

August 19, 1994

Introduced By:

CHRISTOPHER VANCE

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Proposed No.:

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MOTION NO. 9455

A MOTION confirming the Executive's reappointment of Nancy Lennstrom to the King County Advisory Council on Aging.

BE IT MOVED by the Council of King County:

The county executive's reappointment of Nancy Lennstrom to the King County Advisory Council on Aging, term to expire on April 30, 1996, is hereby confirmed.

PASSED by a vote of 13 to 0 this 17th day of January, 1995.

KING COUNTY COUNCIL
KING COUNTY, WASHINGTON

Kent Pullen
Chair

ATTEST:

Gerald A. Peterson
Clerk of the Council

Attachments: Application
Financial Disclosure Statement

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

9455

Board/Commission -- for which you are applying: _____

ADVISORY COUNCIL ON AGING

Name Dr. NANCY LENNSTROM Phone 878-7976 _____
(Home) (Work)

Business Address _____ Home Address 19610 First Pl SW
Seattle WA 98166

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

King County Council District _____

Education UNIVERSITY OF OREGON 1974 Ph.D.
(name of high school, college/university, year graduated, degree)

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

Present Employment Retired
(Job Title) (Date of Employment)

(Employer)

(Previous Employment/Experience)

College Instructor - Foods & Nutrition; Community College Administrator including
Dean at Seattle Central Community College.

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 _____ X White
____ Black _____ Native American _____ Other
Year of Birth 1927 Sex X (F) _____ (M) Handicap (Y/N) _____

How did you learn of this opportunity? I was requested to apply by senior citizens who wished representation from the south west part of county.

Please return completed form to:

Mary Stoa
King County Executive Office
400 King County Courthouse
516 Third Avenue
Seattle, WA 98104-3271



King County
Board of Ethics
King County Administration Building
500 Fourth Avenue Room 553
Seattle, Washington 98104
206-296-1586

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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: June 24, 1994

NAME: Nancy C. Lennstrom

ADDRESS: 19610 First Place S.W., Seattle WA 98166

BOARD OR COMMISSION: Seattle-King County Advisory Council on Ageing

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

Source of Income	Type of Business	Address
Wash. Teachers Ret. Sys	Retirement	1025 E Union, Olympia 98504
Over Public Emp. Ret.	Retirement	200 Market St. Portland 97201
TIAA-CREF	Retirement	730 3rd Ave, NYC, NY 10017



9455

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
Blackrock Term Trust	Trust	345 Park Ave, NYC, NY 10154
VALIC	Annuity	PO Box 3206 Houston 77253
Fortis Benefits Ins	Annuity	PO Box 64272 St. Paul 55164
North Amer. Funds	Asset Alloc. Fund	P.O. Box 8505 Boston 02266

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
19610 First Pk. S.W. Seattle	Henry & Nancy Lewinstrom	Same

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		

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

I, Nancy C. Leunstrom, certify under penalty of perjury that this statement is true, accurate, and complete.

Nancy C. Leunstrom
Signature

Signed this 24th day of June, 1994.