



State of Washington

PUBLIC DISCLOSURE COMMISSION

711 Capitol Way Rm. 206, PO Box 40908 • Olympia, Washington 98504-0908

(360) 753-1111 • FAX (360) 753-1112

Toll Free 1-877-601-2828 • E-mail: pdc@pdc.wa.gov • Website: www.pdc.wa.gov

DAYN BRUNNER
46228 GILES RD
DARRINGTON, WA 98241

Also delivered electronically to “dbrunner@darringtonfd24.com”

October 15, 2018

Subject: F-1 Enforcement Hearing Notice, PDC Case Number 38838

Dear: DAYN BRUNNER

Public Disclosure Commission (PDC) records indicate that you served as an elected or appointed official during calendar year 2017; officials in these positions are required to file an annual Personal Financial Affairs Statement (F-1 report). The F-1 report discloses your financial activities for calendar year 2017 and was required to have been filed no later than April 16, 2018.

On July 16, 2018, PDC staff sent you an F-1 warning letter, along with a blank copy of the F-1 report for you to complete and file, to avoid a future enforcement hearing. On August 16, 2018, PDC staff sent you a hearing notice, scheduling you for a Brief Adjudicative Proceeding (Brief Enforcement Hearing) to be held on September 24, 2018. However, after reviewing your filings prior to the September hearing date, PDC staff determined you were not eligible for a Brief Enforcement Hearing under the provisions of WAC 390-37-143.

Therefore, in accordance with RCW 42.17A.110 and RCW 42.17A.755, an Enforcement Hearing before the Full Commission has been scheduled to determine if you violated RCW 42.17A.700 by failing to timely file the required F-1 report for calendar year 2017.

Enforcement Hearing Information

Date and time: **Thursday, October 25, 2018 at 10:30 a.m.**
Place: Evergreen Plaza Building, Room 206
711 Capitol Way, Olympia, WA, 98504-0908
Presiding Officer: Anne Levinson, Chair, Public Disclosure Commission

If you do not plan to be present at the hearing, you may submit evidence in your own behalf or in mitigation for distribution to Commission members. Please submit this information so that it is received by the PDC no later than **12:00 p.m. Wednesday, October 24, 2018.**

Evidence can be submitted by email at pdc@pdc.wa.gov or mailed to:

**Compliance and Enforcement
Public Disclosure Commission
PO Box 40908
Olympia, WA 98504-0908**

Please reference Case Number **38838** in the subject line of the email or on any correspondence.

If a hearing proceeds and you fail to attend or provide information on your own behalf, you may be in default and the Commission may assess appropriate penalties. The Commission has the authority to assess a penalty of up to \$10,000 per violation, or they can find apparent violations and refer the matter to the Attorney General for higher penalties.

You are not required by law to personally attend the hearing. PDC staff will present this matter to the Commission. However, the PDC recommends that respondents personally appear whenever possible. If you plan to attend the hearing in-person or by telephone, please notify PDC staff at your earliest convenience but no later than **12:00 p.m. Wednesday, October 24, 2018.**

If you have questions regarding this matter, please contact PDC staff at pdc@pdc.wa.gov.

Sincerely,



Peter Lavalley
Executive Director

Enclosure:

- Blank Personal Financial Affairs Statement (F-1 report)

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 <b style="font-size: 2em;">F-1 (1/15)	PERSONAL FINANCIAL AFFAIRS STATEMENT	P M PDC OFFICE USE O A S R T K
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Refer to instruction manual for detailed assistance and examples. Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position. SEND REPORT TO PUBLIC DISCLOSURE COMMISSION	DOLLAR CODE AMOUNT A \$1 to \$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	R E C E I V E D
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Last Name	First	Middle Initial	Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.
Mailing Address (Use PO Box or Work Address) *			
City	County	Zip + 4	

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 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, city, district or agency of the office, name and number: Position number: Term begins: _____ ends: _____
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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.)		
<small>Show Self (S) Spouse (SP/DP) Dependent (D)</small>	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)	
Check Here <input type="checkbox"/> if continued on attached sheet				

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

CONTINUE ON NEXT PAGE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

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

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

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 <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 compensation 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 42.17A.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.

Signature _____ Date _____
 Contact Telephone: () *
 Email: _____ (work) *
 Email: _____ (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE