

Attachment B

King County Ethics Program
Office of Risk Management Services
500 4th Avonue, Room 320
Seattle, WA 98104
206.263.7821 TTY Relay 711
Program.ethics@kingcounty.gov

Statement of Financial and Other Interests

King County Board, Commission, Committees, and Other Multimember Bodies

Filing Year 2019

Read all instructions carefully then fully complete each section. Incomplete forms cannot be filed

Name:		.,	Angela Theriault			
3oard o	or Commissions:					
	i am filing within to months.	wo week	s of initial nomination or appoir	ntment, repo	rting on the p	preceding 12 calendar
	Nomination or app	oointmen	nt date:			2
x	I am filing an annu Filing Instructions.		ment, reporting on calendar yea	ar 2018 (See	tem No. 3,	"Period of Reporting"
	Note: U		ncial and Other Interdeterms are defined in the Filing Instr			thics
Com	pensation, Gifts a	nd Thin	ngs of Value			
uring th	ne reporting period m any <u>person</u> enga	did you.	or a member of your immedia ony transaction with King Coun	te family rec by in which y	elve comper ou participat	nsation, gifts, or things ed or for which you ha
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		Yes	If yes, please answer the folio	wing additio	nal question	s:
	No .		If yes, please answer the follo	10.00		
Name	No .		If yes, please answer the folion any transaction with King Con	10.00		
Name Name	No person er s received.	received	the compensation, gift, or thing ny additional information regard	unty from wh	nom the com	pensation, gift, or thing
Name Name Scribe Pro	No of each person er s received. of individual who in the situation and pogram's considerate claim interests ereporting period,	received provide aution below	the compensation, gift, or thing ny additional information regard	of value and ding the com	nom the company of their relation of their relation, go	pensation, gift, or thing onship to you. gift or thing of value for
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2) Na	me of individ	dual who poss	essed the financial	nterest and their relation	ship to you.	
	be the situa eration belo		le any additional int	ormation regarding this fi	nancial interest for t	he Ethics Progra
			Y			
During				your <u>immediate family</u> ho pated or for which you h		<u>nerson`</u> engage
* Parso protil T	on mesna an halann doss	y individual, pai noi include gov	inarchip, essociation, arnmental Units With	corporation, irrn, institution the United States unless a	or other antig. wheth a specified.	ist or not operated
X	No T	Yes	If yes, please a	swer the following additi	onal questions:	
1) Nan	ne of each o	erson engage	W DESCRIPTION OF THE PARTY OF T	•		
			d in any <u>transaction</u>	with King County with w	nom the position wa	s held.
2) Nam	ne of individ			with King County with with with with with with with with	nom the position wa	s held.
		ual who held t			nom the position wa	s held.
	ne of individe	ual who held t			nom the position wa	s held.
3) Title	of the posit	ual who held to	ne position and thei			
3) Title	of the posit	ual who held to	ne position and thei	relationship to you.		
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2) Name of individu	al who possessed the financi	al interest and their relationship to y	you.
3) Name of the Kin	g County department involved	in the King County action.	182
E. Declaration By filling out the info declaring under per correct as of the dat	ormation below, I affirm that I, alty of perjury under the laws to submitted	Angela Theriault of the State of Washington that the	, am signing this form and foregoing is true, complete, and
Signature: S/	N. 3		l wa
at	3/11/19 Date	Seattle City	State