April 3, 1995 cwac16:sdw

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Introduced By: Louise Miller

Proposed No.:

95-066

MOTION NO. 9567

A MOTION confirming the Executive's appointment of Richard Land to the Citizens Water Quality Advisory Committee.

NOW, THEREFORE BE IT MOVED by the Council of King County: The county executive's appointment of Richard Land to the Citizens Water Quality Advisory Committee, term to expire on June 30, 1996, is hereby confirmed.

PASSED by a vote of 12 to 0 this 15 day of

KING COUNTY COUNCIL KING COUNTY, WASHINGTON

Kent Puller Chair

ATTEST:

Attachments: Application Financial Disclosure Statement

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CWQAC

9567 Membership Application

Litizens' Water Quality Advisory Committee

Committee members may not be Metro or King County employees.

Please type or print with a black pen.	
Name RICHARD D. LAND	
Home Address 913 EMACLYN 57,	
City <u> </u>	1P_9803/
Neighborhood <u>Scenic Hill</u>	
Telephone (home) <u>(206) 852-7253</u> (work)	
King County Council District (See your voter registration card or call King County Records and Elections at 296-1565. You must live within King County to be a commi	ittee member.)
Mailing address, if different from above	
	<u>:</u>
Occupation (present/former, if retired) RETIRED ENGIN	EEL
Employer BOEING	

Have you ever served on a Metro citizens' advisory committee?	□ Yes
If yes, which committee and when?	
++++++	
How did you learn about Metro committee membership? News pur	ver
(over)	

King County Department of Metropolitan Services

Clean Water - A Sound Investment

	erity	Maso	inic Le	odge	NO- 59	, Kon	(
	lave ,	Dreviou	15/4 50	ervea	l over	nine	year	<u>~</u>	
	nK	ent	Plann	ing	NO-59 Lommis	ssion			
									
Voluntary Metro see The information to the information to the control of the cont	ks a broad nation yo	l represen	tation of beer here, wh	ackgrou ich will	nds and inter remain confi	ests on its o dential, wi	citizens' a ll assist c	dvisory comn ouncil membe	nittees. ers in
Race	□Ameri	can India	n/Alaska l	Native	☐ African A	American/E	Black	☐ Hispanic/	/Latino
٠	□ Asian,	/Pacific Is	slander		⊠White			□Other	
Sex	¤Male	□Fema	le			·	•		
Age	□20-30	□31-40	□41-50	□ 51-6	64 🛛 65 and	over.			
Disability	□Yes	⊠No	If yes,	list disa	bility				
				++++	+++++				
Will you o	commit to meetings	spending a month?	g 6-12 hou	rs a moi	nth on comm	ittee activi	ties, incl	ıding attendi 🏿 Yes l	ng at □ No
	's Signatu	re	EDX.	en L	·		Da	te 9/16/9	Y
Applicant					,				
••			, with supr	olementa	al questionna				
• •	ırn this ap	oplication	,	WED	Communica	tione			

Rev. 8/94

9567

Supplemental Questionnaire

his questionnaire is intended to assist Metro in selecting advisory committee members. Please return this with your application.

Name Richard D. Land
Please type or print with a black pen.
Briefly describe what water quality issues in King County are of concern and importance to you.
I am concerned that water quality will be
maintained in future; that adequate water
supply will be available; and, that
water supply costs are properly controlled.
 Why do you wish to be a member of CWQAC? Please share any additional information about your interest and/or experience with these issues.
I have experience as aity engineer, city
manager and facilities planning which prempts
my interest in current issues

(over)

☐Biosolids Management Ov	ersight			
☐Budget Oversight	·	·		
☐ Facilities Planning	•			
☐Industrial and Hazardous	Waste Managem	ent		
□Public Outreach				
⊠ Water Reuse and Reclamat	ion			
□Watershed Management			<i>-</i> .	
□Other				
	· · · · · · · · · · · · · · · · · · ·			
Why did you choose the su	shcommittee(s) ch	necked?		
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Bennuse of	aference	ted none	erns and	
man experient		ted conc	erns and	·
Because of may experience		ted conc	erns and	
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Thank you for your interest.



Rev. 8/94



King County Board of Ethics

King County Administration Building 500 Fourth Avenue Room 553 Seattle, Washington 98104 208-296-1586

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:	RICHARD D. LAND
ADDRESS:	913 MACLYN ST, KENT, WA 98031
BOARD OR	COMMISSION: <u>Citizen's Water Quality Advisory</u>

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

Source of Income	Type of Business	Address
Retirement Plan.	Booing	Sattle
Social Security	,	•
IRA CD	Bacing Emp Cr Union	sattle



excess of \$1500.00 (insurance	issued either to yourself ns are not considered fir	utual fund or other "person" or enterprise in or your spouse, accounts in banks, savings and nancial interest; however, municipal bonds, st are included)?
•	☐ YES	MNO
If you answered yes, please list	•	
Mutual Fund or Enterprise	Type of Business	Address
Editer brise		
business in King County and w Name/Relationship	hich is held by you or m Type of Business	embers of your immediate family:
	ity. Include options to b	eal property owned by you or a member of your out if the property is valued in excess of
Address	Name of Owner	Relationship to Employee
9/3 Maclyn St. Kent	R.DESM. LAND	SELF & SPOUSE
405 Madyn St. Kent	N.G. LAND	mother
E. List all real property loc immediate family during the rep	•	I divested by you or a member of your in excess of \$1500.00:

regi	s section is only to be completed by attorneys who practiced before state and local latory 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:
	twolve mondis.
	ATTESTATION
	ATTESTATION
I, state	
I, state	ATTESTATION RICHARD D. LAND, certify under penalty of perjury that this
state	ATTESTATION RICHARD D. LAND, certify under penalty of perjury that this

King County Board of Fithing VO