



## 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](mailto:pdc@pdc.wa.gov) • Website: [www.pdc.wa.gov](http://www.pdc.wa.gov)

MICKIEL SMITH  
PO BOX 372  
CHEHALIS, WA 98532

Also delivered electronically to “[asr.smith@yahoo.com](mailto:asr.smith@yahoo.com)”

October 15, 2018

Subject: Initial Order Review Hearing Notice, PDC Case Number 39053

Dear: MICKIEL SMITH

The PDC received your timely request for review of the Initial Order issued in the case cited above. The Initial Order was issued pursuant to a brief adjudicative proceeding held on September 24, 2018, in which you were found in violation of RCW 42.17A.205 & RCW 42.17A.700(2) and assessed a penalty of \$500.

Under RCW 42.17A.700, every elected or appointed official must file a personal financial affairs statement (F-1 report) annually. The F-1 report for the 2017 reporting period was due by April 16, 2018. You had not filed an F-1 report by the required deadline. On July 16, 2018, PDC staff sent you a warning letter reminding you to file the missing F-1 report. On August 16, 2018, PDC staff sent you a hearing notice for the brief adjudicative proceeding. On October 5, 2018, you were served with an Initial Order memorializing the Chair’s ruling from the brief adjudicatory proceeding.

Based on your request, an Initial Order Review Hearing has been scheduled in your case, as provided below. The Hearing will be held before the full commission, in accordance with RCW 42.17A.110 and .755, and WAC 390-37-144. You will have an opportunity to explain your view of the matter if you choose to attend the Hearing.

#### HEARING INFORMATION

Date and time: **October 25, 2018 at 11:30 p.m.**  
Place: Evergreen Plaza Building, Room 206  
711 Capitol Way, Olympia, WA, 98504-0908  
Presiding Officer: Anne Levinson, Chair, Public Disclosure Commission

If there are circumstances you wish to have considered at the Initial Order Review Hearing, you may attend the hearing in person or participate by telephone. For your information, most Respondents who participate at the Initial Order Review Hearings participate by telephone or in writing.

If you cannot participate at the Initial Order Review Hearing, you may provide a written response describing the facts of your case and any circumstances or mitigating factors you would like the Presiding Officer to consider. Please submit your written response so that it is received by **12:00 p.m. Wednesday, October 24, 2018**.

If you plan on participating at the Initial Order Review Hearing or have questions about the hearing process, please contact PDC Staff by email at [pdcc@pdc.wa.gov](mailto:pdcc@pdc.wa.gov) and be sure to reference your case number in the subject line of the email.

Sincerely,

PDC Staff  
Compliance and Enforcement Division

Enclosure:

- Blank F-1/F-1A form



<b>PUBLIC DISCLOSURE COMMISSION</b> <b>711 CAPITOL WAY RM 206</b> <b>PO BOX 40908</b> <b>OLYMPIA WA 98504-0908</b> <b>(360) 753-1111</b> <b>TOLL FREE 1-877-601-2828</b>	<b>PDC FORM</b> <b>F-1</b> (1/15)	<b>PERSONAL FINANCIAL AFFAIRS STATEMENT</b>	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

Last Name	First	Middle Initial
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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
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Filing Status (Check only one box.)

An elected or state appointed official filing annual report

Final report as an elected official. Term expired: \_\_\_\_\_ year

Candidate running in an election: month \_\_\_\_\_ year

Newly appointed to an elective office

Newly appointed to a state appointive office

Professional staff of the Governor's Office and the Legislature

Office Held or Sought

Office title:

County, city, district or agency of the office, name and number:

Position number:

Term begins: \_\_\_\_\_ ends: \_\_\_\_\_

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

Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)

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	Mortgage Amount - (Use Code) Original Current
All Other Property Entirely or Partially Owned					

Check here  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.

<p>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.</p> <p>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.</p> <p>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.</p>	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
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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
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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 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