

July 15, 1994

Introduced By:

LARRY PHILLIPS

ew

Proposed No.:

94 - 464

MOTION NO. 9430

A MOTION confirming the Executive's appointment of Karen M. Spoelman to the King County Mental Health Board.

BE IT MOVED by the Council of King County:

The county executive's appointment of Karen M. Spoelman to the King County Mental Health Board, term to expire on June 30, 1997, is hereby confirmed.

PASSED by a vote of 13 to 0 this 12th day of December, 1994.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Kent Pullen
Chair

ATTEST:

Gerald A. Peter
Clerk of the Council

Attachments: Application
Financial Disclosure Statement

APPLICATION FOR APPOINTMENT TO THE KING COUNTY
MENTAL HEALTH BOARD

Dear Interested Applicant:

Please fill out the following application with a cover letter addressing why you would like to serve on the King County Mental Health Board. Please attach your resume to the application. Please return the information to Marty Blair, King County Mental Health, 506 Second Avenue, Room 512, Seattle, WA 98104.

Name KAREN M. SPOELMAN Phone 781-2993 461-4440
(Home) (Work)

Business Address 1118 5TH AVE, SEATTLE, WA 98101

Home Address 632 NW 49TH ST. SEATTLE WA 98107 *
(Note: Please indicate preferred mailing address with an asterisk*)

King County Council District 4 (see attached map)

Education: MASTERS IN MANAGEMENT, BACHELOR'S IN
PSYCHOLOGY

Present Employment or Activities DIRECTOR OF EMPLOYMENT SERVICES
Employer (if applicable) YWCA OF SEATTLE-KING COUNTY

Membership on any city and/or county boards, commissions, or committees, and dates of term: _____

Please attach your resume or vitae.

Have you had any involvement with persons who are mentally ill? Yes No

If yes, what has been your personal involvement? _____

Your professional involvement? I WORKED FOR 9 YEARS IN A MENTAL HEALTH
PROVIDER AGENCY AND 3 YEARS FOR KING COUNTY COMMUNITY MENTAL
HEALTH AS A PLANNER/ CONTRACT MANAGER FOR MENTAL
HEALTH SERVICES.

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How did you learn of this opportunity? I READ ABOUT IT IN
"SYSTEM CHANGES NEWS"

Languages spoken fluently ENGLISH

What specific areas of interest do you have in mental health?

adult services	<u>X</u>	ethnic minorities	_____
children and youth services	_____	gay and lesbian persons	<u>X</u>
deaf and hearing impaired persons	_____	housing	_____
education	_____	legislative advocacy	_____
elderly	<u>X</u>	other	_____

Time Commitment: At a minimum you will be required to attend a full board meeting and at least one committee meeting every month (approximately 4 hours total). Additionally, you will be asked to serve as a liaison to at least one community mental health agency (approximately 1 hr./mo.). Will you be able to make these time commitments for the length of your term? Please indicate yes or no. YES

Appointees to the King County Mental Health Board may not be a staff or board member of any of the agencies with whom the County contracts for services because of the potential for conflict of interest.

The County Executive seeks diverse representation on the King County Mental Health Board. Information in the following section will assist in achieving this goal. It is voluntary on your part.

Thank you for your consideration. If you have any questions or would like additional information, please contact Marty Blair at 296-5210.

AFFIRMATIVE ACTION AND PERSONAL INFORMATION

_____ Asian/Pacific Islander _____ Hispanic/Chicano/Latino X White
_____ African American _____ Native American _____ Other

Year of Birth 1957 Sex X (F) _____ (M) Person with Disabilities (Y/N) _____



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

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**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: JUNE 6, 1994

NAME: KAREN M. SPOELMAN

ADDRESS: 632 NW 49TH ST SEATTLE, WA 98107

BOARD OR COMMISSION: KING COUNTY MENTAL HEALTH BOARD

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

Source of Income	Type of Business	Address
YWCA SEATTLE-KING CO	HUMAN SERVICES	1118 5TH AVE SEATTLE WA 98101



943 0

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 associations 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

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

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

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

F. This section is only to be completed by attorneys who practiced before state and local regulatory agencies within the preceding twelve-month period:

- List the name of the "person of which you are a member, partner, or employee:

- 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 "person" and attorney respectively as a result of your practice before such agencies in the past twelve months:

ATTESTATION

I, KAREN M. SPOELMAN, certify under penalty of perjury that this statement is true, accurate, and complete.

Karen M. Spoelman
Signature

Signed this 6TH day of JUNE, 1994.