November 17, 1995

Introduced By:

BRIAN DERDOWSKI

ew

Proposed No.:

95 - 805

A MOTION confirming the Executive's appointment of Cecil Pollard, who resides in Council District Twelve, to the Seattle-King County Advisory Council on Aging.

BE IT MOVED by the Council of King County:

The county executive's appointment of Cecil Pollard, who resides in Council District Twelve, to the Seattle-King County Advisory Council on Aging, term to expire on April 30, 1997, is hereby confirmed.

PASSED by a vote of // to Othis /2 that day of February, 1996

KING COUNTY COUNCIL KING COUNTY, WASHINGTON

ATTEST:

Clerk of the Council

Attachments: Application

Financial Disclosure Statement

**Board Profile** 

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			9786
Board/Commission for which	71		- King County
Advisory (Vounce	1 on Ag	ing	
Name Ceall E. Po	CLAPED	Phone (206) 8	88-4095 888-220
Business Address P.O. Bo	x 1799	Home Address	
SNOQUALMIE 1	WA '		ame
98065-1799	9		
(Pleasé indicate preferred m	ailing address wi	th an asterisk	(*).
King County Council District	12		
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Please return completed form to:

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



## 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: CET 16, 199	75
NAME: Cecil E. TOLLARD	
ADDRESS: P.O. BOX 1799, SNOQUALMIE, WA 9	1
BOARD OR COMMISSION: SEA - RC ADVISORY CONVCIL OR	AGUVO

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

Source of Income	Type of Business	Address
FEDERAL RETIRES	GOVT	NA
NAVAZ RESERVE RE	TIPE, "	11
Right Power	Utility	Bellevue WA
Msurana Place	Business-Ins	SNOQVALMIE, WA



## 9786

excess of \$1500 loan association	have a direct financial interest in a 0.00 (insurance issued either to youns or credit unions are not consider ks and all other types of financial in	urself or your spouse, accourded financial interest; however	nts in banks, savings and
	□ YES	□ NO	•

If you answered yes, please list:

Mutual Fund or Enterprise	Type of Business	Address
Tuget Power	Whility	Bellevire, WA.

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
NONE		

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
38218 SE 92 Sno	9. Sell + wile	
6559-1615DY SE	Bellevoel WX	self + wife
	•	(A)

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	Amou	nt Sold For
NONE	•	•	
		•	

F.	This section is only to be completed by attorneys who practiced before state and 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 "per and attorney respectively as a result of your practice before such agencies in the patient welve months:			
	ATTESTATION			
	(Required of all board and commission members)			
	I, Cecil E. CockARD, certify under penalty of perjury that this			
	statement is true, accurate, and complete.			
	Signature Signature			
	Signed this 16 m day of October, 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, 2/95