94-465 Rosales:ssj Proposed No.: 1 MOTION NO. 93652 3 A MOTION confirming the Executive's 4 appointment of Rosamaria Rosales to the 5 King County Developmental Disabilities 6 Board. 7 BE IT MOVED by the Council of King County: 8 The county executive's appointment of Rosamaria Rosales 9 to the King County Developmental Disabilities Board, term to 10 expire on September 30, 1996 is hereby confirmed. 11 PASSED by a vote of \_\_\_\_\_ to \_\_\_ this \_\_\_\_ day of 12 stember, 1994. 13 KING COUNTY COUNCIL 14 KING COUNTY, WASHINGTON 15 Kent Pullen 16 17 18 ATTEST: 19 20 21 Attachments: Application Financial Disclosure Statement 22

Introduced By: Sims

September 1, 1994

23

# APPLICATION INFORMATION FOR KING COUNTY BOARD AND COMMISSION APPOINTMENTS (PLEASE ATTACH RESUME IF AVAILABLE)

7/21/94 (Date)

| Board/Commission for which you are                | applying:9365  |
|---|--|
| Developmental Disabilities                        |  |
| NameRosamaria Rosales                             | Phone 325-4790/  |
|   | (Home) (Work)  |
| Business Address                                  | Home Address 2524 16th Ave. S.   |
|   | Seattle, WA 98144  |
|   | 1  |
| (Please indicate preferred mailing add            | ress with an asterisk (*).   |
| King County Council District $10$                 |  |
| Education Heritage College, 1988, AA              | Business   |
| (name of high school, c                           | ollege/university, year graduated, degree)   |
|   |  |
|   |  |
| Professional Licenses Held (if applica            | ble to specific board/commission)  |
| Owner/Agent Excel                                 | sior Travel Service  |
| Present Employment Owner/Agent Excers (Job Title) | (Date of Employment)   |
| Self  |  |
| (Employer)  |  |
|   |  |
|   |  |
| (Previous Employment/Experience)                  |  |
|   |  |
| Memberships on any city and/or county             |  |
| boards, commissions, or committees and            |  |
| dates of term:                                    |  |
| AND PERSONAL INFORMATION commission               | utive seeks a diverse representation on boards/<br>ons. Information in this section will assist in<br>g this goal and is voluntary on your part. |
| Asian X Hispanion                                 | c White American Other(F)(M) Handicap (Y/N)  |
| How did you learn of this opportunity?            |  |
|   |  |
|   | Joan Yoshitomi   |

Please return completed form to:

King County Executive Office King County Courthouse 516 Third Avenue, Room 400 Seattle, WA 98104-3271

## Rosamaria Rosales

1451 E. Republican #2 Seattle, WA 98112 Work: (206)325-4790 Home 206) 726-9432

OBJECTIVE
To own and manage an ARC listed Travel Agency, namely Excelsior Travel Service, and to expand services to strategic areas in the state of Washington.

| PROFESSIONAL                         | <u>EMPLOYMENT</u>   |
|--------------------------------------|---|
| January 1991<br>to present           | OWNER, EXCELSIOR TRAVEL SERVICE. Responsible for the day to day management of my home-operated independent travel agency. I work with wholesalers and two travel agencies that provide tickets for my customers.  |
| September, 1988<br>to November, 1990 | OFFICE MANAGER, ELITE TRAVEL. Responsible for the daily operation of the travel agency. Ticketing and reservations on a PARS system. Sales reports and all other management responsibilities.   |
| March, 1988<br>to September, 1988    | TRAVEL AGENT, GRANNIS TRAVEL. Responsible for ticketing, reservations and accounting at the airport in Fresno, California.  |
| January, 1986<br>to March, 1988      | TRANSLATOR, SECRETARY AND BOOKKEEPER, HERITAGE COLLEGE IN TOPPENISH, WA. Provided support to the Migrant Program News in the State of Washington; served in place of the Director in his absence; wrote a regular column for the paper, translated English and Spanish and reconcile monthly budgets. |
| April, 1985<br>to December, 1985     | USDA PROGRAM SPECIALIST, WSMC. Responsible for the distribution and acountability of all food served under the U.S. Department of Agriculture Free Food Program. Sixteen child care centers were being served.  |
| September 1982<br>March 1985         | SENIOR PROGRAM COORDINATOR, PERSONNEL COORDINATOR AND SECRETARY, EL CENTRO DE LA RAZA.  |
| April, 1977<br>December, 1980        | SALES MANAGER, VIVA TOURS MEXICO CITY. Responsible for the sales management of the travel agency.   |
| May, 1972<br>March, 1977             | SALES MANAGER, MEX-ATLANTICA, S.A. MEXICO CITY. Responsible for the sales and management of the travel agency.  |
| April, 1971<br>April, 1972           | TRAVEL AGENT, A.N.V.E.S.A. MEXICO CITY. Responsible for the domestic air fares and tourist information.   |
| EDUCATION                            |   |
| 1976-1988                            | HERITAGE COLLEGE, TOPPENISH, WA. Associate of Arts, toward a business degree  |
| 1981-1982                            | SEATTLE CENTRAL COMMUNITY COLLEGE. SEATTLE, WA. College requirements, toward an Associate of Arts   |
| 1971-1980                            | PAN AMERICAN AIRLINES, AIR FRANCE, LUFTHANSA AIRLINES. Air fare construction, ticketing and reservations.   |

REFERENCES: Available upon request.



GARY LOCKE King County Courthouse 516 Third Avenue Room 400 Scattle, Washington 98104-3271

(206) 296-4040 EAX: (206) 296-0194

#### FINANCIAL DISCLOSURE STATEMENT

### TO BE COMPLETED BY ALL KING COUNTY BOARD AND COMMISSION MEMBERS.

IN ACCORDANCE WITH K.C.C. 3.04.050, PLEASE PROVIDE THE INFORMATION REQUESTED EITHER WITHIN TEN (10) DAYS OF APPOINTMENT OR BY APRIL 15TH, WHICHEVER APPLIES, AND RETURN THIS FORM TO SALLY POLIAK, OFFICE OF THE KING COUNTY EXECUTIVE, 400 KING COUNTY COURTHOUSE, 516 THIRD AVENUE, SEATTLE, WA 98104-3271.

FOR REPORTING PURPOSES, "IMMEDIATE FAMILY" INCLUDES SPOUSE, DEPENDENT CHILDREN, AND OTHER DEPENDENT RELATIVES RESIDING IN THE MEMBER'S HOUSEHOLD. "PERSON" DESIGNATES ANY INDIVIDUAL, PARTNERSHIP, ASSOCIATION, CORPORATION, FIRM, INSTITUTION, OR OTHER ENTITY, WHETHER OR NOT OPERATED FOR PROFIT.

#### PLEASE TYPE OR PRINT ALL INFORMATION

| D OR COMMISSION:   | ENCY AFFILIATION OF BOA   | ARD OR COMMISSION:                                    |
|--|---------------------------|---|
|  |                           |   |
| st all sources of income over the state of t | ver \$1500.00 (include sa | lary, retirement, and divid                           |
| Source of Income   | Type of Business          | Address   |
| Soles  | True / Agency             | 2524-16th Acc So                                      |
| DSHS   | Translations              |   |
| WHSSC  | TRANSPATE NEW             | SPAPER BELLEVUE                                       |
|  |                           |   |
|  |                           |   |
| vou have a direct financial  | interest in any mutual f  | und or other "person" or<br>sued either to yourself ( |

King County Board of Ethics, 1/93



| 4 | - | 4 | لغاد |  |
|---|---|---|------|--|
| - | _ |   |      |  |

If you answered yes, please list:

| Mutual Fund/Enterprise | Type of Business | Address |
|------------------------|------------------|---------|
|                        |                  |         |
|                        |                  |         |
|                        |                  |         |
|                        |                  |         |

C. List any office, directorship, or trusteeship in any "person" or other governmental entity which does business in King County and which is held by you or members of your immediate family:

| Name/Relationship | Type of Business | Position Held |
|-------------------|------------------|---------------|
|                   |                  |               |
| MA                |                  |               |
| / / /             |                  |               |
|                   |                  |               |

D. List, by legal description or popular address, all real property owned by you or a member of your immediate family in King County. Include options to buy if the property is valued in excess of \$1500.00:

| Address         | Name of Owner    | Relationship to Employee |
|-----------------|------------------|--------------------------|
| 904 MLK Jr. Way | Resemble Resting | fusbond .                |
|                 |                  |                          |
|                 |                  |                          |
|                 |                  |                          |

E. List all real property located in King County and divested by you or a member of your immediate family during the reporting year and valued in excess of \$1500.00:

| Address | Name of Owner | Amount Divested |
|---------|---------------|-----------------|
|         |               |                 |
| NA      |               |                 |
|         |               |                 |
|         |               |                 |

King County Board of Ethics, 1/93

Financial Disclosure Statement Page 3 of 3

| regulatory agenc          | les within the preceding twelve months:  |  |
|---------------------------|--|--|
| 1. Lis                    | t the name of the "person" of which you are a member,  | partner, or employee:                        |
|                           |  |  |
| /                         |  |  |
|                           | t the name(s) of agencies that you practice before:  |  |
|                           |  | •  |
| $^{\prime}$ / $^{\prime}$ |  |  |
| /7                        |  |  |
| "perso                    | t the amount of gross compensation in excess of \$1500 on" and attorney respectively as a result of your practice at twelve (12) months: | 0.00 received by the before such agencies in |
|                           |  |  |
|                           |  |  |
|                           |  |  |
| ATTESTATION:              |  |  |
| 1. Rosamaria              | Rosale S , CERTIFY UNDER PENALTY OF  | PERJURY THAT THIS                            |
|                           | UE, ACCURATE, AND COMPLETE.  |  |
| Signature                 |  |  |
|                           | 12 2002 (2003)   | ,  |
| SIGNED THIS               | 13 DAY OF Cipiel , 199 4.  |  |
| 4                         | Please attach additional sheets if necessary.  | •  |