:	S95-666:ssj Proposed No.: 95-6	566
İ		
1	0607	. <b>4</b>
2	MOTION NO. 9697	<b>*</b>
3	- II	
4 5		
6	Trustees, Position No. 6.	
7	7	· ·
8	8 BE IT MOVED by the Council of King County	:
9	The county executive's reappointment of M	arilyn Ward to
10	the King County Harborview Medical Center Boar	d of Trustees
11	Position No. 6, term to expire on July 31, 199	6, is hereby
12	<b>!</b>	
13		day of
14	14 October , 1995.	
15		
16	KING COUNTY, WA	SHINGTON
17	<b>/</b>	Men
18	L8 Chair	•
19	ATTEST:	
Ì		
20	and the state of the	
21		
22	Attachments: Application	
23		

Introduced By:

Bruce Laing

October 12, 1995

25

24

## APPLICATION INFORMATION FOR KING COUNTY BOARD AND COMMISSION APPOINTMENTS (PLEASE ATTACH RESUME IF AVAILABLE 969

Board/Commission for which	ch you are app	olying: <del>//</del>	arborrial	e tirdec	al
Contr					•
Name Karilyn B. W	arol	Phone	t		
		<u>(</u> F	lome)	(Work)	
Business Address		Home Add	iress_Pp_	Box 4	2
		91	Edina, h	va 986	39
		<u> </u>			
(Please indicate preferred m	ailing addres	s with an as	sterisk (*).		
King County Council District				•	
Education Burlingame.	Ca HS.	Dniv of	Calif-B	estiller g	regrangen.
Education Burningame, (name of high	school, cóll	ege/universi	ity, year gr	aduated, d	gree) College
		<del></del>			<del></del>
Professional Licenses Held (	if applicable	to specific	: board/comm	ission)	
Present Employment(lob	Title)			(Date of	Employment)
(000				(DECE OI	Emproyment)
(Employer)					
(Limp roj Gr)			;		
				<del></del>	
(Previous Employment/Experie	nce)	··	<u> </u>		
DSHS Dir of Cit.	Particons	izel 69-	. 73		
•					
Memberships on any city and/ boards, commissions, or comm dates of term:					
AFFIRMATIVE ACTION PROGRAM AND PERSONAL INFORMATION	commissions	ve seeks a d . Informati his goal and	on in this	section wi	ll assist in
Asian African American	Hispanic		Whit		
African American Year of Birth 1929	Native Ame Sex(F	rican )(M)	Othe Handicap (		
How did you learn of this op	portunity?				
		Joan Yoshit	omi	1111	See 19 (%)
Please return completed form to:		King County Ex	ecutive Office		
The second combinated laim to.		516 Third Aven Seattle, WA 9	ue, Room 400	KING	( u





## 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:	9/15/95
NAME: Marily	in B. Waso		
ADDRESS: Po	Box 465	Medina	Wa 98039
	ission: Harba	, ,	

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

Source of Income	Type of Business	Address
Bancroft Cents	Shapping Center	Burkley, Ca
Dividands	Stocks & Bonds	Da IST Washington Statle
Pax Dem	Board Yz-imb.	Has barrice





300			
B. Do you have a direct fi excess of \$1500.00 (insurance loan associations or credit unic trusts, and stocks and all other	ons are not considered fi	f or your spouse, accounancial interest; however	ints in banks, savings and
	XYES	□ NO	
If you answered yes, please lis	<b>t:</b>		
Mutual Fund or Enterprise	Type of Business		Address
Fidality Magziker	Morral	7	
Franklin Tax Free	Hurual	7.	
Alaska Airlines	Bond	?	
Various Stocks		Held ax Fi	ST Washington
C. List any office, directorsh which does business in King family:		y "person" or other :	<del></del>
Name/Relationship	Type of Business	Pos	sition Held
	•		
	•		,
D. List by legal description immediate family in King Cours \$1500.00. — House Feet	nty. Include options to	buy if the property is v	ing
Attoress	Mame of Owner	Keirions	hip to Employee
· · · · · · · · · · · · · · · · · · ·			
·			
· .			
E. List all real property loof family during the reporting yea			nber of your immediate
Address	Name of Owner	Amo	unt Sold For

	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 (Required of all board and commission members)					
	I, Mac Deput Ballowd, certify under penalty of perjury that this statement is true, accurate, and complete.					
	Marke B. Ward Signature					
<b>;</b>	Signed this fiftzeuthe day of Szptznebza, 1995.					

Statement of Confidentiality: Pursuant to K.C.C. 3.04.110, the statements of elected officials, candidates, department directors, division managers, the deputy county executive(s), and the county executive's administrative assistants shall be public record. All other statements, including those of board and commission members, shall not be made public without the written approval of the Board of Ethics. The Board of Ethics has adopted administrative procedures to ensure that the statements of all other County employees and board and commission members will not be released without prior notification of such employees and members, and without opportunity to assert a right to privacy by filing motion in Superior Court.

King County Board of Ethics 2/99