February 7, 1995

Introduced By:

KENT PULLEN

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Proposed No.:

95 - 112

MOTION NO. 9520

A MOTION confirming the Executive's appointment of Bill Komoto to the King County Agriculture Commission.

BE IT MOVED by the Council of King County:

The county executive's appointment of Bill Komoto to the King County Agriculture

Commission, term to expire on January 31, 1998, is hereby confirmed.

PASSED by a vote of 12 to 0 this 3rd day of april

, 19**95**.

KING COUNTY COUNCIL KING COUNTY, WASHINGTON

Kent Pullen Chair

ATTEST:

Attachments: Application

Clerk of the Council

Financial Disclosure Statement

18 19

KING COUNTY AGRICULTURE COMMISSION MEMBERSHIP APPLICATION FORM

| Name Bill Ko | moto | | Phone Number: | |
|---------------------------------------------------------------------|--------------------|---------------------------------------|-------------------------|---------------|
| Home Address 25813 | | | Day 854-12 | 19 |
| Kent W | 7 98031 | | Night <u>Same</u> | |
| 1. What is your area(s) of inv | olvement in agric | zulture? Please | check all applicable b | oxes. |
| Producer | | | Support Ser | vices |
| Dairy/Beef | | | Feed/Seed Su | pply |
| Horse | | | Processing | |
| Sheep/Goats | | | Whsle Mktg | |
| Fowl/Rabbits | | | Retail Mktg | |
| Hay/Grain | • | | Produce Hand | iler |
| Vegetables | | | Finance/Bank | ing |
| Ornamentals | · | | Real Estate | |
| Other | | • | Other | r |
| A. What is the address of 2580\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | - | | e? | |
| Kent WA | | | | |
| B. What is your average gr | ross annual sales: | ? (please circle | one) | |
| Less than \$1,000 | \$1-5,000 | \$5-25,000 | \$25-50,000 | over \$50,000 |
| C. How many acres do you | u farm? //OC | ⊅ | | |
| List all agriculture related | organizations to | which you are o | or have been associated | d. |
| | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | |
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| | | | d a problem-solving role. | |
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| | J087 . | CBOUT C | very day on | the form |
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| Giv | e an evample of | f where your mind | i has been changed by ne | w information |
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| | The b | 1251155 C | of form wa | |
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| , | | | | |
| , : 117L, | | otod in coming or | s the King County Agric | ultura Commission? |
| i. Wh | y are you intere | ested in serving or | n the King County Agricu | ulture Commission? |
| 6. Wh | y are you intere | ested in serving or | n the King County Agricu | ulture Commission? |
| . Wh | y are you intere | ested in serving or | n the King County Agricu | ulture Commission? |
| . Wh | y are you intere | ested in serving or | | ulture Commission? |
| 6. Wh | y are you intere | ested in serving or | | |
| . Wh | y are you intere | ested in serving or | | |
| . Wh | y are you intere | ested in serving or | | |
| | | | | |
| AFFIR | RMATIVE A | CTION PROC | RAM AND PERSO | |

Please return completed form to:

Sex (F/M) M

Handicap (Y/N) <u>N</u>

Year of Birth 58

King County Agriculture Commission 2040 84th Ave Southeast Mercer Island, WA 98040



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: 1/31/95 |
|------------------------|------------------------------------|
| NAME: William J | ames Komoto |
| ADDRESS: 25813 - 118th | place SE KENT, WA. 98031 |
| BOARD OR COMMISSION: _ | King County Agriculture Commission |

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

| Source of Income | Type of Business | Address |
|-------------------------------------|------------------|----------------------------------------------------------|
| Washinaton lettuce | Produce House | 3724-78th Ave E. Dunallow WA |
| Sasaki Farms | Farm | P.O. BOX 546 Orting WA 98360 |
| Frankie Produce | Produce House | 15052 Dos Moires Way S. Feathle |
| Tonuis Produce | 11 | 19231 500ar 015 Spatta 98118 |
| 5 y S'co Produce Safeway Produce | (1) (1) | 22820 54th Ave S. Kent p.O. Box 8 Clackamas, OR 97015 |
| US Dept Of Agriculture | Dept of Ag | 22035 SE Wax Rd #12 maple vally |
| \$ | | |

| Do you have a direct frexcess of \$1500.00 (insurance loan associations or credit unitrusts, and stocks and all other | e issued either to yours ons are not considered | elf or your spouse, acco | person" or enterprise in ounts in banks, savings and ever, municipal bonds, |
|-----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------|
| | YES YES | □ NO | |
| If you answered yes, please list | st: | | |

| Mutual Fund or Enterprise | Type of Business | Address |
|------------------------------|---------------------------------------|------------------------------|
| All Through Smith Barney | Stock Brokerage | P.O. fox 6079 Federal Way WA |
| | Broker-Roger Handrik | |
| | <u> </u> | |
| <u> </u> | · · · · · · · · · · · · · · · · · · · | <u> </u> |

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 |
|-------------------|------------------|---------------|
| 1 | | |
| NIA | | |
| | | |
| | | |

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 | |
|---------------------------|---------------------|--------------------------|--|
| Lot 95 Seven Oaks Div III | | | |
| Vol 130 Pg 71 SMSA 7600 | William & Kimberray | Self & Slouse | |
| | Komoto | \ | |
| | | | |

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 | Öwner | Amoun | t Divested |
|---------|---------|-------------|---------|------------|
| | | | | |
| NIX | | | | |
| | | | <u></u> | |

| | section is only to be completed by attorneys who practiced before state and local latory 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: |
| | |
| | |
| | +1,4 , A , I + AAAAAAAA 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |
| 3. | |
| 3. | and attorney respectively as a result of your practice before such agencies in the past |
| I, W | and attorney respectively as a result of your practice before such agencies in the past twelve months: ATTESTATION ATTESTATION , certify under penalty of perjury that this ment is true, accurate, and complete. |
| I, W | and attorney respectively as a result of your practice before such agencies in the past twelve months: ATTESTATION ACTESTATION , certify under penalty of perjury that this |
| I, W | ATTESTATION ATTESTATION ATTESTATION Certify under penalty of perjury that this ment is true, accurate, and complete. Millian Lacurate, and complete. |
| I, W | ATTESTATION ATTESTATION Complete of perjury that this ment is true, accurate, and complete. Adding the complete of perjury that this ment is true, accurate, and complete. |

King County Board of Ethics, 5/94