

January 18, 1996

Introduced By:

von Reichbauer

kk

Proposed No.:

96-049

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MOTION NO. **9763**

A MOTION confirming the Executive's appointment of Bernice Robinson, who resides in Council District Seven, to the King County Department of Transportation Accessible Services Advisory Committee.

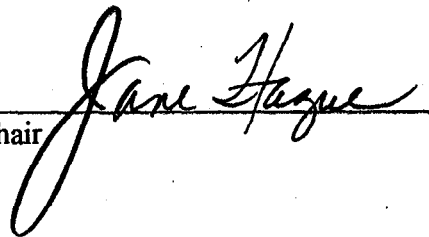
BE IT MOVED by the Council of King County:

The county executive's appointment of Bernice Robinson, who resides in Council District Seven, to the King County Department of Transportation Accessible Services Advisory Committee, term to expire on March 15, 1998, is hereby confirmed.


PASSED by a vote of 6 to 0 this 29<sup>th</sup> day of January, 1996

KING COUNTY COUNCIL  
KING COUNTY, WASHINGTON

Chair



ATTEST:

  
Clerk of the Council

9763

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

11/30/95  
(Date)

Board/Commission -- for which you are applying: King County Accessible  
Services Advisory Group

Name Bernice Robinson Phone 529-3413 526-6043  
(Home) (Work)  
Business Address 7600 Sand Point Way NE Home Address 31500 - 1ST AVE. #16-105  
Seattle, WA 98115 \*Federal Way, WA 98003

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

King County Council District     

Education Western High School - Detroit, MI  
(name of high school, college/university, year graduated, degree)  
Wayne County Community College A.A. Degree 1972

Wayne State University 1979 B.S. Degree - Education

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

Present Employment Purchasing Agent 05/90 to Present  
(Job Title) (Date of Employment)  
U.S. Department of Commerce/NOAA

(Employer)     

(Previous Employment/Experience)

Elementary School Teacher

Memberships on any city and/or county boards, commissions, or committees and dates of term: N/A  
A two-year term expiring March 15, 1998

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      Black  
     African American      Native American      Other X  
Year of Birth 01/19/48 Sex X (F)      (M) Handicap (Y/N) Y

How did you learn of this opportunity? I heard about it through METRO.

Please return completed form to:  
Joan Yoshitomi  
King County Executive Office  
King County Courthouse  
516 Third Avenue, Room 400  
Seattle, WA 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: 11/30/95

NAME: Bernice Robinson

ADDRESS: 31500-1ST Avenue S. #16-105 Federal Way, WA 98003

BOARD OR COMMISSION: KING County Accessible Services Advisory Group

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

Source of Income	Type of Business	Address
Employment - USDOC	Government	7600 Sand Point Way NE



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, Bernice Robinson, certify under penalty of perjury that this statement is true, accurate, and complete.

Bernice Robinson  
 Signature

Signed this 30 day of November, 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.*