



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: pdcc@pdcc.wa.gov • Website: www.pdca.wa.gov

SHERYL MILLER
PO BOX 687
NEWPORT, WA 99156

Also delivered electronically to

“RAUTERSMYSTICWOLF@GMAIL.COM”

October 22, 2018

Subject: Initial Order Review Hearing Notice, PDC Case Number 38998

Dear: SHERYL MILLER

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.700 and assessed a penalty of \$250.

Under RCW 42.17A.700, every candidate must file a personal financial affairs statement (F-1 report) within two weeks of declaring candidacy or no later than June 1, 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 pdc@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



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 <div style="font-size: 2em; font-weight: bold;">F-1</div> (1/15)		PERSONAL FINANCIAL AFFAIRS STATEMENT		P M PDC O FFICE USE O A S R T K R E C E I V E D																									
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 \$4,499</td> </tr> <tr> <td>B</td> <td>\$4,500 to \$23,999</td> </tr> <tr> <td>C</td> <td>\$24,000 to \$47,999</td> </tr> <tr> <td>D</td> <td>\$48,000 to \$119,999</td> </tr> <tr> <td>E</td> <td>\$120,000 or more</td> </tr> </table>		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														
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SEND REPORT TO PUBLIC DISCLOSURE COMMISSION																															
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: _____ year <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: _____																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 10%;"> <div style="font-size: 2em; font-weight: bold;">1</div> <div style="font-weight: bold;">INCOME</div> <div style="font-size: 0.8em;">Show Self (S) Spouse (SP/DP) Dependent (D)</div> </div> <div style="width: 90%;"> <div style="font-weight: bold;">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.)</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 55%;">Name and Address of Employer or Source of Compensation</th> <th style="width: 25%;">Occupation or How Compensation Was Earned</th> <th style="width: 20%;">Amount: (Use Code)</th> </tr> <tr> <td style="height: 150px;"></td> <td></td> <td></td> </tr> </table> <div style="margin-top: 5px;">Check Here <input type="checkbox"/> if continued on attached sheet</div> </div> </div>								Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)																					
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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.

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

Type of Account or Description of Asset

Asset Value
(Use Code)Income Amount
(Use Code)**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

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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