

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

9776
(Date)

Board/Commission -- for which you are applying: K.C. Noxious Weed Control

Name Susan L. White Phone (206) 463-2971
(Home) (Work)

Business Address 23930 Wax Orchard Rd^{SW} Home Address Same

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

King County Council District

Education Mission Bay High
(name of high school, college/university, year graduated, degree)

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

Present Employment Maritime Nursery 1990
(Job Title) (Date of Employment)

Maritime Nursery
(Employer)

Wilking Nursery - managed Wholesale Nursery
(Previous Employment/Experience)

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 Sex (F) (M) Handicap (Y/N)

How did you learn of this opportunity? I was called and asked to be apart by a King County Staff.

Please return completed form to:

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



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**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: _____

NAME: Susan Lynn White

ADDRESS: 23930 Wax Orchard Rd SW

BOARD OR COMMISSION: K.C. Noxious Weed Control

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

Source of Income	Type of Business	Address
Maritime Nursery	wholesale nursery	23930 Wax Orchard Rd. SW Vashon 98070



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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:

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
23930 Way Orchard Rd	Susan White	
Beaula Park Rental, Kaska	Susan White	

E. List all real property located in King County and sold 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 Sold For

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

(Required of all board and commission members)

I, Susan Lynn White, certify under penalty of perjury that this statement is true, accurate, and complete.

Susan Lynn White
Signature

Signed this 09 day of November, 199 95.

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.