March 22, 1995

Introduced By:

RON SIMS

LARRY PHILLIPS

ew

Proposed No.:

95 - 216

MOTION NO 9590

A MOTION confirming the Executive's appointment of Paul L. Griffin to the King County Consolidation Advisory Committee.

BE IT MOVED by the Council of King County:

The county executive's appointment of Paul L. Griffin to the King County Consolidation Advisory Committee, term to expire on December 31, 1995, is hereby confirmed.

PASSED by a vote of 2 to othis 19th day of June

, 19*95.*

KING COUNTY COUNCIL KING COUNTY, WASHINGTON

Kent Pullen Chair

ATTEST:

Attachments: Application

Financial Disclosure Statement

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NOV 1 0 1994 APPLICATION INFORMATION FOR COUNTY BOARD AND COMMISSION APPOINTMENTS (PLEASE ATTACH RESUME IF AVAILABLE)

11/9/94 (Date)

Name Paul L. Griffin	Pho	937-628	8 448-85	88
Traile	FIIOI	(Home)	(Work)
Business Address 2700 First Ave	e #204 * Hom	e Address_	PO Box 61296	
Seattle, WA			Seattle, WA	98121
<u> </u>				
(Please indicate preferred mai	ling address with	an asterisi	(*).	
King County Council District _	-			
Education BA - Economics Univ	versity of Washingt	ton & MBA -	City Univers	ty, Seattle
	chool, college/univ			
Professional Licenses Held (if	applicable to spec	ific board	/commission)_	
Present Employment Financial	Secretary/Treasure	r .	First elec	ted 1991
(Job Ti	itle)	·	(Date Re-elected	of Employment 1994
Amalgmated Transit Union Loc	al 587			
(Employer)	;			
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Metro Transit, Transit Opera (Previous Employment/Experience			C C	·
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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 NOV 1 0 1994

KING COUNTY EXECUTIVE

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: _	November 9, 1994	
NAME:	Paul L. Griffin			
ADDRESS:	2700 First Avenu	ie #204, Seattle, WA	98121	
BOARD OR	COMMISSION:	Citizens Advisory (Committee	

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

Source of Income	Type of Business	A	ddress
Regular employment	ATU 587	2700 First Ave,	Seattle, WA 98121
			·
•			



	e issued either to yours ons are not considered	self or your spouse, a I financial interest; h	er "person" or enterprise in accounts in banks, savings and lowever, municipal bonds,
<i>,</i>	☐ YES	⊠kNO	
If you answered yes, please lis	st:		
Mutual Fund or Enterprise	Type of Busines	15	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 Hel	il
None			
		·	·

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 Orvicer	Relationship to Employee
None		
	4	

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
None		

	is section is only to be completed by attorneys who practiced before state and local gulatory 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, sta	Paul L. Griffin , certify under penalty of perjury that this tement is true accurate, and complete ,
	mature July
Sig	ned this 9th day of November, 1994.

King County Board of Ethics, 5/94