

February 17, 1995

Introduced By:

JANE HAGUE

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Proposed No.:

95 - 147

MOTION NO. **9542**

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A MOTION confirming the Executive's appointment of Miriam Horrigan to the Seattle-King County Advisory Council on Aging.

BE IT MOVED by the Council of King County:

The county executive's appointment of Miriam Horrigan to the Seattle-King County Advisory Council on Aging, term to expire on April 30, 1996, is hereby confirmed.

PASSED by a vote of 12 to 0 this 24th day of April, 1995.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Kent Pullen
Chair

ATTEST:

Gerald G. Peterson
Clerk of the Council

Attachments: Application
Financial Disclosure Statement

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

2-13-95
(Date)
9542

Board/Commission -- for which you are applying: Member of Seattle K.C. Advisory Council on AGING

Name MIRIAM J. HARRIGAN Phone 454-0061
(Home) (Work)

Business Address Retired * Home Address 1825-114TH N.E.
BELLEVUE, WA
98004

(Please indicate preferred mailing address with an asterisk (*)).

King County Council District _____

Education Boise High School, Boise, Idaho 1938
(name of high school, college/university, year graduated, degree)

Boise Sr. College, Boise, Idaho 1940 AA

University of Wash. 1942 Didn't graduate

Professional Licenses Held (if applicable to specific board/commission) _____

Present Employment _____
(Job Title) (Date of Employment)

(Employer)

Asst to Admin, Univ. Hospital, U. of W. 1965-71; Asst to President, U. of W.
(Previous Employment/Experience)

1971-74; Asst to V.P. for Health Services, U. of W. 1974-85

Memberships 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 White
_____ African American _____ Native American _____ Other
Year of Birth 1920 Sex (F) _____ (M) Handicap (Y/N) _____

How did you learn of this opportunity? FROM JEANETTE FRANKS

Please return completed form to:

Joan Yoshitomi
King County Executive Office
King County Courthouse
516 Third Avenue, Room 400
Seattle, WA 98104-3271



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: 2-13-95

NAME: MIRIAM J. HERRIGAN

ADDRESS: 1825-114TH N.E., BELLEVUE, WA 98004

BOARD OR COMMISSION: SEATTLE K.C. ADVISORY COUNCIL ON AGING

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

Source of Income	Type of Business	Address
Dept of Retirement Systems	Higher Education	P.O. Box 48380, Olympia 98504



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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 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: *NONE*

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
1825-114th N.E Bellevue, WA 98004	JOHN R HERRIGAN + MIRIAM HERRIGAN	HUSBAND - now deceased

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: *None*

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, MIRIAM J. HERRIGAN, certify under penalty of perjury that this statement is true, accurate, and complete.

Miriam J. Herrigan
Signature

Signed this 13th day of February, 199 5.