PUBLIC DISCLOSURE COMMISSION

711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
Toll Free 1-877-601-2828

# Candidate Registration

**C1** (1/2008)

100764986

05-26-2017

Candidate's Name (Give candidate's full name.)
ROBERT H TORGERSON

Telephone Number
360-532-2068

Candidate's Committee Name (Do not abbreviate.)
TORGERSON FOR G.H.P.H.D #1

Fax Number

Mailing Address
730 NORMA LN

Candidate's E-Mail Address
ROBERTTORGERSON@COMCAST.

City | County | Zip + 4
ABERDEEN | GRAYS HARBOR | 98520

Campaign E-Mail Address
roberttrorgerson@comcast

1. What office are you running for? HOSPITAL COMMISSIONER
Legislative District, County or City: GRAYS HARBOR HOSP DIST 02
Position No.: 1
Do you now hold this office? Yes [X] No [ ]

2. Political party (if partisan office)
NON PARTISAN

3. Date of general or special election
11-07-2017

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.**

[X] **Option I MINI REPORTING:** In addition to my filing fee of $0, 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 _X_. See WAC 390-05-243 and next page for details. List deputy treasurers on attached sheet. [ ] Continued on attached sheet.
ROBERT H TORGERSON
730 NORMA LN, ABERDEEN WA 98520

Daytime Telephone Number
360-532-2068

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: TWIN STAR CREDIT UNION
Branch: ABERDEEN
City: ABERDEEN

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**
730 NORMA LANE, ABERDEEN
In order to make an appointment, contact the campaign at (telephone, fax, e-mail):360-532-2068 ROBERTTORGERSON@COMCAST.NET

11. **CERTIFICATION:**
I certify that this report is true, complete and correct to the best of my knowledge.

**Candidate's Signature**: ROBERT H TORGERSON
**Date**: 05-26-2017