

August 1, 1994

Introduced By:

BRIAN DERDOWSKI  
CYNTHIA SULLIVAN

ew

Proposed No.:

94-495

MOTION NO. **9431**

A MOTION confirming the Executive's reappointment of Harriet Berliner to the King County Mental Health Board.

BE IT MOVED by the Council of King County:

The county executive's reappointment of Harriet Berliner 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 12<sup>th</sup> day of December, 1994.

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

*Kent Puller*  
Chair

ATTEST:

*Gerald A. Peterson*  
Clerk of the Council

Attachments: Application  
Financial Disclosure Statement

APPLICATION/NOMINATION  
FOR  
BOARD AND COMMISSION APPOINTMENTS

APR 30 1990

RECEIVED

APPLICATION FOR APPOINTMENT TO THE KING COUNTY MENTAL HEALTH BOARD

Name Harriet Berliner Phone 391-4173 326-4576  
(Home) (Work)

Business Address Group Health, 83 S. King. Suite 515, Seattle 98104

Home Address 2830 Pine Cone Dr. Nw, Issaquah, WA 98027 \*  
(Please indicate preferred mailing address with an asterisk (\*)).

King County Council District 6.

Education: New York City Community College AAS, Dental Hygiene 1962  
County College of Morris, AAS Nursing 1978, BSN NYC Regents External  
Degree Program 1981, Seton Hall Univ. MSN 1982 (Clinical Nurse Specialist

Nurse Practitioner)  
Present Employment Coprinator, Geriatric Nursing Service Sept. 1987  
(Job Title) (Date of Employment)

Employer Group Health of Puget Sound

Previous Employment/Experience Adult Nurse Practitioner, VA Medical  
Center, Lyons, NJ (Nursing Home Care Unit) please see attached CV

Membership on any city and/or county  
boards, commissions, or committees, and  
dates of term. \_\_\_\_\_

AFFIRMATIVE ACTION PROGRAM  
AND PERSONAL INFORMATION

The Executive seeks a diverse representation  
on boards/commissions. Information in this  
section will assist in achieving this goal,  
and is voluntary on your part.

   Asian    Hispanic   x White  
   Black    Native American    Other

Year of Birth 1943 Sex x (F)    (M) Handicapped (Y/N) N

How did you learn of this opportunity? Issaquah Press

(over)



King County  
Board of Ethics  
King County Administration Building  
500 Fourth Avenue Room 553  
Seattle, Washington 98104  
206-296-1588

943 33

**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: 7/20/94

NAME: HARRIET BERLINER

ADDRESS: 2830 NW PINE CME DR, ISSAQUAH 98027

BOARD OR COMMISSION: KC MHB

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

Source of Income	Type of Business	Address
Phoenix Rehab Center (Salary)	Rehab	555 16 Ave, Seattle 98122



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
2830 NW PINE CREEK DR ISSAQUAH	N. BERLINER	SELF

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:

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:  
 \_\_\_\_\_  
 \_\_\_\_\_
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:  
 \_\_\_\_\_  
 \_\_\_\_\_

**ATTESTATION**

I, HARRIET BERLINER, certify under penalty of perjury that this statement is true, accurate, and complete.

Harriet Berliner  
Signature

Signed this 20<sup>th</sup> day of July, 1994.