

Dariel Norris

From: Toni Lince [tlince@pdc.wa.gov]
Sent: Monday, June 24, 2013 9:16 AM
To: DBN547@COMCAST.NET
Subject: C1 - CANDIDATE REGISTRAITON/NORRIS DARIEL
Attachments: Norris Dariel C1.pdf

RECEIVED

JUN 25 2013

Public Disclosure Commission

June 24, 2013

DARIEL L NORRIS
PO BOX 547
PRESTON WA 98050

DATE FILED PDC

JUN 24 2013

Your C1 postmarked 6/19/2013 requires the following changes:

The following Boxes need to be addressed; there are certain boxes on the C1 that are required to be completed by law.

Please complete the following;

- Box 5 Treasurer – If you have no treasurer, please list your own name in this section.
- Box 8 Campaign Bank – While you are not required to have a campaign account, you do need to list the name and location of a bank where you will open an account if you receive any contributions.

Once you have completed these items, please write AMENDED at the top of the form, re-sign and date, and mail to us at our PO Box which is:
PO Box 40908 Olympia WA 98504-0908

If you have any questions please contact Filer Specialist Chip Beatty
chip.beatty@pdc.wa.gov at (360)753-1111

Thank you

Toni Lince
Washington State Public Disclosure Commission
Staff Member

*I hope I got
this correct.
Thank you
Dariel L. Norris*

Candidate's Name (Give candidate's full name.) **Daniel L. Norris** **DATE FILED PDC** Telephone Number **(206-817-1790)**

Candidate's Committee Name (Do not abbreviate.) **JUN 24 2013** Fax Number **(425-392-1308)**

Mailing Address **Po Box 547** Candidate's E-Mail Address **dbn547@comcast.net**

City **Preston** County **King** Zip + 4 **98050 -0547** Campaign E-Mail Address

1. What office are you running for? **K.C. Public Hospital District 4 Commissioner** Legislative District, County or City **3** Position No. **2** Do you now hold this office? **Yes** No **X**

2. Political party (if partisan office) 3. Date of general or special election

4. How much do you plan to spend during your entire election campaign, including the primary and general elections? Based on that estimate, choose one of the reporting options below. If no box is checked you are obligated to use Option II, Full Reporting. See instruction manuals for information about reports required and changing reporting options.

Option I MINI REPORTING: In addition to my filing fee of \$ _____, I will raise and spend no more than \$5,000, including any charges for inclusion in state and local voters pamphlets. I will not accept more than \$500 in the aggregate from any contributor except myself.

Option II FULL REPORTING: I will use the Full Reporting system. I will file the frequent, detailed campaign reports required by law.

5. Treasurer's Name and Address. Does treasurer perform only ministerial functions? Yes ___ No ___ See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet. Continued on attached sheet. Daytime Telephone Number **(206 817-1790**

Daniel L Norris

6. Persons who perform only ministerial functions on your behalf and on behalf of other candidates or political committees. List name, title and address of these persons. See WAC 390-05-243 and next page for details. Continued on attached sheet.

7. Committee Officers and other persons who authorize expenditures or make decisions on your behalf. List name, title and address. See next page for definition of "officer." Continued on attached sheet.

8. Campaign Bank or Depository **Bank of America** Branch **665 Front N** City **Issaquah WA**

Not known At this time

9. Related or Affiliated Political Committees. List name, address and relationship. Continued on attached sheet.

10. Campaign books must be open to the public by appointment between 8 a.m. and 8 p.m. during the eight days before the election, except Saturdays, Sundays, and legal holidays. In the space below, provide contact information for scheduling an appointment and the address where the inspection will take place. It is not acceptable to provide a post office box or an out-of-area address.

Street Address, Room Number, City where campaign books will be available for inspection
8316 309th Ave SE Preston, WA 98050
 In order to make an appointment, contact the campaign at (telephone, fax, e-mail): **(206-817-1790)**

11. **CERTIFICATION:**
 I certify that this report is true, complete and correct to the best of my knowledge.
 Candidate's Signature **Daniel L. Norris** Date June 9th 2013 **June 24, 2013**