Occupation or How Compensation Was Earned</th> <th style="width:20%;">Amount: (Use Code)</th> </tr> </thead> <tbody> <tr> <td>S KING COUNTY 516 3RD AVENUE #W400 SEATTLE WA 98104</td> <td>KING COUNTY PROSECUTOR (ELECTED)</td> <td>E</td> </tr> <tr> <td>SP MICROSOFT ONE MICROSOFT WAY REDMOND WA 98052</td> <td>CORPORATE LAWYER</td> <td>E</td> </tr> </tbody> </table>	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)	S KING COUNTY 516 3RD AVENUE #W400 SEATTLE WA 98104	KING COUNTY PROSECUTOR (ELECTED)	E	SP MICROSOFT ONE MICROSOFT WAY REDMOND WA 98052	CORPORATE LAWYER	E					
Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)													
S KING COUNTY 516 3RD AVENUE #W400 SEATTLE WA 98104	KING COUNTY PROSECUTOR (ELECTED)	E													
SP MICROSOFT ONE MICROSOFT WAY REDMOND WA 98052	CORPORATE LAWYER	E													
Check Here <input type="checkbox"/> if continued on attached sheet															
<h3 style="margin:0;">2 REAL ESTATE</h3> <p style="margin:0;">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.)</p>															
Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received												
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms												
PARCEL # 6114400020 403 SW 174TH NORMANDY PARK, WA	E		CASH												
All Other Property Entirely or Partially Owned			Security Given												
#6114400015	E		Mortgage Amount - (Use Code)												
			Original Current												
			0 0												
Check here <input checked="" type="checkbox"/> 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.

<p>A. Name and address of each bank or financial institution in which you or a family member, including registered domestic partner, had an account over \$20,000 any time during the report period. DA DAVIDSON</p> <p>B. Name and address of each insurance company where you or a family member, including registered domestic partner had a policy with a cash or loan value over \$20,000 during the period.</p> <p>C. Name and address of each company, association, government agency, etc. in which you or a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount.</p> <p>Check here <input checked="" type="checkbox"/> if continued on attached sheet.</p>	<p>Type of Account or Description of Asset</p> <p>STOCKS, BONDS, CASH</p>	<p>Asset Value (Use Code)</p> <p>E</p>	<p>Income Amount (Use Code)</p> <p>0</p>
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4 CREDITORS List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2. AMOUNT (USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
<p>Check here <input type="checkbox"/> if continued on attached sheet.</p>				

5 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? ___ If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? ___ If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? ___ If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? ___ If yes, complete Supplement, Part B.
- E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? ___ or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? ___ If yes to either or both questions, complete Supplement, Part C.

<p>ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.</p> <p><input type="checkbox"/> I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.</p> <p><input checked="" type="checkbox"/> I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.</p> <p>*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.</p>	<p>CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.</p> <p><u>Daniel T. Satterberg</u> 03-22-2012 Signature Date</p> <p>Contact Telephone: 206-229-7008 *</p> <p>Email: <u>dan.satterberg@kingcounty.</u> (work)*</p> <p>Email: _____ (Home) Optional</p>
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ALL OTHER REAL ESTATE CONTINUED

F-1

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 Amount	
					Original	Current
#6114400031	A	WA			0	0

Check here if continued on attached sheet

FINANCIAL INSTITUTIONS CONTINUED

F-1

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
MORGAN STANLEY SMITH BARNEY	STOCKS	D	0
MICROSOFT	STOCKS	E	0
Prevail Credit Union 801 Second Ave., Suite 100 Seattle WA 98104	cash	E	0
T. Rowe Price	Mutual Funds	E	0
Russell Company	Mutual Funds	E	0

Check here if continued on attached sheet.

Refer to instruction manual for detailed assistance and examples. Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position. SEND REPORT TO PUBLIC DISCLOSURE COMMISSION	DOLLAR CODE A \$1 to \$3,999 B \$4,000 to \$19,999 C \$20,000 to \$39,999 D \$40,000 to \$99,999 E \$100,000 or more	Covers: 2010 Received: 03-16-2011
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<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Last Name</td> <td style="width:33%;">First</td> <td style="width:33%;">Middle Initial</td> </tr> <tr> <td>SATTERBERG</td> <td>DANIEL</td> <td>T</td> </tr> </table>	Last Name	First	Middle Initial	SATTERBERG	DANIEL	T	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.
Last Name	First	Middle Initial					
SATTERBERG	DANIEL	T					

Mailing Address (Use PO Box or Work Address) 516 THIRD AVENUE, #W400 City County Zip + 4 SEATTLE KING 98104	LINDA K. NORMAN SP
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Filing Status (Check only one box.) <input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature	Office Held or Sought Office title: COUNTY PROSECUTOR <hr/> County, city, district or agency of the office, name and number: KING CO <hr/> Position number: _____ Term begins: <u>01-01-2011</u> ends: <u>12-31-2014</u>
---	---

1	INCOME	List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse)		
Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)	
S	KING COUNTY 516 3RD AVENUE #W400 SEATTLE WA 98104	KING COUNTY PROSECUTOR (ELECTED)	E	
SP	MICROSOFT ONE MICROSOFT WAY REDMOND WA 98052	CORPORATE LAWYER	E	
Check Here <input type="checkbox"/> if continued on attached sheet				

2	REAL ESTATE	List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$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.)
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Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received		
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current
PARCEL # 6114400020 403 SW 174TH NORMANDY PARK, WA	E		CASH		0 0
All Other Property Entirely or Partially Owned #6114400015	E				0 0
Check here <input checked="" type="checkbox"/> 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.

<p>A. Name and address of each bank or financial institution in which you or a family member, including registered domestic partner, had an account over \$20,000 any time during the report period. DA DAVIDSON</p> <p>B. Name and address of each insurance company where you or a family member, including registered domestic partner had a policy with a cash or loan value over \$20,000 during the period.</p> <p>C. Name and address of each company, association, government agency, etc. in which you or a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount.</p> <p>Check here <input checked="" type="checkbox"/> if continued on attached sheet.</p>	<p>Type of Account or Description of Asset</p> <p>STOCKS, BONDS, CASH</p>	<p>Asset Value (Use Code)</p> <p>E</p>	<p>Income Amount (Use Code)</p> <p>0</p>
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4 CREDITORS List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2. AMOUNT (USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
<p>Check here <input type="checkbox"/> if continued on attached sheet.</p>				

5 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? ___ If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? ___ If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? ___ If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? ___ If yes, complete Supplement, Part B.
- E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? ___ or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? ___ If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

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

I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

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

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

Daniel T. Satterberg 03-16-2011
Signature Date

Contact Telephone: 206-229-7008 *

Email: dan.satterberg@kingcounty. (work)*

Email: _____ (Home) Optional

ALL OTHER REAL ESTATE CONTINUED

F-1

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 Amount	
					Original	Current
#6114400031	A	WA			0	0

Check here if continued on attached sheet

FINANCIAL INSTITUTIONS CONTINUED

F-1

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
MORGAN STANLEY SMITH BARNEY	STOCKS	D	0
MICROSOFT	STOCKS	E	0
Prevail Credit Union 801 Second Ave., Suite 100 Seattle WA 98104	cash	E	0
T. Rowe Price	Mutual Funds	E	0

Check here if continued on attached sheet.

Refer to instruction manual for detailed assistance and examples. Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position. SEND REPORT TO PUBLIC DISCLOSURE COMMISSION	DOLLAR CODE A \$1 to \$3,999 B \$4,000 to \$19,999 C \$20,000 to \$39,999 D \$40,000 to \$99,999 E \$100,000 or more	Covers: 2009 Received: 03-03-2010
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<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Last Name</td> <td style="width:33%;">First</td> <td style="width:33%;">Middle Initial</td> </tr> <tr> <td>SATTERBERG</td> <td>DANIEL</td> <td>T</td> </tr> </table>	Last Name	First	Middle Initial	SATTERBERG	DANIEL	T	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.
Last Name	First	Middle Initial					
SATTERBERG	DANIEL	T					

Mailing Address (Use PO Box or Work Address) 17417 4TH AVE SW City County Zip + 4 NORMANDY PARK KING 98166	LINDA K. NORMAN SP JAMES WN SATTERBERG D KATHERINE GN D
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Filing Status (Check only one box.) <input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature	Office Held or Sought Office title: COUNTY PROSECUTOR _____ County, city, district or agency of the office, name and number: KING CO _____ Position number: _____ Term begins: NA ends: 11-29-2007 12-31-2010
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1	INCOME	List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse)		
Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)	
S	KING COUNTY 516 3RD AVENUE #W400 SEATTLE WA 98104	KING COUNTY PROSECUTOR (ELECTED)	E	
SP	MICROSOFT ONE MICROSOFT WAY REDMOND WA 98052	CORPORATE LAWYER	E	
Check Here <input type="checkbox"/> if continued on attached sheet				

2	REAL ESTATE	List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$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.)		
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Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser	Nature and Amount (Use Code) of Payment or Consideration Received		
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current
PARCEL # 6114400020 403 SW 174TH NORMANDY PARK, WA	E		CASH		0 0
All Other Property Entirely or Partially Owned #6114400015	E				0 0
Check here <input checked="" type="checkbox"/> 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.

<p>A. Name and address of each bank or financial institution in which you or a family member, including registered domestic partner, had an account over \$20,000 any time during the report period. DA DAVIDSON</p> <p>B. Name and address of each insurance company where you or a family member, including registered domestic partner had a policy with a cash or loan value over \$20,000 during the period.</p> <p>C. Name and address of each company, association, government agency, etc. in which you or a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount.</p> <p>Check here <input checked="" type="checkbox"/> if continued on attached sheet.</p>	<p>Type of Account or Description of Asset</p> <p>STOCKS, BONDS, CASH</p>	<p>Asset Value (Use Code)</p> <p>E</p>	<p>Income Amount (Use Code)</p> <p>0</p>
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4 CREDITORS List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2. AMOUNT (USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
<p>Check here <input type="checkbox"/> if continued on attached sheet.</p>				

5 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? ___ If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? ___ If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? ___ If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? ___ If yes, complete Supplement, Part B.
- E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? ___ or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? ___ If yes to either or both questions, complete Supplement, Part C.

<p>ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.</p> <p><input type="checkbox"/> I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.</p> <p><input checked="" type="checkbox"/> I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.</p> <p>*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.</p>	<p>CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.</p> <p><u>Daniel T. Satterberg</u> <u>03-03-2010</u> Signature Date</p> <p>Contact Telephone: 206-229-7008 *</p> <p>Email: <u>dan.satterberg@kingcounty.</u> (work)*</p> <p>Email: _____ (Home) Optional</p>
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ALL OTHER REAL ESTATE CONTINUED

F-1

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 Amount	
					Original	Current
#6114400031	A				0	0
#6114400020	E	WA			0	0

Check here if continued on attached sheet

FINANCIAL INSTITUTIONS CONTINUED

F-1

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
CHARLES SCHWAB	STOCKS	E	0
MICROSOFT	STOCKS	E	0
Prevail Credit Union 801 Second Ave., Suite 100 Seattle WA 98104	cash	E	0

Check here if continued on attached sheet.

PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	PDC FORM <h1 style="margin: 0;">F-1</h1> (11/08)	<h2 style="margin: 0;">PERSONAL FINANCIAL AFFAIRS STATEMENT</h2>	PDC OFFICE USE 100297250
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Refer to instruction manual for detailed assistance and examples. Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position. SEND REPORT TO PUBLIC DISCLOSURE COMMISSION	DOLLAR CODE 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: 2008 Received: 04-03-2009
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<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Last Name</td> <td style="width:33%;">First</td> <td style="width:33%;">Middle Initial</td> </tr> <tr> <td>SATTERBERG</td> <td>DANIEL</td> <td>T</td> </tr> </table>	Last Name	First	Middle Initial	SATTERBERG	DANIEL	T	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 JAMES WN SATTERBERG D KATHERINE GN D
Last Name	First	Middle Initial					
SATTERBERG	DANIEL	T					
Mailing Address (Use PO Box or Work Address) 17417 4TH AVE SW							
City County Zip + 4 NORMANDY PARK KING 98166							

Filing Status (Check only one box.) <input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature	Office Held or Sought Office title: COUNTY PROSECUTOR County, city, district or agency of the office, name and number: KING CO Position number: _____ Term begins: <u>11-29-2007</u> ends: <u>12-31-2010</u>
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1	INCOME	List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse)		
Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)	
S	KING COUNTY 516 3RD AVENUE #W400 SEATTLE WA 98104	KING COUNTY PROSECUTOR (ELECTED)	E	
SP	MICROSOFT ONE MICROSOFT WAY REDMOND WA 98052	CORPORATE LAWYER	E	
Check Here <input type="checkbox"/> if continued on attached sheet				

2	REAL ESTATE	List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$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 Value (Use Code)	Name and Address of Purchaser		Nature and Amount (Use Code) of Payment or Consideration Received	
Property Purchased or Interest Acquired	Assessed Value (Use Code)	Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current
PARCEL # 6114400020 403 SW 174TH NORMANDY PARK, WA	E		CASH		0 0
All Other Property Entirely or Partially Owned #6114400015	E				0 0
Check here <input checked="" type="checkbox"/> if continued on attached sheet					

CONTINUE ON NEXT PAGE

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

A. Name and address of each bank or financial institution in which you or a family member, including registered domestic partner, had an account over \$20,000 any time during the report period. DA DAVIDSON	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
	STOCKS, BONDS, CASH	E	0
B. Name and address of each insurance company where you or a family member, including registered domestic partner had a policy with a cash or loan value over \$20,000 during the period.			
C. Name and address of each company, association, government agency, etc. in which you or a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount.			
Check here <input checked="" type="checkbox"/> if continued on attached sheet.			

4 CREDITORS List each creditor you or a family member, including registered domestic partner, owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2. AMOUNT (USE CODE)

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present
Check here <input type="checkbox"/> if continued on attached sheet.				

5 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? If yes, complete Supplement, Part B.
- E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

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

I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.

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

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

Daniel T. Satterberg 04-03-2009
Signature Date

Contact Telephone: 206-229-7008 *

Email: dan.satterberg@kingcounty. (work)*

Email: _____ (Home) Optional

ALL OTHER REAL ESTATE CONTINUED

F-1

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 Amount	
					Original	Current
#6114400031	A				0	0
#6114400020	E	WA			0	0

Check here if continued on attached sheet

FINANCIAL INSTITUTIONS CONTINUED

F-1

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
CHARLES SCHWAB	STOCKS	E	0
MICROSOFT	STOCKS	E	0

Check here if continued on attached sheet.

Refer to instruction manual for detailed assistance and examples.

Deadlines: Incumbent elected and appointed officials -- by April 15.
Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

DOLLAR CODE	AMOUNT
A	\$1 to \$3,999
B	\$4,000 to \$19,999
C	\$20,000 to \$39,999
D	\$40,000 to \$99,999
E	\$100,000 or more

DATE FILED PDC
APR - 7 2008

Last Name SATTERBERG	First DANIEL	Middle Initial T	Names of immediate family members. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse. See F-1 manual for details. LINDA K. NORMAN SP JAMES WN SATTERBERG D KATHERINE GN <i>Satterberg</i> D
Mailing Address (Use PO Box or Work Address) 17417 4TH AVE SW			
City NORMANDY PARK	County KING	Zip + 4 98166	

Filing Status (Check only one box.) <input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature	Office Held or Sought Office title: COUNTY PROSECUTOR County, city, district or agency of the office, name and number: KING CO Position number: NA Term begins: 11-29-2007 ends: 12-31-2010
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1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse)

Show Self (S) Spouse (SP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
S	KING COUNTY 516 3RD AVENUE #W400 SEATTLE WA 98104	KING COUNTY PROSECUTOR (ELECTED)	E
SP	MICROSOFT ONE MICROSOFT WAY REDMOND WA 98052	CORPORATE LAWYER	E

Check Here if continued on attached sheet

2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$10,000 in which you or a family member held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

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

Check here if continued on attached sheet

ALL OTHER REAL ESTATE CONTINUED

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 Amount	
					Original	Current
#6114400031	A				0	0
#6114400020	E	WA			0	0

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.

PUBLIC DISCLOSURE COMMISSION  711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828		PDC FORM F-1 (1/08)	PERSONAL FINANCIAL AFFAIRS STATEMENT	PDC OFFICE USE 1001260954
Refer to instruction manual for detailed assistance and examples.		DOLLAR CODE	AMOUNT	Covers: 2007 Received: 04-09-2008
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.		A	\$1 to \$3,999	
SEND REPORT TO PUBLIC DISCLOSURE COMMISSION		B	\$4,000 to \$19,999	
Last Name First Middle Initial		C	\$20,000 to \$39,999	
SATTERBERG DANIEL T		D	\$40,000 to \$99,999	
Mailing Address (Use PO Box or Work Address)		E	\$100,000 or more	
17417 4TH AVE SW		Names of immediate family members. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse. See F-1 manual for details.		
City County Zip + 4		LINDA K. NORMAN SP		
NORMANDY PARK KING 98166		JAMES WN SATTERBERG D		
Filing Status (Check only one box.)		KATHERINE GN D		
<input checked="" type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office <input type="checkbox"/> Professional staff of the Governor's Office and the Legislature		Office Held or Sought Office title: COUNTY PROSECUTOR County, city, district or agency of the office, name and number: KING CO PROSECUTING Position number: NA Term begins: 11-29-2007 ends: 12-31-2010		
1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member received \$2,000 or more during the period. (Report interest and dividends in Item 3 on reverse)				
Show Self (S) Spouse (SP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)	
	KING COUNTY 516 3RD AVENUE #W400 SEATTLE WA 98104	KING COUNTY PROSECUTOR (ELECTED)	E	
SP	MICROSOFT ONE MICROSOFT WAY REDMOND WA 98052	CORPORATE LAWYER	E	
Check Here <input type="checkbox"/> if continued on attached sheet				
2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$10,000 in which you or a family member held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)				
Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser		Nature and Amount (Use Code) of Payment or Consideration Received
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given
PARCEL # 6114400020 403 SW 174TH NORMANDY PARK, WA	E		CASH	Mortgage Amount - (Use Code) Original Current 0 0
All Other Property Entirely or Partially Owned #6114400015	E			0 0
Check here <input checked="" type="checkbox"/> if continued on attached sheet				

CONTINUE ON NEXT PAGE

3	ASSETS / INVESTMENTS - INTEREST / DIVIDENDS	List bank and savings accounts, insurance policies, stock, bonds and other intangible property held during the reporting period.		
A.	Name and address of each bank or financial institution in which you or a family member had an account over \$20,000 any time during the report period. DA DAVIDSON	Type of Account or Description of Asset STOCKS, BONDS, CASH	Asset Value (Use Code) E	Income Amount (Use Code) 0
B.	Name and address of each insurance company where you or a family member had a policy with a cash or loan value over \$20,000 during the period.			
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.			
Check here <input checked="" type="checkbox"/> if continued on attached sheet.				

4	CREDITORS	List each creditor you or a family member owed \$2,000 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.			AMOUNT (USE CODE)
Creditor's Name and Address		Terms of Payment	Security Given	Original	Present
Check here <input type="checkbox"/> if continued on attached sheet.					

5 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? ___ If yes, complete Supplement, Part A.
- B. Did you, your spouse or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? ___ If yes, complete Supplement, Part A.
- C. Did you, your spouse or dependents own a business at any time during the reporting period? ___ If yes, complete Supplement, Part A.
- D. Did you, your spouse or dependents prepare, promote or oppose state legislation, rules, rates or standards for current or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? ___ If yes, complete Supplement, Part B.
- E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? ___ or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse and/or dependents to travel or to attend a seminar or other training? ___ If yes to either or both questions, complete Supplement, Part C.

<p>ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.</p> <p><input type="checkbox"/> I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.</p> <p><input checked="" type="checkbox"/> I hold a local elected office. I have read and am familiar with RCW 42.17.130 regarding the use of public facilities in campaigns.</p>	<p>CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.</p> <p><u>DANIEL T. SATTERBERG</u> <u>04-04-2008</u> Signature Date</p> <p>Contact Telephone: (206) 296-9067</p> <p>Email: <u>DAN.SATTERBERG@KINGCOUNTY.</u> (work)</p> <p>Email: <u>NORMANSATTERBERG@COMCAST.N</u> (Home)</p>
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REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE

ALL OTHER REAL ESTATE CONTINUED

F-1

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 Amount	
					Original	Current
#6114400031	A				0	0
#6114400020	E	WA			0	0

Check here if continued on attached sheet

FINANCIAL INSTITUTIONS CONTINUED

F-1

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 F-1 (2/07)	PERSONAL FINANCIAL AFFAIRS STATEMENT	P M PDC OFFICE USE O A S R T K DATE FILED PDC JUN 16 2007 R E C E I V E D												
Refer to instruction manual for detailed assistance and examples.		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">DOLLAR CODE</th> <th style="width:85%;">AMOUNT</th> </tr> <tr> <td>A</td> <td>\$1 to \$2,999</td> </tr> <tr> <td>B</td> <td>\$3,000 to \$14,999</td> </tr> <tr> <td>C</td> <td>\$15,000 to \$29,999</td> </tr> <tr> <td>D</td> <td>\$30,000 to \$74,999</td> </tr> <tr> <td>E</td> <td>\$75,000 or more</td> </tr> </table>	DOLLAR CODE	AMOUNT	A	\$1 to \$2,999	B	\$3,000 to \$14,999	C	\$15,000 to \$29,999	D	\$30,000 to \$74,999	E	\$75,000 or more
DOLLAR CODE	AMOUNT													
A	\$1 to \$2,999													
B	\$3,000 to \$14,999													
C	\$15,000 to \$29,999													
D	\$30,000 to \$74,999													
E	\$75,000 or more													

Deadlines: Incumbent elected and appointed officials -- by April 15.
 Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

Last Name Satterberg	First Daniel	Middle Initial T	Names of immediate family members. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse. See F-1 manual for details. Linda K. Norman
Mailing Address (Use PO Box or Work Address) 516 3 rd Ave. W554 King County Courthouse			
City Seattle	County King	Zip + 4 98104	

Filing Status (Check only one box.) <input type="checkbox"/> An elected or state appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input checked="" type="checkbox"/> Candidate running in an election: month <u>8</u> year <u>2007</u> <input type="checkbox"/> Newly appointed to an elective office <input type="checkbox"/> Newly appointed to a state appointive office	Office Held or Sought Office title: <u>Prosecuting Attorney</u> County, city, district or agency of the office, name and number: <u>King</u> Position number: _____ Term begins: <u>11/27/2007</u> ends: <u>12/31/2010</u>
--	--

1 INCOME List each employer, or other source of income (pension, social security, legal judgment) from which you or a family member received \$1,500 or more during the period. (Report interest and dividends in Item 3 on reverse)

Show Self (S) Spouse (SP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)
S	King County Prosecuting Attorney's Office	Attorney	E
sp	Microsoft Corporation	Attorney	E

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 \$7,500 in which you or a family member held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser		Nature and Amount (Use Code) of Payment or Consideration Received		
Property Purchased or Interest Acquired		Creditor's Name/Address	Payment Terms	Security Given	Mortgage Amount - (Use Code) Original Current	
All Other Property Entirely or Partially Owned 17417 4 th Ave SW Normandy Park 611440-0015-05 Check here <input type="checkbox"/> if continued on attached sheet	E	N/A	N/A	N/A	N/A	N/A

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

List bank and savings accounts, insurance policies, stock, bonds and other intangible property held during the reporting period.

A. Name and address of each bank or financial institution in which you or a family member had an account over \$15,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
T. Rowe Price, PO Box 17349, Baltimore MD 21297 Prevail Credit Union	Deferred Comp Checking & Savings	E E	A B
B. 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 during the period. None	DATE FILED PDC JUN 16 2007		
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 th Ave #3100 Seattle, WA 98104 Charles Schwab 101 Montgomery St. San Francisco, CA 94104	Municipal Bonds, Mutual Funds & Cash MSFT ESPP Plan	E E	C D

Check here if continued on attached sheet.

4 CREDITORS List each creditor you or a family member owed \$1,500 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2. **AMOUNT (USE CODE)**

Creditor's Name and Address	Terms of Payment	Security Given	Original	Present

Check here if continued on attached sheet.

5 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or 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
- 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? 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.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

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

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

Paul J. Satterberg
Signature _____ Date 3 June 2007

Contact Telephone: (206) 229-7008
Email: dan.satterberg@metrokc.gov (work)
Email: normansatterberg@comcast.net (Home)

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE