			CYNTHIA SULLIVAN
	August 1, 1994	Introduced By:	RON SIMS
	ew	Proposed No.:	94-494
1		MOTION NO. 9366	
2	A MOTION o	confirming the Executive's reappo	pintment of
3		cho to the Harborview Medical Ce	enter Board of
4 5	Trustees.		
6	BE IT MOVED by th	e Council of King County:	
7	The county executive	's reappointment of Norris V. Bac	cho to the Harborview Medical
8	B	m to expire on July 31, 1998, is he	ereby confirmed.
9	PASSED by a vote of	11 to Othis 12 th day of 5	eptember, 1994.
10		KING COUN	TY COUNCIL
11		KING COUN	TY, WASHINGTON
		V +	Pullen
12 13		Chair	Ince
14	ATTEST:		
	li 110 DA	•	
15 16	Clerk of the Council		
17	· .		
18 19	Attachments: Application Financial Disc	closure Statement	
20	i manoan Disc		

### 9366 IVED

# BOARD AND COMMISSION APPOINTMENTS PLEASE ATTACH RESUME IF AVAILABLE

APPLICATION INFORMATION

RECEIVED
AUG 3 1990

KING COUNTY EXECUTIVE

Board/Commission for which you ar Harbornew Medical Center	
Name Noreis V. BALLIO	Phone 467-1600
Business Address Westlake Center 1601-Figtto Alenne Su Seattle Washington as	Home Address 219 1 12 167  TE 400 Scattle War agrot
(Please indicate preferred mailing a	
(name of high school, coll	ege/university, year graduated, degree) Plunning 1979-1981: MBA program - would.  cable to specific board/commission)
Present Employment Manager of Retail  (Job Title)	Operation 8/80 - present (Date of Employment)
(Employer) operations of a multi million d	(Date of Employment)  multiple department in the the  (Description of Duties)  ollar suppping center.
(Previous Employment/Experience)	by Council; Dept. of Community Dwelger
Memberships on any city and/or count boards, commissions, or committees a dates of term:	
AFFIRMATIVE ACTION PROGRAM boar AND PERSONAL INFORMATION will volume boar and boar a	American Other  (F) (M) Handicap, (Y/N)
	King County Executive Office 100 King County Courthouse 106 Third Avenue



#### King County Board of Ethics

King County Administration Building 500 Fourth Avenue Room 553 Seattle, Washington 98104

206-296-1586

9366

## KING COUNTY FINANCIAL DISCLOSURE STATEMENT

#### All Board and Commission Members

In accordance with Section 3.04.050 of the King County Code, all King County board and commission members are required to complete a financial disclosure statement within ten (10) days of appointment and by April 15 of each year.

For reporting purposes, "immediate family" includes spouse, dependent children, and other dependent relatives residing in the employee's household. "Person" designates any individual, partnership, association, corporation, firm, institution, or other entity, whether or not operated for profit.

Type or print all information and sign this form on page three.

Use additional sheets if necessary.

Return to the Director, Community Relations
King County Executive Office
400 King County Courthouse
516 Third Avenue
Seattle, WA 98104

			DATE:	7	19/9	4
NAME:	Norres V	BALLO				
ADDRESS	s: % PDS -	147 Mark	et Stra	cet Si	ute 103	b
BOARD C	S: /o PDS -	Harbon	48 M. 48	402		
Doi II D		71/7. 300.				

A. List all sources of income over \$1500.00 (include salary, retirement, and dividend income):

Source of Income	Type of Business	Addreas
PIS	Planning & Dev.	747 Market St Sinte 1036
	0	TAMA NA 93402



B. Do you have a direct fin excess of \$1500.00 (insurance is loan associations or credit union trusts, and stocks and all other t	ssued either to yours	self or your spouse, a d financial interest; ho	
	☐ YES	NO	
If you answered yes, please list:	en de la companya de La companya de la companya de	•	
Mutual Fund or Enterprise	Type of Busine	55	Address
C. List any office, directorship, business in King County and wh			
Name/Relationship	Type of Busines	SS .	Position Held
	· · · · · · · · · · · · · · · · · · ·		
D. List by legal description immediate family in King Count \$1500.00.			d by you or a member of your is valued in excess of
Address	Name of Owner	Relat	ionship to Employee
E. List all real property loca mmediate family during the repo			
Address	Name of Owner	r A	mount Divested
		``	
	2		

1.	List the name of the Hanney of subject you are a mountage material and the
1.	List the name of the "person of which you are a member, partner, or employee
	Ti-table and (a) against a death and an anathra bagainst
2.	List the name(s) of the agencies that you practice before:
}.	List the amount of gross compensation in excess of \$1500.00 received by the "
	and attorney respectively as a result of your practice before such agencies in the twelve months:
	and attorney respectively as a result of your practice before such agencies in th
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	and attorney respectively as a result of your practice before such agencies in th
	and attorney respectively as a result of your practice before such agencies in the twelve months:  ATTESTATION
	and attorney respectively as a result of your practice before such agencies in the twelve months:  ATTESTATION  ACTESTATION  , certify under penalty of perjury that this
,	and attorney respectively as a result of your practice before such agencies in the twelve months:  ATTESTATION  ATTESTATION  Certify under penalty of perjury that this ment is true, accurate, and complete.
,	and attorney respectively as a result of your practice before such agencies in the twelve months:  ATTESTATION  ACTESTATION  , certify under penalty of perjury that this
	and attorney respectively as a result of your practice before such agencies in the twelve months:  ATTESTATION  ATTESTATION  Certify under penalty of perjury that this ment is true, accurate, and complete.

King County Board of Ethica, 5/94