May 23, 1980

Introduced by:  $\frac{\text{R.R. "BOB" GREIVE}}{80 - 667}$ 

| į  |                                                                              |    |  |  |  |  |
|----|------------------------------------------------------------------------------|----|--|--|--|--|
| 1  | MOTION NO. $4924$                                                            |    |  |  |  |  |
| 2  | A MOTION confirming the Executive's reappointment of JOHN R GILMORE to the   | ٠. |  |  |  |  |
| 3  | of <u>JOHN B. GILMORE</u> to the KING COUNTY ALCOHOLISM ADMINISTRATIVE BOARD |    |  |  |  |  |
| 4  | BE IT MOVED by the Council of King County:                                   |    |  |  |  |  |
| 5  | The County Executive's reappointment of <u>JOHN B. GILMORE</u>               |    |  |  |  |  |
| 6  | to the KING COUNTY ALCOHOLISM ADMINISTRATIVE BOARD                           |    |  |  |  |  |
| 7  | term to expire APRIL 1, 1983 is hereby confirmed.                            |    |  |  |  |  |
| 8  | PASSED this 16th day of June, 19 80                                          |    |  |  |  |  |
| 9  | KING COUNTY COUNCIL                                                          |    |  |  |  |  |
| 10 | KING COUNTY, WASHINGTON                                                      |    |  |  |  |  |
| 11 | Bill leann                                                                   |    |  |  |  |  |
| 12 | Chairman                                                                     |    |  |  |  |  |
| 13 | ATTEST:                                                                      |    |  |  |  |  |
| 14 |                                                                              |    |  |  |  |  |
| 15 | Laurety To. Cleven DEPUTY                                                    |    |  |  |  |  |
|    | Clerk of the Council                                                         |    |  |  |  |  |

## KING COUNTY BOARDS AND COMMISSIONS

RESUME

| NAME (            | The B             | II Imor     |                         | $oldsymbol{4}$     |
|-------------------|-------------------|-------------|-------------------------|--------------------|
| HOME ADDRESS      | 2836 -            | 5W-112      | #                       | ·                  |
|                   | Lattle<br>Seattle | 2 Hand      | ZIP                     | 98146              |
| OCCUPATION        |                   | Crowner     |                         |                    |
| BUSINESS NAME &   | ADDRESS           | Grant C     | ourcil of To            | #                  |
|                   |                   | 553         | 01 11                   | ~                  |
|                   |                   | 0 7/4       | 70m 27                  | 2 21//             |
|                   |                   | Jealle 1    | Wash - ZIP              | 98146              |
| HOME TELEPHONE    | 24.               | 2-4184      | MAILING ADD             | RESS               |
| BUSINESS TELEPH   | ONE <u>623</u>    | 7-7470      | // HOME /_              | #BUSINESS          |
| Ama Co<br>Private | and a Adus        | to Counci   | 1218 - 3-<br>Scatter 2, | The Tower - danc - |
|                   |                   |             |                         |                    |
| BOARD OR COMMIS   | SION YOU WIS      | SH TO SERVE |                         |                    |
|                   |                   |             |                         | <del>-</del>       |
|                   |                   |             |                         |                    |
|                   |                   |             |                         |                    |
|                   |                   |             |                         | ·                  |
| RECOMMENDED BY    |                   |             |                         |                    |
| DAILY NEWSPAPER   |                   |             |                         | ٠.                 |
| COMMUNITY NEWSPA  | APER              |             |                         |                    |

## KING COUNTY CODE OF ETHICS FINANCIAL STATEMENT ANNUAL STATEMENT FOR ELECTED & APPOINTED COUNTY OFFICIALS

Pursuant to King County Code Chapter 3.04, I make the following statement:

1. All sources from which  $\underline{I}$  received an income in excess of \$1,500. during

the calendar year preceding this statement.

|     | 553- John ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | - Sealle Wash.                                                                                                                                                                            |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2.  | financial interest in excess of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | rm or enterprise in which I have a direct \$1,500. (excluding policies of insurance nd accounts in banks, savings and loan                                                                |
|     | Tone                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                           |
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| 3.  | family, in any corporation, assonon-profit, doing business in K                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ld by me or my spouse or any member of my ociation, firm or enterprise, profit or ing County.                                                                                             |
|     | Nove                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                           |
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| ,   | T. 1 1 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 0 11 1                                                                                                                                                                                  |
| 4.  | County by me or my spouse or mer valued in excess of \$1,500.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | dress of all real property owned in King mber of my family, (including options)                                                                                                           |
|     | 2836-5K1-112<br>Seattle Wash -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | th                                                                                                                                                                                        |
|     | Seattle Wash -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 98146                                                                                                                                                                                     |
|     | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                           |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |
| 5.  | regulatory agencies during the particle and substitution of which I am a member association of which I am a member associ | or others practicing before state and local preceding twelve months.) the name of the firm, partnership, or ber, partner, or employee and the gross 0. for practice before such agency or |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |
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|     | ereby affirm that the above facts wledge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | s are true and correct to the best of my                                                                                                                                                  |
|     | 7/9/2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 77                                                                                                                                                                                        |
|     | ed this day of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | /ay, 19 80, at 2 145 PM                                                                                                                                                                   |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |
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|     | CHECK ONE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Lower D < umone                                                                                                                                                                           |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Signature                                                                                                                                                                                 |
|     | Elected Official                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                           |
|     | Appointed Member Board/Commission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Print Name                                                                                                                                                                                |
|     | County Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | June Counts administrative J. Country Office or Bhard/Commission                                                                                                                          |
|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |
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|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                           |