RON SIMS LARRY GOSSETT

September 30, 1994

Introduced By:

MAGGI FIMIA

ew

Proposed No.:

94 - 618

MOTION NO. _ 940 4

A MOTION confirming the Executive's reappointment of Kim Long Nguyen to the King County Affirmative Action Advisory Committee.

BE IT MOVED by the Council of King County:

The county executive's reappointment of Kim Long Nguyen to the King County Affirmative Action Advisory Committee, term to expire on September 30, 1995, is hereby confirmed.

PASSED by a vote of 13 to this 17th day of October

KING COUNTY COUNCIL KING COUNTY, WASHINGTON

Kert Pullen Chair

ATTEST:

Clerk of the Council

Attachments: Application

Financial Disclosure Statement

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

(Date) (Date)

| Board/Commission for which you are | applying: Aftirmative Action |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Name Ling K NGUYEN | Phone 725ご423 323936 5 (Home) (Work) |
| · | E > Home Address 4913 47 4 4 5 |
| Loutte assign | Sentte WA CIBILY |
| (Please indicate preferred mailing ad | dress with an asterisk (*). |
| Education MRA legisle (name of high school, | college/university, year graduated, degree) |
| Professional Licenses Held (if applic | able to specific board/commission) |
| Present Employment RFSC (Job Title) | Cot/15/195 (Date of Employment) E S South A 1812 2 |
| (Employer) | |
| (Previous Employment/Experience) | |
| Memberships on any city and/or county boards, commissions, or committees and dates of term: | |
| AND PERSONAL INFORMATION commiss | cutive seeks a diverse representation on boards/ ions. Information in this section will assist i ng this goal and is voluntary on your part. |
| | ic 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, VA 98104-3271



King County Board of Ethics

King County Administration Building 500 Fourth Avenue Room 553 Seattle, Washington 98104 206-296-1586

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: |
|-------------|------------|--------------------------|
| NAME: | LON | G K NOWEN |
| ADDRESS: | 4913 | 47 AVE S fatte wat 98/18 |
| BOARD OR CO | OMMISSION: | Affirmative Action |

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

| Source of Income | Type of Histories | Address |
|------------------|-------------------|------------------------|
| RFSC. | Social Services | 2200 Painson AVE S |
| Saleray Inc - | choceur | Donestry & Raimer AVEL |
| J O | 1 | |
| · | | <u> </u> |



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| B. | Do you have a direct financial interest in any mutual fund or other "person" or enterprise in |
|---------|--------------------------------------------------------------------------------------------------|
| excess | of \$1500.00 (insurance issued either to yourself or your spouse, accounts in banks, savings and |
| loan as | sociations or credit unions are not considered financial interest; however, municipal bonds, |
| trusts, | and stocks and all other types of financial interest are included)? |

☐ YES NO

If you answered yes, please list:

| | Mutual Fund or Enterprise | Type of Business | Address |
|---|------------------------------|------------------|---------|
| L | | | |
| L | | | |
| L | | | · |
| | | | |

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 F | Business | | Position | Held | |
|-------------------|-----------|----------|-----|----------|----------|--|
| VAN NGOYEN | K.C Fm | loyer | Div | of lice | into'U | |
| | | 0 . | | 0 | | |
| | | ·· | | | <u> </u> | |
| · | | | | | | |

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 |
|----------------|---------------|--------------------------|
| 4913 ATRAVES | LONG K NOOYEN | felf |
| 1270 ST 168 CT | LONG K NAVIEW | 18-2 |
| Kenton us 9805 | | |
| · | | 1 |

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 |
|---------|---------------|-----------------|
| | | |
| | | |
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| F. | | ction is only to be completed by attorneys who practiced before state and local ory agencies within the preceding twelve-month period: | | | |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| | 1. | List the name of the "person of which you are a member, partner, or employee: | | | |
| | | | | | |
| } | 2. | List the name(s) of the agencies that you practice before: | | | |
| | | N/A | | | |
| | 3. List the amount of gross compensation in excess of \$1500.00 received by the "person" and attorney respectively as a result of your practice before such agencies in the past twelve months: | | | | |
| | | N/A | | | |
| i | | | | | |
| | | ATTESTATION | | | |
| | | DNG K NGUE O, certify under penalty of perjury that this ont is true, accurate, and complete. | | | |
| · | Signatu | re J himregue | | | |
| | Signed | this 27 day of Cont , 199 4. | | | |

King County Board of Ethics, 5/94