

(A resume may be substituted in lieu of submitting a completed application form)

PLEASE NOTE: Information provided on this form will be a public record subject to free and open examination by any person under the Washington State Public Records Act (RCW 42.56.250). However, while we will disclose the applicant's name, the applicant's address, phone number and email address will be redacted.

Thank you for your interest in serving on a King County board or commission. Individuals selected to serve on a King County board or commission will also be required to complete a King County Ethics Program Financial Disclosure Form within two weeks of being nominated to serve on a King County board or commission. Individuals appointed to serve on a board or commission that is overseen by an agency independent of King County government are exempt from the financial disclosure filing requirement.

I'm Interested in Servi Children and Families S		the (Board or Commission Name): y Task Force		
My Name Is:				
Lois A. Martin, MA				
Preferred Contact Info	ormati	on;		
Address	129 –	21 st Avenue		
City, State, Zip Code	Seatt	le, WA 98122		
Home Phone	206-3	91-6184		
Work Phone	Same			
Cell Phone	Same			
Email Address:	Lama	rtin1@me.com		
Physical Home Addres	s (REC	QUIRED if different from preferred mailing address)		
Home Address	Same			
City, State, Zip Code				
Current Employer				
Job Title		Director		
Date of Employment		1992		
Company Name		Community Day Center for Children, Inc.		
Street Address		165 – 22 nd Avenue		
City, State, Zip Code		Seattle, WA 98122		
King County Council I	District	t (Please type an "X" in the box to the right of your district) 5 6 7 8 9 Don't Know		

Have you served on any other Board, Commission, or Committees (Please list them below)?

Board, Commission or Committee Names	Year Appointed	Term Expired	
23 rd Avenue Action Community Team Chair	2013	2017	
Central Area Collaborative Executive Team	2015	2018	
King County Children and Youth Advisory Board	2017	current	
(other organizations listed below)			

Please explain why you feel you are the most qualified candidate for this appointment.

I am the director of a non-profit center founded in 1963 in Seattle's Central Area. I have worked in the early learning field for 28 years. I interact with the broader early childhood education community through my advocacy work with various local and statewide stakeholder groups. I am passionate and committed to finding ways to improve the lives of children, their families and those who teach our next generation of leaders. I am a member of and or serve in leadership capacity in the following organizations whose work focuses on improving educational and/or health outcomes for young children or the educators who help frame their learning foundation:

- the Early Learning Action Alliance (ELAA) team at Children's Alliance member (2012 – current)
- King County SOAR Early Learning Coalition member (2012-current)
- Department of Children, Youth and Families (DCYF) Early Learning Advisory Council (ELAC) — member/co-chair (2012-current)
- DCYF Oversight Board member (2018-current)
- DCYF Compensation Technical Workgroup member (2016-2019)
- DCYF Racial Equity Sub-committee member (2015-current)
- Washington Child Care Association (WCCA) Vice-President (2018-current)
- Black Child Development Institute (BCDI) member (2000-current)
- Cultivating the Genius of Black Children coalition founding member (2016-current)

How did you le	earn of this opportunity?
Calli Knight	(4)
the box)? Yes	ny professional licenses, registrations or certificates in any field (Please type an "X" in No X professional licenses, please list them here:
N/A	

PERSONAL INFORMATION (OPTIONAL)

The King County Council and the King County Executive are committed to inclusiveness and outreach to all King County residents to ensure that King County boards and commissions are reflective of the community we serve. Providing information in the section below is <u>voluntary</u> but will assist in achieving this goal.

How do you identify?	
	lack
Gender: Fe	emale
Sexual Orientation: H	eterosexual
Preferred Pronoun: sh	ne/her
(he/him; she/her;	
they/them, etc.)	
30 or younger 31-41	type an "X" to the right of the age range that applies to you):
Name	Lloyd Major
Home Phone	206-571-1501
Work Phone	Same
Cell Phone	Same
Agreement and Signature By submitting this applicati knowledge.	on, I affirm that the facts set forth in it are true and complete to the best of my
Name (typed or signature)	Las a. Mortin

Please return completed form to:

Date

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions

October 15, 2019

King County Executive Office

401 Fifth Ave, Suite 800

Seattle, WA 98104

Direct Line: 206-263-9651

Email: Rick.Ybarra@kingcounty.gov



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I'm	Interested	in	Serving	on	the	Board	or (Commissio	on]	Name)
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Supporting Working Families Task Force

My Name Is:

Patricia "Patti" Bailey

Preferred Contact Information:

Address	9424 37th Avenue South
City, State, Zip Code	Seattle WA 98118
Home Phone	206.721.2259
Work Phone	
Cell Phone	206.979.1911
Email Address	pandacareseattle@gmail.com

Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	s/a/a
City, State, Zip Code	5

Job Title	Owner			
Date of Employment	March 1992			
Company Name Pattis' Pandas Childcare				
Street Address	9424 37th Avenue South			
City, State, Zip Code	Seattle WA 98118			

	District (Please type an "X" in the box to the		
1 2 X 3	4 5 6 7 8		Know
Have you served on a Board, Commission o	ny other Board, Commission, or Committee	es (Please list them l Year Appointed	below)? Term Expired
City of Seattle PresSch		2008	2009
			2009
	the Road, Variety of Ministries	2011	
Service International E	mployees Union 925 Executive Board	2015	
Please explain why yo	ou feel you are the most qualified candidate	for this appointmen	ıt.
over 28 years. I current Providers which includ	Home Childcare, as well as Childcare Centerly serve as SEIU 925 Family Child Care Charles Family Friends and Neighbors. I have serve thildrens Ministry for The Church by the Side	pter President, represe ed this role since Oct	enting 6000 ober 2017. I
How did you learn of	this opportunity?		
I was contacted by a St	aff Member by way of a recommendation.		
	ional licenses, please list them here: Very Child Care Home through Department of Ea	rly Learning DCYF	
The King County Counall King County residen	MATION (OPTIONAL) acil and the King County Executive are community to ensure that King County boards and corproviding information in the section below is	nmissions are reflecti	ive of the
Race/Ethnicity:	African American		
Gender:	Female		
Sexual Orientation:		700	
Preferred Pronoun:			
(he/him; she/her;			
they/them, etc.)			
Do you have a disabilithe boxes that apply to	7	ilities Act? (Please ty	vpe an "X" in

	Rease type an "X" to the right of the age range that applies to you): 31-41 42-52 X 53-63 64-74 75 or older
Person to Notify in C	ase of Emergency (OPTIONAL)
Name	Mr. Anthony Bailey
Home Phone	206.721.2259
Work Phone	206.841.7772
Cell Phone	206.228.8655
Agreement and Signa By submitting this app knowledge.	ature elication, I affirm that the facts set forth in it are true and complete to the best of my

Name (typed or signature)	Patricia I Bailey
Date	October 17, 2019

Please return completed form to:

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions King County Executive Office 401 Fifth Ave, Suite 800 Seattle, WA 98104 Direct Line: 206-263-9651

Email: Rick.Ybarra@kingcounty.gov



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I'm]	Interested	in	Serving on	the (Board or	r Commission	Name)	1
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King County Children and Families Strategy Task Force

My Name Is:

John Bancroft

Preferred Contact Information:

Address	3936 South Ferdinand Street
City, State, Zip Code Seattle, WA 98118	
Home Phone	NA
Work Phone	NA
Cell Phone	2069191424
Email Address	johnnybancroft@yahoo.com

Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	
City, State, Zip Code	

Job Title	Principal
Date of Employment	4/1/2011
Company Name	Columbia City Consulting
Street Address	3936 South Ferdinand Street
City, State, Zip Code	Seattle, WA 98118

King County Council	District (Please type an "X" in the box to the	e right of your distri	ct)		
1 2 X 3 4 5 6 7 8 9 Don't Know					
Have you served on a	ny other Board, Commission, or Committee	es (Please list them l	below)?		
Board, Commission o	r Committee Names	Year Appointed	Term Expired		
Early Learning Faciliti	es Fund Advisory Committee (state DOC)	2017	On-going		
State Legislative Taskf	Force on Reforming Child Care	2013	2014		
Washington Legislatur	e's Early Learning Technical Work Group	2011	2012		
State DCFS Early Lear	ning Advisory Council	2012	2014		
Please explain why yo	ou feel you are the most qualified candidate	for this appointmer	ıt.		
	sons 2-3 days a week, so can represent family tart Executive Director for King County, expan		AC THE PROPERTY OF THE PERSON		
How did you learn of	this opportunity?				
At a County Council se	ession, and at meetings of the Early Learning (Capital Facilities Stal	ceholders Group		
the box)? Yes No	ional licenses, registrations or certificates	(1 Jours)	, , , , , , , , , , , , , , , , , , , 		
ii you noid any profess	ional needses, please list them here:				
The King County Count all King County resider	MATION (OPTIONAL) acil and the King County Executive are committed to ensure that King County boards and comproviding information in the section below is year.	missions are reflecti	ve of the		
How do you identify?	_				
Race/Ethnicity:	white				
Gender:	male				
Sexual Orientation:					
Preferred Pronoun:	He/him				
(he/him; she/her; they/them, etc.)					
Do you have a disabilithe boxes that apply to		lities Act? (Please ty	pe an "X" in		
Generation Range (Pl	ease type an "X" to the right of the age range 1-41 42-52 53-63 64-74	that applies to you) x 75 or older	: 		

Person to Notify in Case of Emergency (OPTIONAL)

Name	Rosie Bancroft (daughter)	
Home Phone		
Work Phone		
Cell Phone	206-914-2687	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge.

Name (typed or signature)	John Bancroft
Date	10/14/19

Please return completed form to:

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions King County Executive Office 401 Fifth Ave, Suite 800 Seattle, WA 98104

Direct Line: 206-263-9651

Email: Rick.Ybarra@kingcounty.gov

JOHN BANCROFT

COLUMBIA CITY CONSULTING 3936 South Ferdinand St, Seattle, WA 98118 johnnybancroft@yahoo.com, 206-919-1424

EDUCATION

- Wheelock College, M.Ed. in Early Childhood Administration
- University of Pittsburgh, M.S. in American History
- Swarthmore College, B.A. with Honors in Social Sciences

CONSULTING, TEACHING, AND LEGISLATIVE TASK FORCES

- Community Representative: Early Learning Facilities Board, established by the Washington Department of Commerce to set criteria and recommend recipients of \$24 million in early learning facilities grants funded by the Washington legislature (2017-present).
- Consultant, Bill and Melinda Gates Foundation: provide technical assistance and information to stakeholders and BMGF on creation of the Washington State Early Learning Facilities Fund, and a proposed initiative to King County to provide funding to renovate or construct early learning facilities using ST3 Taxpayer Accountability funds (2016-17).
- Consultant, City of Seattle Department of Education and Early Learning: teamed with BERK Consulting, Ellen Frede and Stephen Barnett to research and design the Seattle Preschool Program. Lead on facility capacity development section addressing financing and renovation of early learning classroom space. Consultant Team then assisted Seattle Mayoral and City Council staff to finalize plan for a four-year \$58 million levy, including \$4 million for facility development, which was approved by Seattle voters by a 69% margin (2013).
- Consultant, Washington State Department of Early Learning:
 - 1. Developed dynamic cost model for Washington Preschool (HB 6759) report mandated by Washington State Legislature on proposed universal pre-kindergarten program (2011).
 - 2. Developed briefing paper for DEL's response to legislative request from Rep. Ross Hunter for time table and cost projections to bring ECEAP up to scale (2012).
- Member, Early Learning Technical Work Group (SB 6759): appointed by Department
 of Early Learning to taskforce created by the Washington state legislature to design program,
 funding and scaling options for Washington Preschool Program to serve all children (2011).
- Member, Legislative Taskforce on Reforming Child Care (SB 5595): appointed by House Speaker Chopp to represent Puget Sound Educational Service District (PSESD) on taskforce to develop reform strategies for the state's early learning programs, including

reform of Working Connections Child Care, expansion of ECEAP to scale, and unifying the state's early learning programs (2013).

- Adjunct Professor, University of Washington, College of Education, Early Childhood and Family Studies (ECFS) Program. Taught "Social Policy for Children and Families," for all senior BA students majoring in ECFS (2013).
- Consultant, Puget Sound Educational Service District: worked on grants for continuing and Head Start funds, staffed child care delivery reform workgroup funded by the Department of Early Learning (DEL), represented PSESD on Early Learning Advisory Council (ELAC) and Early Learning Action Alliance (ELAC), represented PSESD on selected state and national policy and advocacy projects (2011-present).
- Consultant, Thrive By Five Washington: develop strategies for long-term sustainability for Educare by developing broader private philanthropic giving, increased public funding, and cost containment (2012)
- Consultant, Gates Foundation: worked on team providing strategic planning and grant development for Washington's successful application for federal Race to the Top/Early Learning Challenge funding (2012)
- Consultant, GGLO Seattle and Intrinsik Architects, Bozeman Montana: architectural programming for design of a Child Care & Head Start facility for Billings Housing Authority (2011-12)

Puget Sound Educational Service District, Assistant Superintendent for Early Learning (2008-2011)

As Educare Executive Director, designed, funded, and implemented a robust extended-day comprehensive child development and family support program for 134 children from birth to five in White Center. Conducted a \$20 million capital campaign for construction of the Educare Learning Center. Built on-going partnerships with the Gates Foundation, Buffett Early Learning Fund, Thrive By Five, the Highline School District, and other public and non-profit agencies to increase early learning services and school readiness for all at-risk young children in White Center.

As Assistant Superintendent, engaged in public policy reform, fund-development and advocacy on state and national early learning issues. Worked with state legislators, our congressional delegation, and officials from the Department of Early Learning, the U.S. Department of Health and Human Services and the U.S. Department of Education.

Puget Sound Educational Service District, Head Start Executive Director (1990-2008)

Provided leadership, strategic planning, policy development and shared-management of comprehensive early childhood and family support program for 1900 Head Start and 2,000 ECEAP children as part of the largest Head Start and ECEAP programs in the Northwest. Responsible for \$20 million Head Start budget and staff of 350.

Developed model to provide Head Start services in collaboration with 11 school districts, six private non-profit agencies, four community colleges, 15 child care centers, 11 family child care providers, and one county government.

Designed and operated a mixed delivery system using braided funding in partnership with school districts, community child care centers, and other stakeholders to boost school readiness. Advocated for increased public support while building strong ties with elected representatives, community leaders, the media and the public.

As President of Building Better Futures (1999-2011), presided over the creation of a 501(c)3 joint venture with the King County Housing Authority, Kent Youth and Family Services, Center for Career Alternatives, WIC and PSESD. Conducted a successful capital campaign to raise \$7 million in public and private funds for two multi-purpose buildings at Birch Creek public housing in Kent. Led organization as it transitioned to include the Kent Schools Superintendent, setting the groundwork for participation in the Center for Community Education Results.

Key Accomplishments

I led efforts to obtain public, private, and in-kind funding to renovate, purchase or construct Head Start facilities in King and Pierce counties. Major renovation projects included an office building owned by King County Housing Authority (KCHA) in While Center and in former elementary classroom space owned by Pacific Lutheran University in Parkland. Under 10-20 year leases, all renovation costs offset future rent payments. New construction included three portable buildings, each with one classroom and office/kitchen space, on land owned by Bethel, Sumner and Federal Way school districts and two three-classroom modular buildings built on land owned Clover Park and Bethel school districts. Our program's first "stick-built" three-classroom building was built on land owned by Tillicum School District. It was followed by a larger building in Kent School District, built in partnership with the King County Housing Authority, which houses four Head Start and ECEAP classrooms, a WIC office, the Center for Career Alternatives, and counseling services provided by Kent Youth and Family Services, which also operated the Head Start program. Finally, the Educare Head Start Center, housing 10 classrooms and community activities in 30,000 square feet, was built on land owned by Highline School District and KCHA and then donated to PSESD. All of these buildings were fully paid for at time of construction, making debt financing or mortgages unnecessary.

I obtained federal operational funds to provide Head Start for the first time in Pierce County outside Tacoma. Over a nine-year period, PSESD's Head Start program grew from 625 to 1800 children, while its annual budget grew from \$2 million to \$17 million. Program enhancements included serving infants and toddlers and programs for parents to improve their child's pre-literacy skills, providing parent employment training, and father parenting involvement.

As a consultant to the Gates Foundation beginning in 2004, I assisted with the design and implement of their 10 year \$90 million *Investing in Young Children* Campaign. As part of that initiative, the Foundation donated \$8 million in capital funds and \$30 million in operational funds for the White Center Early Learning Initiative, which included the Educare Early Learning Center as well as other community services for children in White Center, Yakima, and Washington State. I teamed with the Buffett Early Learning Fund and Washington partners to make Seattle Educare a learning

hub for teachers from center-based and Family child care, Head Start/ECEAP programs, and any other early learning teachers in White Center, the Puget Sound region, and Washington.

As Head Start Executive Director, I collaborated with federal and state officials on fiscal and program policy revisions, allowing Washington programs for the first time to braid multiple federal, state, and private funding streams (e.g. Head Start and child care), making integrated services possible. Through partnerships with 30 community care centers and FCC providers, \$3 million in Head Start funds annually went to these programs, allowing 500 children to receive full-day Head Start on-site. This also benefitted 1000 additional 1000 children enrolled in these child care programs, as well as almost doubling the compensation for child care teachers who also became Head Start teachers.

At the state level, I built a partnership with the Department of Corrections to locate an Early Head Start classroom at the Washington Correctional Center for Women at Purdy, allowing twenty infants to be cared for by their incarcerated (and carefully screened) mothers. Statewide, as a result of my advocacy and policy development at the state and national and levels, an additional 20,000 children in Washington became eligible for Head Start.

I built strong research and evaluation collaborations with the UW Schools of Nursing, Education, and Social Work, and professional development partnerships with other state universities and community and technical colleges.

Previous Management and Teaching Positions

Director, Seattle Child Care Resource and Referral Center (1989-90)

Coordinator, Seattle Public Schools Parent Information Center (1988-89)

Program Manager, DSHS Office of Child Care Policy (1987-88)

Director, Union Bay and Sand Point Child Care Centers in UW Family Housing (1984-87)

Instructor, North Seattle Community College, Parent Education Program (1982-84)

Professional/Advocacy Activities and Awards

Presenter and consultant for the Buffett Early Learning Foundation, the national Head Start Bureau (HHS), National Association for Education of Young Children, Children's Defense Fund, and National Women's Law Center

WA State Department of Corrections, Award for Excellence Through Collaboration for establishing Residential Parenting Head Start Program at Correctional Center for Women

Management Fellow, UCLA Anderson School of Business, Advanced Management Institute



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I'm Interested in Serving on the (Board or Commission Nar	I'm	n Interested	in S	Serving on	the (B	loard or	Commission	Name
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Chi	ldren and Famil	ies Strategy	Task Force		
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My Name Is:

Maki Park

Preferred Contact Information:

Address	5419 31st Avenue South
City, State, Zip Code	Seattle, WA 98108
Home Phone	914-462-1880
Work Phone	914-462-1880
Cell Phone	914-462-1880
Email Address	maki@momsrising.org

Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	
City, State, Zip Code	

Job Title	Consultant
Date of Employment	October 2019 (MomsRising)
Company Name	MomsRising Migration Policy Institute ECE Organizing Network
Street Address	
City, State, Zip Code	

King County Council 1 2 X 3	District (Please type an "X" in the box to the		ict) t Know
Have you served on an	ny other Board, Commission, or Committee	es (Please list them	below)?
Board, Commission		Year Appointed	Term Expired
			2
Please explain why you	u feel you are the most qualified candidate	for this appointme	nt.
bring the voices and experspective to the table analyst on immigrant at the Migration Policy parent of young children	te organizer on early learning for MomsRising experiences of parents to inform task force disce. As a consultant, I am also engaged in other and Dual Language Learner (DLL) issues in early Institute, which is another lens that I bring to en who are currently in their early years here unity member to the conversation.	nussions and bring a roles as a researcher arly childhood progothis opportunity. F	grassroots r and policy rams and policy inally, as a
How did you learn of t	his opportunity?		
	opportunity through both my colleague Erin (ESEC) as well as through my employer, Mon		ast Seattle
Do you hold any profe the box)?	ssional licenses, registrations or certificates	in any field (Pleas	se type an "X" in
Yes No	X		
If you hold any professi	onal licenses, please list them here:		
	b		
PERSONAL INFORM	IATION (OPTIONAL)		
	cil and the King County Executive are commi		
	ts to ensure that King County boards and com roviding information in the section below is y		
this goal.	roviding information in the section below is s	ofuntary but will as	sist in achieving
How do you identify?			
Race/Ethnicity:	Asian		
Gender:	Female		
Sexual Orientation:	Heterosexual		
Preferred Pronoun: (he/him; she/her; they/them, etc.)	She/her		

Do you have a disability as the boxes that apply to you)	defined by the Americans with Disabilities Act? (Please type an "X" in
Yes No X	
Generation Range (Please of 30 or younger X 31-41) Person to Notify in Case of	type an "X" to the right of the age range that applies to you): 42-52 53-63 64-74 75 or older Emergency (OPTIONAL)
Name	Sayce Falk
Home Phone	610-952-8450
Work Phone	
Cell Phone	
Agreement and Signature By submitting this applicatio knowledge.	n, I affirm that the facts set forth in it are true and complete to the best of my
Name (typed or signature)	Maki Park
Date	10/16/19

Please return completed form to:

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions King County Executive Office 401 Fifth Ave, Suite 800 Seattle, WA 98104

Direct Line: 206-263-9651

Email: Rick.Ybarra@kingcounty.gov

Casey Osborn-Hinman

2915 E Pike St. • Seattle, WA 98122 • Phone: (206) 931-5717 • E-mail: casey@momsrising.org

GOALS:

Advance the resilience, well-being, and joy of children and families through intersectional policies, programs, and investments that meet the unique needs of communities. Work toward racial equity, and unlock the potential of all children, by dismantling systems and institutions of oppression. Listen and learn from directly impacted communities and help build capacity and power from within. Ensure that legislative processes are informed by the lived experiences of constituents and change decision making bodies to be representative of diverse communities. Prioritize impact over intent.

WORK EXPERIENCE:

MomsRising, Seattle, WA (August 2016 - present)

Campaign Director, Paid Family and Medical Leave and Early Learning

- Lead outreach campaign to promote robust uptake of Washington's paid leave program, including
 creation of multilingual communications materials such as videos, websites, postcards, and memes;
 engagement of members and partners; hosting on-the-ground events and presentations; amplifying
 information through earned media and social media platforms; and placing targeted paid ads.
- Conduct qualitative and quantitative research to identify specific communities by geography, race/ethnicity, income, language, LGBTQ+ identification, and other demographics that are likely to experience barriers to access due to systemic and institutional racism and/or oppression.
- Develop and implement individualized, culturally relevant, and effective outreach strategies to meet the unique needs of diverse communities, such as translating and vetting illustration-based materials and developing the leadership of trusted messengers as local spokespeople.
- Spearheaded MomsRising's grassroots mobilization campaign that contributed to passage of paid leave in Washington State, including: identification of key legislative targets and levers to increase their support, building public will in corresponding local communities, and collecting and amplifying stories from impacted constituents.
- Led strategic planning and implementation of 2016-17 paid leave listening tour in twelve target regions with 3 members of Congress, 11 members of the Washington State Legislature, 17 local councilmembers, leaders of more than 35 Washington businesses and more than 350 grassroots and grasstops community influencers to build support for paid leave, especially among conservative legislators and small business leaders.
- Garnered additional support for paid leave among early learning supporters in the legislature by contextualizing paid leave as a critical foundation for healthy child developing and describing the critical intersections between family economic security and prevention of Adverse Childhood Experiences.

Save the Children Action Network, Seattle, WA (October 2015 - July 2016)

Mobilization Manager, Early Learning and Child/Maternal Health

- Leveraged Save the Children's Early Steps to School Success program in Washington State to illustrate the positive impacts of high-quality home visiting programs on children, families, and communities in order to build political will for increased investments across home visiting models.
- Advanced child and maternal health in Washington State by pursuing investments in early learning and child development programs and across the globe by advocating for federal funding streams and policies such as the Reach Every Mother and Child Act.
- Led Save the Children's Washington State advocacy and outreach program, including building a
 grassroots network from the ground up and developing and implementing a legislative,
 administrative, and electoral advocacy strategy that contributed to passage of King County's Best
 Starts for Kids initiative.

Children's Alliance, Seattle, WA

Early Learning Advocacy Manager (May 2014 – September 2015)

- Led the Early Learning Action Alliance's early advocacy in support of the Early Start Act, which
 secured the largest state investment in early learning programs in Washington State history. Built
 unity among diverse interest groups and developed a shared strategy for ensuring success of the
 policy in future years.
- Convened, facilitated and grew the Early Learning Action Alliance (ELAA), a statewide coalition of more than 60 nonprofits, professional associations, businesses and industries, through effective relationship management; strategic outreach and recruitment; and effective written, verbal, and interpersonal communications. Led annual legislative agenda-setting process and oversaw campaign strategy and implementation.
- Developed, analyzed and advocated for targeted investments and policies to close the opportunity gap in Washington State, such as high-quality infant child care; home visiting; preschool; and more. Represented ELAA coalition members with Washington legislators during testimony, meetings, and policy/budget negotiations. Pursued effective program implementation through administrative advocacy and partnership with state agencies.

Interim Early Learning Policy Director (June 2013 - April 2014)

- Ongoing leadership of ELAA and the Children's Alliance's early learning team, including policy, communications, and mobilization staff, to pursue legislative and administrative goals such as increased access to high-quality child care for children in families with low-incomes.
- Managed Children's Alliance's early learning grant portfolio, including relationships with funders and sub-grantees, technical assistance providers, and national partners.

Early Learning Policy Associate (March 2010 - May 2013)

 Provided strategic policy analysis and advocacy capacity to the Children's Alliance early learning team and to ELAA

Teach For America/People For People Charter School, Philadelphia, PA (June 2007 - June 2009)

Corps Member and Kindergarten Teacher

- Selected to participate in a national service corps of outstanding recent college graduates who
 commit two years to teach in low-income public schools with the goal of reducing disparities in
 educational outcomes.
- Partnered with veteran teachers and parents/caregivers to provide individualized instruction that
 met my students' diverse academic and social-emotional needs upon kindergarten entry and made it
 possible for my students to achieve at least 80 percent mastery of all literacy and mathematics
 objectives.

RELEVANT BOARD SERVICE:

King County Children and Youth Advisory Board, King County, WA (January 2016 - January 2018) *Board member*

Nominated by King County Executive Dow Constantine and confirmed by the King County Council to
provide council and advice on county-wide efforts to improve outcomes for children and youth,
including disbursement of the Best Starts for Kids levy.

EDUCATION:

University of Pennsylvania, Graduate School of Education, Philadelphia, PA Master of Science in Education, May 2009

Connecticut College, New London, CT Bachelor of Arts, May 2007

School for International Training, Bamako, Mali Coursework in Gender and Development, February 2006 - May 2006



(A resume may be substituted in lieu of submitting a completed application form)

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mation:	
115 Williams Ave S Unit 306	
Renton, WA 98057	
2066043476	
Tharper8832@gmail.com	
(REQUIRED if different from preferred mailing address)	
Operations Manager and Race and Equity Lead	
December 2015-Present	
City Year Seattle	
2203 23 rd Ave S	
Seattle, WA 98144	
1 3	

Have you served on any other Board, Commission, or Committee	es (Please list them l	below)?
Board, Commission or Committee Names	Year Appointed	Term Expired
Please explain why you feel you are the most qualified candidate	for this appointmen	ıt.
I would be a great member of this committee because of my experient in early learning in the County, as well as, my professional experience a race and equity leader and trainer.	-	
As a black parent of a black child, I bring the experience of a person of this task force and impacted by the challenges the task force will be a interested in affordable childcare for solo parents and those that fall warea as well as access to a quality standard of childcare that centers fa people of color in curriculum and practices.	ddressing. I am partivithin the mid-range	cularly income in the
Through my work in schools through non-profit organizations, I have structures, academic standards, social emotional development, and the serving diverse communities with varied needs. This will be helpful veducation that we're giving communities access to.	challenges faced by	educators in
As a race and equity leader and trainer, I bring an approach to thinkin integral to creating policies that will impact the experiences and outco young people. I am especially thinking about black, indigenous, people from educational justice.	mes of King County	families and
It would be an honor to represent myself as well as the many students Renton, Skyway, and South Seattle.	and families that I h	ave served in
How did you learn of this opportunity?	5 - 1 - 12	1.20
I learned about this opportunity through the Southeast Seattle Education	on Coalition.	
Do you hold any professional licenses, registrations or certificates the box)? Yes X No	in any field (Please	type an "X" in
If you hold any professional licenses, please list them here: I have a certificate for completion of the Adaptive Schools training fo learning communities and facilitation of collaborative and adult learning communities.		n of professional

PERSONAL INFORMATION (OPTIONAL)

The King County Council and the King County Executive are committed to inclusiveness and outreach to all King County residents to ensure that King County boards and commissions are reflective of the community we serve. Providing information in the section below is <u>voluntary</u> but will assist in achieving this goal.

How do you identify	
Race/Ethnicity:	Black
Gender:	Female identified, femme
Sexual Orientation:	Queer
Preferred Pronoun:	She/her
(he/him; she/her;	
they/them, etc.)	
Generation Range (P) 30 or younger X 3	Rease type an "X" to the right of the age range that applies to you): 31-41 42-52 53-63 64-74 75 or older ase of Emergency (OPTIONAL)
Name	Teresa Anderson Harper
Home Phone	
Work Phone	T 5
Cell Phone	253-335-0121
knowledge.	lication, I affirm that the facts set forth in it are true and complete to the best of my
Name (typed or signat	
Date	10.15.2019

Please return completed form to:

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions King County Executive Office 401 Fifth Ave, Suite 800 Seattle, WA 98104

Direct Line: 206-263-9651

Email: Rick.Ybarra@kingcounty.gov



(A resume may be substituted in lieu of submitting a completed application form)

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ľ	m	Interested	in	Serving	on	the	(Board or	Commission	Name):

King Country Children and Families Strategy Task Force

My Name Is:

Ruth Kagi

Preferred Contact Information:

Address	13504 8 th Ave NW
	Seattle, WA 98177
Home Phone	206-365-1137
Work Phone	
Cell Phone	206-459-8609
Email Address	ruth@rlkagi.com

Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	Same
City, State, Zip Code	

Job Title	Early Learning Ambassador
Date of Employment	Jan. 14, 2019
Company Name	Children's Champion Consulting
Street Address	13504 8 th Ave NW
City, State, Zip Code	Seattle, WA 98177

	District (Please type an "X" in the box to the		_
1 2 3	4 X 5 6 7 8	9 Don't I	
Board, Commission of	ny other Board, Commission, or Committee or Committee Names	Year Appointed	Term Expired
	and Families Commission	1994 (est.)	1998 (est.)
	and Human Services Committee, WA House	2003	2019
	ittee, WA State House of Representatives	1999	2019
WA Child Care Collab		2018	Current
Please explain why yo	ou feel you are the most qualified candidate t	for this appointmen	ıt.
	ure providing leadership on early learning police and understanding of the challenges and poten		
How did you learn of	this opportunity?		
I received an invitation	to apply from Calli Knight.		
PERSONAL INFORM The King County Courall King County residen	MATION (OPTIONAL) ncil and the King County Executive are commit nts to ensure that King County boards and com Providing information in the section below is v	missions are reflecti	ve of the
How do you identify?			
Race/Ethnicity:	Caucasian		
Gender:	Female		
Sexual Orientation:	Female		
Preferred Pronoun: (he/him; she/her; they/them, etc.)	She/her		
Do you have a disabilithe boxes that apply to		ities Act? (Please ty	pe an "X" in
	ease type an "X" to the right of the age range 1-41 42-52 53-63 X 64-74	that applies to you) 75 or older	<i>:</i>

Person to Notify in Case of Emergency (OPTIONAL)

Name	Chris Kagi	N.
Home Phone		
Work Phone		
Cell Phone	206-660-0009	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge.

Name (typed or signature)	Ruth Kagi
Date	October 15, 2019

Please return completed form to:

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions King County Executive Office 401 Fifth Ave, Suite 800 Seattle, WA 98104

Direct Line: 206-263-9651

Email: Rick. Ybarra@kingcounty.gov



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I'm Interested in Serving on the (Board or Commission Name):

King County Children and Families Strategy Task Force

My Name Is:

Karen Hart

Preferred Contact Information:

Address	1914 N. 34 th St., Suite 100
City, State, Zip Code	Seattle, WA 98103
Home Phone	206-251-0062
Work Phone	206,322-3010, ext. 331
Cell Phone	206-251-0062
Email Address	khart@seiu925.org

Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	4215 47 th Ave. S.
City, State, Zip Code	Seattle, WA 98118

Job Title	President/Executive Director	
Date of Employment	July 5, 2004	
Company Name	Service Employees International Union (SEIU) Local 925	
Street Address	1914 N. 34th St., Suite 100	
City, State, Zip Code	Seattle, WA 98103	

King County Council 1 2 X 3	District (Please type an "X" in the box to to 4	he right of your distri			
Have you served on a	ny other Board, Commission, or Committ	ees (Please list them	below)?		
Board, Commission o	Board, Commission or Committee Names				
Children and Youth Ad	visory Board	2016	2019		
Children and Youth Ad	visory Board	2019			
Please explain why vo	u feel you are the most qualified candidat	e for this appointmen	nt.		
I work directly with the	child care and early workforce in both cente making sure that working families and their	ers and family homes.	I have		
How did you learn of	this opportunity?				
Marcy Miller					
PERSONAL INFORM The King County Count all King County residen	MATION (OPTIONAL) Icil and the King County Executive are commutes to ensure that King County boards and co	mmissions are reflect	ive of the		
community we serve. I this goal.	Providing information in the section below is	s <u>voluntary</u> but will as:	sist in achieving		
How do you identify?					
Race/Ethnicity:	White				
Gender:	Female				
Sexual Orientation:	160				
Preferred Pronoun: (he/him; she/her; they/them, etc.)	She/her				
Do you have a disabilithe boxes that apply to	ity as defined by the Americans with Disal	bilities Act? (Please t	ype an "X" in		
Yes No X					
- parallel and a second	ease type an "X" to the right of the age ran 1-41 42-52 53-63 X 64-74): 		

Person to Notify in Case of Emergency (OPTIONAL)

Name	
Home Phone	
Work Phone	
Cell Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge.

				1	
Name (typed or signature)	Karen L. Hart	Lem	24	kil	
Date	10/14/2019	/	*		

Please return completed form to:

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions King County Executive Office 401 Fifth Ave, Suite 800 Seattle, WA 98104

Direct Line: 206-263-9651

Email: Rick.Ybarra@kingcounty.gov



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I'm Interested in Serving on the (Board or Commission Name):

King County Children and Families Strategy Task Force

My Name Is:

Nela Cumming

Preferred Contact Information:

Address	1407 Boalch Ave NW
City, State, Zip Code	North Bend, WA 98045
Home Phone	425.281.5993
Work Phone	425.888.2777 (x1214)
Cell Phone	425.281.5993
Email Address	Nela.cumming@encompassnw.org

Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	231 West Park Street
City, State, Zip Code	North Bend, WA 98045

Job Title	Executive Director
Date of Employment	6/13/2008
Company Name	Encompass
Street Address	1407 Boalch Ave NW
City, State, Zip Code	North Bend, WA 98045

King County Council 1 2 3	District (Please typ	be an		the b	8	$\overline{}$	ot of your distriction of Don't	,	
Have you served on a	ny other I	Board, Co	omm	ission, d	or Co	mmitte	es (Pl	ease list them	below)?
Board, Commission of	r Commi					Ye	ar Appointed	Term Expired		
										-
Please explain why yo	ou feel you	are the	most	qualific	ed ca	ndidate	for tl	his appointme	nt.	
I have a 35-year career currently serve as the I										
How did you learn of	this oppo	rtunity?								
Kathy Lambert contact			d that	t either r	nysel	f or a rea	oresei	ntative of Enco	mpass	apply.
Training Damoore Communication	ou ino uno	requesto			,	101 410	p1 0 5 0 1		mpaos	app.j.
If you hold any profess	x sional licer	nses, pleas	se list	t them h		runcate	s in a	ny neid (<i>Pied</i> s	е туре	un "X" in
PERSONAL INFOR				•						
The King County Count all King County reside community we serve. this goal.	nts to ensu	ire that Ki	ng C	ounty be	oards	and con	miss	ions are reflect	ive of	the
How do you identify?	i									
Race/Ethnicity:	White/L	atino								
Gender:	Female									
Sexual Orientation:	Heterose	exual								
Preferred Pronoun:	she/her									
(he/him; she/her;										
they/them, etc.)										
Do you have a disabil the boxes that apply to	-	ned by th	e An	nerican	s witl	n Disabi	lities	Act? (Please t	vpe an	ı "X" in
Yes No 2	x									
Generation Range (Pr		7	the	1 -	the a	_	e that	,) <u>:</u>	
30 or younger 3	1-41	42-52		53-63	X	64-74		75 or older		

Person to Notify in Case of Emergency (OPTIONAL)

Name	Name Brian Lacewell			
Home Phone	425.466.9906			
Work Phone	same			
Cell Phone	same			

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge.

Name (typed or signature)	Nela Cumming
Date	10/14/2019

Please return completed form to:

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions King County Executive Office 401 Fifth Ave, Suite 800 Seattle, WA 98104

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Email: Rick.Ybarra@kingcounty.gov



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I'm	Interested	lin	Serving on	the (Board o	r Comn	nission]	Name)	1:
-----	------------	-----	------------	-------	---------	--------	-----------	-------	----

Children and Families Strategy Task	Force

My Name Is:

Ryan Quigtar

Preferred Contact Information:

Address	7020 S. 125 th St.
City, State, Zip Code	Seattle, WA 98178
Home Phone	
Work Phone	425-207-8873
Cell Phone	
Email Address	rquigtar@rizpartnership.org

Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	
City, State, Zip Code	

Job Title	Executive Director	
Date of Employment	12/2019 - Current	
Company Name	Renton Innovation Zone Partnership	
Street Address	451 SW 10 th St.	
City, State, Zip Code	Renton, WA 98057	

King County Council	District (Please type an "X" in the box to the	e right of your distr	ict)
1 2 3	4 5 6 7 X 8	9 Don'	t Know
Have you served on ar	ny other Roard Commission or Committee	es (Please list them	helow)?
Have you served on any other Board, Commission, or Committee Board, Commission or Committee Names		Year Appointed	Term Expired
Places avalain why you	ı feel you are the most qualified candidate	for this annointmo	nt
	a Zone Partnership focuses on creating healthy		
(unincorporated King convene an action team professional developm	Renton School District, specifically in the net County) and Renton Highlands. One of our for an of over 10 organizations with a goal of build ent for providers and families, transition to ki	cuses in early learn ling our EL system	ing and we through
Math/STFM and Liter	acv		
How did you learn of t	his opportunity?		
Erin Okuno from SESI	EC notified me.		
Do you hold any profe the box)?	ssional licenses, registrations or certificates	in any field (Pleas	se type an "X" in
Yes No	K		
f you hold any professi	onal licenses, please list them here:		
if you note any professi	onar neenses, please list them here.		
PERSONAL INFORM	IATION (OPTIONAL)		
	cil and the King County Executive are commi	tted to inclusivenes	s and outreach to
	ts to ensure that King County boards and com		
	roviding information in the section below is y	<u>voluntary</u> but will as	sist in achieving
his goal.			
How do you identify?			
Race/Ethnicity:	Bi-Racial		
Gender:	Male		
Sexual Orientation:			
Preferred Pronoun:	He/him		
(he/him; she/her;			
they/them, etc.)			

Do you have a disability as defined by the Americans with Disabilities Act? (Please type an "X" in the boxes that apply to you)

Yes No [X
	Please type an "X" to the right of the age range that applies to you): 31-41 42-52 53-63 64-74 75 or older
Person to Notify in C	ase of Emergency (OPTIONAL)
Name	
Home Phone	
Work Phone	
Cell Phone	
Agreement and Signa By submitting this app knowledge.	nture lication, I affirm that the facts set forth in it are true and complete to the best of my
Name (typed or signature)	Ryan Quigtar

Please return completed form to:

Date

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions King County Executive Office 401 Fifth Ave, Suite 800 Seattle, WA 98104

10/16/19

Direct Line: 206-263-9651

Email: Rick. Ybarra@kingcounty.gov



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I'm Interested in Serving on the (Board or Commission Name):

King County Children and Families Strategy Task Force

My Name Is:

Susan Yang

Preferred Contact Information:

Address	Denise Louie Education Center, 1930 6 th Avenue S, Suite 401
City, State, Zip Code	Seattle, WA 98134
Home Phone	206-495-3985
Work Phone	206-973-1810 x 305
Cell Phone	206-495-3985
Email Address	syang@deniselouie.org

Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	7031 81 st Ave SE
City, State, Zip Code	Mercer Island, WA, 98040

Job Title	Executive Director	*
Date of Employment	1/5/15	
Company Name	Denise Louie Education Center	
Street Address	1930 6 th Avenue S, Suite 401	
City, State, Zip Code	Seattle, WA 98040	

King County Council District (Please type an "X" in the box to the	right of your distri	<u> </u>
Have you served on any other Board, Commission, or Committee		
Board, Commission or Committee Names	Year Appointed	Term Expired
WA State Department of Children Youth and Families—Early Learning Advisory Committee	2017	2020
Please explain why you feel you are the most qualified candidate	for this appointmer	nt.
I believe I bring a unique perspective to the Task Force on some of the serve the community. First and foremost, as a parent who had two channest of their lives, I understand the struggles of trying to find quality. County.	ildren in child care a	at the same time for
On the provider side, I currently serve as the Executive Director of De WA. In this role, I have the perspective and challenge of trying to proprogramming with the support of 90 staff for over 300 predominately families, while trying to balance a budget and braiding different contryear, we opened a new child care facility licensed for 90 children at M Housing Northwest. Through this process, I have a broad understand resources available to help expand access to child care services for mo cost and financing aspects of development. I believe my experience wadditional strategies to promote the development of new child care facefforts with affordable housing providers or other organization to increase.	omote high quality, in immigrant and refugacts and sources of infercy Magnuson Plaing of the capital factore families and the would helpful as the cilities that may proposed.	multicultural gee children and the funding. This past ce with Mercy cilities funding complexities of the County considers mote similar-type
In my professional career, I have worked in the child care and early learning—Researcher on early learning policy around child care subsidies of Washington Scholarships, a statewide early learning workforce devicenter-based staff (Child Care Aware of Washington) and Policy Adrin the early learning field in Washington (Washington Learns Finance Improvement Development Committee), and Grant Funder of early led development work (Thrive WA). I am currently the Governor's apportant Commission on Asian and Pacific American Affair on the Washington and Families Early Learning Advisory Committee.	s (Nurtury in Boston velopment effort for vocate for increasing c Committee; Quality arning programs and inted seat for the Wa	n), Program Director home-based and g funding and quality y Rating I systems ashington State
Finally, I have a personal commitment to advancing equity and social appreciate the County's commitment and leadership to tackle instituti level. I hope that by serving on the Task Force that I can share my expolicies that will help reduce the opportunity gap for our children and children and families to receive the high quality child care services the wish to access and receive such services.	onal and structural repertise and experien families and advance	acism at the County ces to promote ce efforts for more
How did you learn of this opportunity?		
I have received an invitation to apply for the Task Force. Thank you	for your consideration	on.

Do you hold any professional licenses, registrations or certificates in any field (Please type an "X" in the box)?			
Yes No X			
If you hold any profession	nal licenses, please list them here:		
PERSONAL INFORMA	ATION (OPTIONAL)		
The King County Council and the King County Executive are committed to inclusiveness and outreach to all King County residents to ensure that King County boards and commissions are reflective of the community we serve. Providing information in the section below is <u>voluntary</u> but will assist in achieving this goal.			
How do you identify?			
COLUMN AND PROPERTY OF THE PRO	sian		
Gender: F	emale		
Sexual Orientation:			
Preferred Pronoun: S	he/her		
(he/him; she/her; they/them, etc.)			
Do you have a disability as defined by the Americans with Disabilities Act? (Please type an "X" in the boxes that apply to you) Yes No x			
Generation Range (Please type an "X" to the right of the age range that applies to you): 30 or younger 31-41 42-52 x 53-63 64-74 75 or older			
	of Emergency (OPTIONAL)		
Name			
Home Phone			
Work Phone			
Cell Phone			
Agreement and Signatur	re		
By submitting this applica knowledge.	tion, I affirm that the facts set forth in it are true and complete to the best of my		
Name (typed or signature)			
Date	10/14/19		

Please return completed form to:

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions King County Executive Office 401 Fifth Ave, Suite 800 Seattle, WA 98104

Direct Line: 206-263-9651

Email: Rick.Ybarra@kingcounty.gov



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I'm Ir	terested	in	Serving on	the	(Board or	r Commission	Name)):
--------	----------	----	------------	-----	-----------	--------------	-------	----

IV. C.	CI 11 1 T 11 Ct 1 T 1	Г
King Count	y Children and Families Strategy Task	Force

My Name Is:

Gloria Hodge

Preferred Contact Information:

Address	2915 Rainier Ave South Suite 101
City, State, Zip Code	Seattle, WA 98144
Home Phone	
Work Phone	
Cell Phone	206-455-1829
Email Address	ghodge@soundchild.org

Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	7462 South 116 th Street
City, State, Zip Code	Seattle, WA 98144

Job Title	Center Director
Date of Employment	January 2011
Company Name	Hoa Mai Vietnamese Bilingual Preschool & Dragon's Den School Age Program
Street Address	2915 Rainier Ave South Suite 101
City, State, Zip Code	Seattle, WA 98144

King County Council 1 2 X 3	District (Please type an "X" in the box to the r 4 X 5 6 7 8		ict) t Know
Have you served on an	ny other Board, Commission, or Committees	(Please list them	below)?
Board, Commission of	or Committee Names	Year Appointed	Term Expired
Renton School Board			12/2019
Please explain why you	u feel you are the most qualified candidate fo	r this appointme	nt.
background areas bein King County families of development for all ch		notion. I am also	passionate for
How did you learn of t			
Jessica Cafferty, BSK	contacted myself.		
the box)? Yes X No If you hold any professi	onal licenses, registrations or certificates in onal licenses, please list them here: ovider for children ages 20 months to 12 years of groups.		
PERSONAL INFORM	IATION (OPTIONAL)		
all King County residen	cil and the King County Executive are committed to the ensure that King County boards and common providing information in the section below is vol	issions are reflect	ive of the
How do you identify?			
Race/Ethnicity:	Caucasian /Asian Vietnamese/White		
Gender:	Female		
Sexual Orientation:	Heterosexual		
Preferred Pronoun: (he/him; she/her; thev/them, etc.)	she/her		

Do you have a disability as the boxes that apply to you)	defined by the Americans with Disabilities Act? (Please type an "X" in		
Yes No X			
Generation Range (Please a 30 or younger 31-41	type an "X" to the right of the age range that applies to you): 42-52 X 53-63 64-74 75 or older		
Person to Notify in Case of	Emergency (OPTIONAL)		
Name	Dr. Minh-Anh Hodge		
Home Phone			
Work Phone			
Cell Phone	253-405-3490		
Agreement and Signature By submitting this applicatio knowledge.	n, I affirm that the facts set forth in it are true and complete to the best of my		
Name (typed or signature)	Gloria Hodge		
Date	10/11/19		

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions King County Executive Office 401 Fifth Ave, Suite 800 Seattle, WA 98104

Direct Line: 206-263-9651

Email: Rick.Ybarra@kingcounty.gov



(A resume may be substituted in lieu of submitting a completed application form)

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ľ	m	Interested	in	Serving on	the	(Board or	Commission	Name):
---	---	------------	----	------------	-----	-----------	------------	--------

King County Children and Families Strategy Task Force
and county children and rannies strategy rask roice

My Name Is:

Bilan Aden

Preferred Contact Information:

Address	4754 Fauntleroy Way SW #719
City, State, Zip Code	Seattle, WA, 98166
Home Phone	
Work Phone	
Cell Phone	206.852.3911
Email Address	bilan@achdo.org

Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	
City, State, Zip Code	

Job Title	Program Director
Date of Employment	8/16/2019
Company Name	African Community Housing & Development
Street Address	16256 Military Rd S #206
City, State, Zip Code	Seatac, WA, 98188

King County Council I	District (Please type an "X" in the box to th		t Know
	y other Board, Commission, or Committe		
Board, Commission o		Year Appointed	Term Expired
Non Profit Assistance	Center	2016	2017
I am interested in affor Kindergarten and beyo cross sector relationshi am a woman of African over 6 years. I have a noutdoor education for a landscape analysis of e County. I have particip Profit Assistance Center		dren be ready to thriment experience and ads of our hard to reansive early learning of Washington and ar 8 months in 2018 as for parents/caregivect Lead and have seconor to share my kn	ve in I have fostered ach families. I programs for have taught conducting a vers in S. King erved on Non owledge around
the box)? Yes X No	onal licenses, registrations or certificate	s in any field <i>(Pleas</i>	se type an "X" in
	tive Leadership Certificate, University of Wa Education: Creating Effective Home and Sch		r Student Success,
DEDCOMAL INDODA	ATION (OPTIONAL)		
all King County resident	il and the King County Executive are commes to ensure that King County boards and controviding information in the section below is	nmissions are reflect	tive of the
How do you identify?			<u>[1</u>
Race/Ethnicity:	Black/African American		
Gender:	Woman		

Sexual Orientation:	Straight
Preferred Pronoun:	She/Her
(he/him; she/her;	
they/them, etc.)	
Yes No X Generation Range (Ple 30 or younger 31	ase type an "X" to the right of the age range that applies to you): -41 x 42-52 53-63 64-74 75 or older
Person to Notify in Cas	e of Emergency (OPTIONAL)
Name	Abukar Isaak (Husband)
Home Phone	
Work Phone	
Cell Phone	206.556.6455
Agreement and Signatu By submitting this applic knowledge.	are cation, I affirm that the facts set forth in it are true and complete to the best of my

Name (typed or

signature)

Date

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions King County Executive Office 401 Fifth Ave, Suite 800 Seattle, WA 98104

Bilan Aden

10/16/2019

Direct Line: 206-263-9651

Email: Rick. Ybarra@kingcounty.gov



(A resume may be substituted in lieu of submitting a completed application form)

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I'm	Interested	in	Serving	on the	Board or	Commission	Name):
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King County Children and Families Strategy Task Force

My Name Is:

Zamzam Mohamed

Preferred Contact Information:

Address	13445 MLK way Jr S #G201
City, State, Zip Code	Seattle, WA 98178
Home Phone	
Work Phone	
Cell Phone	206-335-8817
Email Address	

Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	Same as above
City, State, Zip Code	

Job Title	Chief Executive Officer
Date of Employment	Sept 2012
Company Name	Voices of Tomorrow
Street Address	15811 Ambaum BLVD SW #170
City, State, Zip Code	Burien, WA 98166

Board, Commission	or Committee Names	Year Appointed	Term
			Expired 2018
Best Start for KIDS A	dvisory Committee	2017	2018
	3		
Dloggo avalain why vo	u feel you are the most qualified candid	ete for this appointme	
I'm an advocator, an a	activist, and a trainer in the Early Learning y responsive trainings in both Somali and l	field. I'm also a State a	pproved traine
How did you learn of	this opportunity?		
•			
Yes No	X ional licenses, please list them here:	•	
PERSONAL INFORM The King County Countall King County resider	MATION (OPTIONAL) acil and the King County Executive are contest to ensure that King County boards and	commissions are reflect	ive of the
Yes No If you hold any profess PERSONAL INFORM The King County Countall King County resider	ional licenses, please list them here: MATION (OPTIONAL) acil and the King County Executive are cor	commissions are reflect	ive of the
Yes No If you hold any profess PERSONAL INFORM The King County Count all King County resider community we serve. If this goal.	MATION (OPTIONAL) acil and the King County Executive are contest to ensure that King County boards and	commissions are reflect	ive of the
Yes No If you hold any profess PERSONAL INFORM The King County Count all King County resider community we serve. If this goal.	MATION (OPTIONAL) acil and the King County Executive are contest to ensure that King County boards and	commissions are reflect	ive of the
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Yes No If you hold any profess PERSONAL INFORM The King County Count all King County resider community we serve. If this goal. How do you identify? Race/Ethnicity: Gender: Sexual Orientation:	MATION (OPTIONAL) The second of the second	commissions are reflect	ive of the
Yes No If you hold any profess PERSONAL INFORM The King County Count all King County resider community we serve. If this goal. How do you identify? Race/Ethnicity: Gender: Sexual Orientation: Preferred Pronoun: (he/him; she/her; they/them, etc.)	MATION (OPTIONAL) icil and the King County Executive are contest to ensure that King County boards and Providing information in the section below Black/African America/Somali Female She/Her	commissions are reflect is voluntary but will as	ive of the sist in achieving

Person to Notify in Case of Emergency (OPTIONAL)		
Name	Hafsa Don	
Home Phone		
Work Phone		
Cell Phone	2066378409	

30 or younger 31-41 X 42-52 53-63 64-74 75 or older

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge.

Name (typed or signature)	
Date	10/14/2019

Please return completed form to:

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions King County Executive Office 401 Fifth Ave, Suite 800 Seattle, WA 98104

Direct Line: 206-263-9651

Email: Rick.Ybarra@kingcounty.gov



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I'm Interested in Servin	g on the (Board	or Commission Name):
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King County Children and	Families Strategy Task Force
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My Name Is:

Theressa L Lenear

Preferred Contact Information:

Address	24220 185 th Loop SE
City, State, Zip Code	Covington, WA 98042
Home Phone	
Work Phone	
Cell Phone	253 394 3234
Email Address	Tlc102043@comcast.net

Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	
City, State, Zip Code	

Job Title	Half-time Faculty
Date of Employment	Fall Semester 2006
Company Name	Goddard College
Street Address	123 Pitkin Road
City, State, Zip Code	Plainfield, VT 05667

lease explain why you feel you are the most qualified candidate fave been an early childhood professional in King County since 1989 milies, and am faculty at Goddard College and Highline College in	Year Appointed	Term Expired
ave been an early childhood professional in King County since 1989		
ave been an early childhood professional in King County since 1989		
ave been an early childhood professional in King County since 1989		
ave been an early childhood professional in King County since 1989		
ave been an early childhood professional in King County since 1989	for this appointmen	ıt.
nines, and an faculty at Goddard Conege and Inginine Conege in		
form did was bearn of this annoutronity?		
ow did you learn of this opportunity?		
n email was sent		
you hold any professional licenses, please list them here: ERSONAL INFORMATION (OPTIONAL)	u. 1 1	1
he King County Council and the King County Executive are commit		
I King County residents to ensure that King County boards and com		ve of the
I King County residents to ensure that King County boards and community we serve. Providing information in the section below is <u>v</u>		
emmunity we serve. Providing information in the section below is $\underline{\mathbf{v}}$		
ommunity we serve. Providing information in the section below is <u>v</u> is goal.		
ow do you identify? ace/Ethnicity: Black/African American F		
ommunity we serve. Providing information in the section below is <u>v</u> is goal. ow do you identify? ace/Ethnicity: Black/African American ender: F exual Orientation: heterosexual		
ow do you identify? ace/Ethnicity: Black/African American ender: F exual Orientation: heterosexual referred Pronoun: she/her		
ow do you identify? ace/Ethnicity: Black/African American ender: F exual Orientation: heterosexual referred Pronoun: she/her; she/her;		
ow do you identify? ace/Ethnicity: Black/African American ender: F exual Orientation: heterosexual referred Pronoun: she/her		
ow do you identify? ace/Ethnicity: Black/African American ender: Exual Orientation: beterosexual referred Pronoun: be/him; she/her; ey/them, etc.) beyou have a disability as defined by the Americans with Disabil	oluntary but will ass	ist in achieving
ow do you identify? ace/Ethnicity: Black/African American ender: Exual Orientation: beterosexual ceferred Pronoun: be/him; she/her; ey/them, etc.)	oluntary but will ass	ist in achieving

Person to Notify in Case of Emergency (OPTIONAL)

Name	Beatrice Lenear
Home Phone	
Work Phone	
Cell Phone	253 405 5623

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge.

Name (typed or signature)	Theressa L Lenear	
Date	10/14/19	

Please return completed form to:

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions King County Executive Office 401 Fifth Ave, Suite 800 Seattle, WA 98104

Direct Line: 206-263-9651

Email: Rick. Ybarra@kingcounty.gov



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I'm Interested in Serving on the (Be	oard or Commission Name):
--------------------------------------	---------------------------

King County Children and Families Strategy Task Force

My Name Is:

Laura Kneedler

Preferred Contact Information:

Address	7272 W Marginal Way S
City, State, Zip Code	Seattle, WA 98103
Home Phone	
Work Phone	
Cell Phone	(406) 461-5025
Email Address	

Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	
City, State, Zip Code	

Job Title	Chief Education & Therapy Officer	
Date of Employment	8/2013	
Company Name	Northwest Center	
Street Address	7272 W Marginal Way S	
City, State, Zip Code	Seattle, WA 98103	

King County Council	District (Please type an "X" in the box to the		t Know
Have you served on any other Board, Commission, or Committees (Please list them below)?			
Koard ('ammission or ('ammittee Names Vear Annointed		Term Expired	
	*		
Please explain why yo	u feel you are the most qualified candidate	for this appointme	ent.
increasing access to his BSK, we work directly training/consultation of children with developed	d early intervention system(s) in King County igh-quality, affordable care for <i>all</i> children. In with child care providers throughout King (on increasing quality, increasing access and demental delays/disabilities, special health care	n addition, through for County to provide accreasing expulsion	unding from rates for
How did you learn of	this opportunity?		
King County represen	tative		
the box)? Yes X No	essional licenses, registrations or certificate	s in any field <i>(Pleas</i>	se type an "X" in
	And the second s		
Special Educator			
PERSONAL INFORM	MATION (OPTIONAL)		
all King County resider	cil and the King County Executive are commits to ensure that King County boards and cor Providing information in the section below is	nmissions are reflect	tive of the
How do you identify?			
Race/Ethnicity:	White		
Gender:	Female		
Sexual Orientation:	Heterosexual		
Preferred Pronoun: (he/him; she/her; they/them, etc.)	She/her		

Do you have a disability as the boxes that apply to you) Yes No X	defined by the Americans with Disabilities Act? (Please type an "X" in
Generation Range (Please a 30 or younger 31-41	
Person to Notify in Case of	Emergency (OPTIONAL)
Name	
Home Phone	
Work Phone	
Cell Phone	
Agreement and Signature By submitting this applicatio knowledge.	n, I affirm that the facts set forth in it are true and complete to the best of my
Name (typed or signature)	Laura Kneedler
Date	10/14/19

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions King County Executive Office 401 Fifth Ave, Suite 800 Seattle, WA 98104

Direct Line: 206-263-9651

Email: Rick.Ybarra@kingcounty.gov



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I'm Interested in Serving on the (Board or Commission Name):

King County's Children and Families Strategy Task Force (Child Care Task Force)

My Name Is:

Wendy Harris

Preferred Contact Information:

Address	810 3 rd Avenue, 8 th Floor
City, State, Zip Code	Seattle WA 98104
Home Phone	206-227-4197
Work Phone	206-263-9052
Cell Phone	206-227-4197
Email Address	Wendy.harris@kingcounty.gov

Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	1911 31st Ave South
City, State, Zip Code	Seattle, WA 98144

Job Title	Prenatal to Five Team Lead, Developmental Disabilities and Early Childhood Supports Division
Date of Employment	I've worked at King County in a variety of roles 8/2012 to present in my current division, 1989-2000 with another program
Company Name	King County Department of Community and Human Services
Street Address	810 3 rd Ave, 8 th Floor
City, State, Zip Code	Seattle, WA 98104

King County Council	District (Please type an "X" in the box to the	e right of your distr	ict)
1 2 x 3	4 5 6 7 8	9 Don'	t Know
Have you served on a	ny other Board, Commission, or Committee	es (Please list them	below)?
Board, Commission	or Committee Names	Year Appointed	Term Expired
I have served on other or City appointed positions	Boards and Committees but not as a County tion.		
	u feel you are the most qualified candidate		
1	helped to implement the King County Child Coher, program director, higher ed faculty, early	, ,	
How did you learn of	this opportunity?		
Nominated by Departs	ment staff and Best Starts for Kids Leadership		
Do you hold any profethe box)? Yes X No	essional licenses, registrations or certificates	in any field (Pleas	se type an "X" in
If you hold any profess	ional licenses, please list them here:		
	2-8 th grade, Early Childhood Education Endors	ement	
PERSONAL INFORM	MATION (OPTIONAL)	=55	
The King County Counall King County resider	cil and the King County Executive are commints to ensure that King County boards and comproviding information in the section below is y	missions are reflect	tive of the
How do you identify?			
Race/Ethnicity:	White/Jewish		
Gender:	Female		
Sexual Orientation:	Queer		
Preferred Pronoun: (he/him; she/her; they/them, etc.)	She/Her		

Do you have a disability as defined by the Americans with Disabilities Act? (Please type an "X" in the boxes that apply to you) I am hard of hearing.

Yes No	
Generation Range (Please a 30 or younger 31-41	type an "X" to the right of the age range that applies to you): 42-52 53-63 X 64-74 75 or older
Person to Notify in Case of	Emergency (OPTIONAL)
Name	
Home Phone	
Work Phone	
Cell Phone	
Agreement and Signature By submitting this applicatio knowledge.	n, I affirm that the facts set forth in it are true and complete to the best of my
Name (typed or	Wondy Homis

signature)

Date

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions King County Executive Office 401 Fifth Ave, Suite 800 Seattle, WA 98104

Wendy Harris

October 15, 2019

Direct Line: 206-263-9651

Email: Rick.Ybarra@kingcounty.gov



(A resume may be substituted in lieu of submitting a completed application form)

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closure Individ King (d or commission will also be required to complete a King County Ethics. Form within two weeks of being nominated to serve on a King County duals appointed to serve on a board or commission that is overseen by an County government are exempt from the financial disclosure filing the (Board or Commission Name):
and Fa	milies Strategy Task Force
format	tion:
6535	Seaview Ave NW #203B
Seatt	le, WA 98117
206-	525-5671
NA	
206-0	504-7455
nanc	yashley@heliotropeseattle.com
ss (RE	EQUIRED if different from preferred mailing address)
	Retired
	ring or and Fa format 6535 Seatt 206-2 NA 206-0

Job Title	Retired
Date of Employment	
Company Name	
Street Address	
City, State, Zip Code	¥

King County Council District (Please type an "X" in the box to the	right of your distric	ct)
1 2 3 4 X 5 6 7 8	9 Don't F	Know
Have you served on any other Board, Commission, or Committee	s (Please list them l	pelow)?
Board, Commission or Committee Names	Year Appointed	Term Expired
NA		
Please explain why you feel you are the most qualified candidate f	or this appointmen	ıt.
I retired on 7/31/19 from Children's Home Society of Washington, a s For 7 years there, I primarily led a project to ensure that young children received earl learning and development services during the early critical	en in the child welfa	re system
Prior to this job, I founded a consulting company called Heliotrope. It work, I worked alongside (and sometimes volunteered for) dozens of private and corporate foundations and others to develop solutions to a challenges in child care, early learning, afterschool care, hunger, dome youth development, and child welfare. Prior to this work, I practiced Washington.	nonprofits, governm broad range of hum estic violence, juven	ent agencies, an services ile justice,
I became a Big Sister mentor 19 years ago, moved into the role of fost her brother, and have been their god-mother and advocate since then. daughter has a developmental disability.		
I note that the recommendations from the Women's Advisory Board in vulnerable children and families, including those involved in the child areas in which I have substantial professional and personal experience	welfare and foster of	
How did you learn of this opportunity?		
Marcy Miller, with the DPH - Finance and Administrative Services De to consider applying.	ivision, contacted m	e and asked me
Do you hold any professional licenses, registrations or certificates the box)? Yes X No If you hold any professional licenses, please list them here:	in any field <i>(Please</i>	type an "X" in
Inactive member of Washington State Bar Association		

PERSONAL INFORMATION (OPTIONAL)

The King County Council and the King County Executive are committed to inclusiveness and outreach to all King County residents to ensure that King County boards and commissions are reflective of the community we serve. Providing information in the section below is <u>voluntary</u> but will assist in achieving this goal.

How do you identify?	
Race/Ethnicity:	Caucasian
Gender:	Female
Sexual Orientation:	
Preferred Pronoun:	She/her
(he/him; she/her;	
they/them, etc.)	
Yes No X Generation Range (Plants) 30 or younger 32	
Name	
Home Phone	
Work Phone	
Cell Phone	
Agreement and Signat By submitting this appl knowledge.	ture ication, I affirm that the facts set forth in it are true and complete to the best of my
Name (typed or signatu	
Date	October 10, 2019

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions King County Executive Office 401 Fifth Ave, Suite 800 Seattle, WA 98104

Direct Line: 206-263-9651

Email: Rick.Ybarra@kingcounty.gov



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King County Children and Families Strategy Task Force

My Name Is:

Omana Imani

Preferred Contact Information:

Address	801 23 rd Avenue S, Ste. A
City, State, Zip Code	Seattle, WA 98144
Home Phone	N/A
Work Phone	206-436-8474
Cell Phone	N/A
Email Address	oimani@schoolsoutwashington.org

Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	6222 S. 119 th Street
City, State, Zip Code	Seattle, WA 98178

Job Title	King County Expanded Learning Opportunities Systems Director	
Date of Employment	July 19, 2017	
Company Name	School's Out Washington	
Street Address	801 23 rd Avenue S, Ste. A	
City, State, Zip Code	Seattle, WA 98144	

1 2 X 3	District (Please type an "X" in the box to th 4 5 6 7 8 y other Board, Commission, or Committee	9 Don'	t Know
Board, Commission o		Year Appointed	Term Expired
N/A			-
Please explain why you	r feel you are the most qualified candidate	for this appointme	nt.
Washington, am leadin County. This strategy free access to high qual	the youth development field for 20+ years a g the Best Starts for Kids Out-of-School Timesupports more than thirty youth serving organity programming in underinvested communically equitable opportunities for youth and	ne strategy in partner nizations across Kin ties. I am personall	rship with King g County to provide y and professionally,
How did you learn of t	his opportunity?		
I received an invitation Dow Constantine.	to apply from Calli Knight on behalf of the	office of King Coun	ty Executive
the box)? Yes No	onal licenses, registrations or certificate	s in any field <i>(Plea</i> s	se type an "X" in
			1 = 2 d
DEDCONAL INFODM	ATION (OPTIONAL)		
The King County Councilla King County resident	cil and the King County Executive are commutes to ensure that King County boards and controviding information in the section below is	amissions are reflect	tive of the
How do you identify?			
Race/Ethnicity:	Multiracial		
Gender:	Female		
Sexual Orientation:	Heterosexual		
Preferred Pronoun: (he/him; she/her; they/them, etc.)	She/Her		

Do you have a disability the boxes that apply to yo	as defined by the Americans with Disabilities Act? (Please type an "X" in u)
Yes No X	
Generation Range (Please 30 or younger 31-	se type an "X" to the right of the age range that applies to you): 41 42-52 X 53-63 64-74 75 or older
Person to Notify in Case	of Emergency (OPTIONAL)
Name	
Home Phone	
Work Phone	
Cell Phone	
Agreement and Signatur By submitting this applica knowledge.	re tion, I affirm that the facts set forth in it are true and complete to the best of my
Name (typed or signature)	Omara Amaria
Date	October 14, 2019

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions King County Executive Office 401 Fifth Ave, Suite 800 Seattle, WA 98104

Direct Line: 206-263-9651

Email: Rick.Ybarra@kingcounty.gov



(A resume may be substituted in lieu of submitting a completed application form)

PLEASE NOTE: Information provided on this form will be a public record subject to free and open examination by any person under the Washington State Public Records Act (RCW 42.56.250). However, while we will disclose the applicant's name, the applicant's address, phone number and email address will be redacted.

Thank you for your interest in serving on a King County board or commission. Individuals selected to serve on a King County board or commission will also be required to complete a King County Ethics Program Financial Disclosure Form within two weeks of being nominated to serve on a King County board or commission. Individuals appointed to serve on a board or commission that is overseen by an agency independent of King County government are exempt from the financial disclosure filing requirement.

I'm In	terested in	Serving on	the (Board o	or Commission	Name):
--------	-------------	------------	--------------	---------------	--------

King County's Children and Families Strategy Task Force

My Name Is:

Allison Krutsinger

Preferred Contact Information:

Address	25125 122 nd Ave SW
City, State, Zip Code	Vashon, WA 98070
Home Phone	
Work Phone	2534260410
Cell Phone	2534260410
Email Address	Allison.krutsinger@childrensalliance.org

Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	
City, State, Zip Code	

Job Title	Early Learning Policy Director
Date of Employment	March 2018 – present
Company Name	Children's Alliance
Street Address	718 6 th Ave S
City, State, Zip Code	Seattle, WA

King County Council	District (Please type an "X" in the box to the	right of your distr	ict)
1 2 3	4 5 6 7 8	X 9 Don'	t Know
Have you served on an	ny other Board, Commission, or Committee	s (Please list them	below)?
Board, Commission		Year Appointed	Term Expired
Please explain why yo	u feel you are the most qualified candidate	for this appointme	nt.
early care and education early learning opportunity system building and do with a focus on race.	professional life make me the most qualified to professional life make me the most qualified to profession policy, with a focus on ensure all young chinities that meet their family need and choice. esign with a focus on reducing gaps for childred Additionally, I am the mother of a three year of eaningfully to make sure this is place where all	Ildren have access to I have worked extern that exist at kinder old who lives in Kinder	o high-quality nsively in ergarten entry, g County and
How did you learn of t	this opportunity?	1	
From Calli Knight, De Constantine.	eputy Director of External Relations for the Off	ice of King County	Executive Dow
the box)? Yes No	onal licenses, registrations or certificates	in any field (Pleas	e type an "X" in
	A Action of the Control of the Contr		
PERSONAL INFORM	IATION (OPTIONAL)		
all King County residen	cil and the King County Executive are committs to ensure that King County boards and comproviding information in the section below is very control of the section below in the section of the section of the section below in the section of	missions are reflect	ive of the
How do you identify?			
Race/Ethnicity:	White		
Gender:	Female		
Sexual Orientation:	Heterosexual		
Preferred Pronoun: (he/him; she/her; they/them, etc.)	She/her		

Yes No X Generation Range (Please to	defined by the Americans with Disabilities Act? (Please type an "X" in type an "X" to the right of the age range that applies to you):
30 or younger 31-41	X 42-52 53-63 64-74 75 or older
Person to Notify in Case of	Emergency (OPTIONAL)
Name	Becki Eichner
Home Phone	3609210630
Work Phone	
Cell Phone	
Agreement and Signature By submitting this applicatio knowledge.	n, I affirm that the facts set forth in it are true and complete to the best of my
Name (typed or signature)	Allison Krutsinger
Date	10/14/2019
	•

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions King County Executive Office 401 Fifth Ave, Suite 800 Seattle, WA 98104

Direct Line: 206-263-9651

Email: Rick. Ybarra@kingcounty.gov



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I'm Interested in Serving on the (Board or Commission Name):

King County Children and Families Strategy Task Force

My Name Is:

Paula Steinke

Preferred Contact Information:

Address	801 23 rd Ave S, Suite A
City, State, Zip Code	Seattle, WA 98144
Home Phone	n/a
Work Phone	206.336.6930
Cell Phone	425.445.3614
Email Address	paula@soarkc.org

Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	830 NE Tenth Street
City, State, Zip Code	North Bend, WA 98045

Job Title	Soar Director
Date of Employment	January 2016
Company Name	School's Out Washington (fiscal agent for Soar)
Street Address	801 23 rd Ave S, Suite A
City, State, Zip Code	Seattle, WA 98144

King County Council District (Please type an "X" in the box to the right of your district)			
1 2 3 4 5 X 6 7 8 9 Don't Know			
Have you served on any other Board, Commission, or Committees	s (Please list them l	below)?	
Board, Commission or Committee Names	Year Appointed	Term Expired	
Best Starts Prenatal to Five Developmental Screening & Referral Community Expert Council. My former coworker Kimberly Walker served on this committee; I stepped in to represent Soar when Ms. Walker changed jobs.	2018	October 2019	
Early Learning Plan Strategic Steering Committee (convened by DCYF)	2019	current	
WA State Home Visiting Advisory Committee	2018	current	
Families of Color Seattle Board	2016	2019	
Snoqualmie Valley Community Network Board	2012	2015	
Please explain why you feel you are the most qualified candidate f Soar's mission – to elevate community voice to inform policies and pr			
and families – is aligned with the work of this task force. Soar convenes the King County Early Learning Coalition where we hear from service providers about their needs, and the needs of diverse families across the County. I have personally learned about the intersecting issues negatively impacting families' of access to affordable, culturally relevant child care: cost, location, quality, need for care during nights and weekends; poorly compensated workforce leading to difficulty hiring and retaining qualified staff; increased number of children with behavioral health challenges and with special needs; and more. As a member of this task force I will convene an advisory group of Coalition members to ensure I hear their perspectives. On behalf of the Coalition, Soar is involved in other projects where we hear directly from families; their voices always inform my thinking.			
How did you learn of this opportunity?			
From Marcy Miller, Strategic Advisor for Seattle/King County Public	Health		
Do you hold any professional licenses, registrations or certificates in any field (Please type an "X" in the box)? Yes No X If you hold any professional licenses, please list them here:			
PERSONAL INFORMATION (OPTIONAL)			

The King County Council and the King County Executive are committed to inclusiveness and outreach to all King County residents to ensure that King County boards and commissions are reflective of the community we serve. Providing information in the section below is <u>voluntary</u> but will assist in achieving this goal.

How do you identify?

Race/Ethnicity:	White
Gender:	Female
Sexual Orientation:	Heterosexual
Preferred Pronoun:	She/her
(he/him; she/her;	
they/them, etc.)	
Yes No X Generation Range (Please 30 or younger 31-	use type an "X" to the right of the age range that applies to you):
Name	
Home Phone	
Work Phone	
Cell Phone	
Agreement and Signatu	are ation, I affirm that the facts set forth in it are true and complete to the best of my
knowledge.	ation, I ammir that the facts set forth in it are true and complete to the best of my
Name (typed or signature	Paula Steinke

Date

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions King County Executive Office 401 Fifth Ave, Suite 800 Seattle, WA 98104

10/14/19

Direct Line: 206-263-9651

Email: Rick.Ybarra@kingcounty.gov



(A resume may be substituted in lieu of submitting a completed application form)

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I'm Interested in Serving on the (Board or Commission Name):

King County Children and Families Strategy Task Force

My Name Is:

Debra Ren-Etta Sullivan

Preferred Contact Information:

Address	4413 39 th Avenue South
City, State, Zip Code	Seattle, WA 98118
Home Phone	206.328.5818
Work Phone	206.328.5818
Cell Phone	206.328.5818
Email Address	DRSullivan@AshePrep.org or Debra.Sullivan@gmail.com

Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	SAME
City, State, Zip Code	SAME

Job Title	Executive Director
Date of Employment	August 1, 2019
Company Name	Ashé Preparatory Academy
Street Address	19300 108 th St SE
City, State, Zip Code	Kent, WA 98031

King County Council 1 2 3 [District (Please type an "X" in the box to the		ict) t Know X
Have you served on a	ny other Board, Commission, or Committee	es (Please list them	below)?
Board, Commission or Committee Names		Year Appointed	Term Expired
Ashé Preparatory Academy Board of Directors		2017	2019
National Association for the Education of Young Children-		2010	2014
Washington Learns Ea	Washington Learns Early Learning Advisory Council (ELAC)		2010(?)
Please explain why yo	u feel you are the most qualified candidate	for this appointme	nt.
1	er, consultant, advisor, coach, and educator ir my work around preparing early childhood ed	-	
How did you learn of t	this opportunity?		
	ortunity through Sheila Capestany.		
Yes No If you hold any profession I have three degrees and Curriculum & Instruct	ional licenses, registrations or certificates ional licenses, please list them here: ad one honorary degree: A doctorate in Education, a bachelor's Cultural Anthropology, and	ational Leadership, a	n master's in
Letters.			
The King County Coun all King County residen	AATION (OPTIONAL) cil and the King County Executive are commits to ensure that King County boards and comproviding information in the section below is year.	missions are reflect	ive of the
How do you identify?	T		
Race/Ethnicity:	Black/African American		
Gender:	Female		
Sexual Orientation:	Heterosexual		
Preferred Pronoun: (he/him; she/her; they/them, etc.)	She/Her		

Do you have a disability as defined by the Americans with Disabilities Act? (Please type an "X" in the boxes that apply to you)

Yes No X		
Generation Range (Please 30 or younger 31-41	type an "X" to the right of the age range that applies to you): 42-52 53-63 X 64-74 75 or older	
Person to Notify in Case of	f Emergency (OPTIONAL)	
Name	Tuere Sala (sister) /Porter Sullivan (son)/Siobhan Sullivan (daughter)	
Home Phone	A	
Work Phone		
Cell Phone	206.412.8465/206.707.1943/206.851.4986	
Agreement and Signature By submitting this application knowledge.	on, I affirm that the facts set forth in it are true and complete to the best of my	
Name (typed or signature)	Debra Ren-Etta Sullivan	
Date	October 12, 2019	

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions King County Executive Office 401 Fifth Ave, Suite 800 Seattle, WA 98104

Direct Line: 206-263-9651

Email: Rick.Ybarra@kingcounty.gov



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I'm Interested in Serving on the (Board or Commission Name):

King County Children and Families Task Force

My Name Is:

Natalie Lente

Preferred Contact Information:

Address	1225 S Weller Street, Ste 300
City, State, Zip Code	Seattle, WA 98144
Home Phone	
Work Phone	206-329-1011 x257
Cell Phone	206-419-7698
Email Address	lente@childcare.org

Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	8224 16 th Ave NE
City, State, Zip Code	Seattle, WA 98115

Job Title	Director of Family Services
Date of Employment	8/17/16
Company Name	Child Care Resources
Street Address	1225 S Weller Street, Ste 300
City, State, Zip Code	Seattle, WA 98144

	9 Don	't Know
Have you served on any other Board, Commission, or Committees (Please list them below)?		
Board, Commission or Committee Names	Year Appointed	Expired
Although, I have not served in a formal appointed role, I have convened and participated in many community projects and regional plans and actively partnered with community agencies, early learning coalitions, local funders, multiple government agencies and community leaders.		
staffed the KC Women's Advisory Board from 2005 to 2008 and the Health Care for the Homeless Advisory Board from 2008 to 2015. Finally, I have actively participated in multiple national councils to include National Health Care for the Homeless Council and Child Care Aware of America. I was also an active member of the King County and City of Seattle McKinney Vento Steering Committee.		
have 25 years of experience in King County supporting our region amilies. My focus and motivation throughout my career have been approvement of the communities in which we live by improving accomports necessary to live healthy, happy and productive lives. In accomposition of the communities in which we live by improving accomposition of the communities in which we live by improving accomposition of the communities in which we live by improving accomposition of the communities in which we live by improving accomposition of the communities in which we live by improving accomposition of the communities in which we live by improving accomposition of the communities in which we live by improving accomposition of the communities in which we live by improving accomposition of the communities in which we live by improving accomposition of the communities in which we live by improving accomposition of the communities in which we live by improving accomposition of the communities in which we live by improving accomposition of the communities in which we live by improving accomposition of the communities in which we live by improving accomposition of the communities are accomposition of the communities and the communities are accomposition of the communities a	directed to particip cess for the most vuldition to my profes	oating in the
experience, I have adopted my two children from the foster care systarly interventions for children exposed to trauma in early life.	tem and understand	ssional
	rces and support al f regional (King and	ssional I the impact of I of our agency I Pierce
early interventions for children exposed to trauma in early life. am currently the Director of Family Services for Child Care Resouchild and family facing services. I am responsible for the support of Counties), state wide, and national reaching programs. I am responsi	arces and support all fregional (King and sible for promoting mager for the Health responsible for lead of the provision of quassness in King Course	ssional I the impact of I of our agency I Pierce access to qualit Care for the ing a regional nality, nty. Many of th

Do you hold any profes the box)?	sional licenses, registrations or certificates in any field (Please type an "X" in
Yes No x	
If you hold any profession	onal licenses, please list them here:
PERSONAL INFORM	ATION (OPTIONAL)
all King County resident	il and the King County Executive are committed to inclusiveness and outreach to s to ensure that King County boards and commissions are reflective of the roviding information in the section below is <u>voluntary</u> but will assist in achieving
How do you identify?	
Race/Ethnicity:	Mexican American
Gender:	Female
Sexual Orientation:	Lesbian
Preferred Pronoun:	She/her
(he/him; she/her; they/them, etc.)	
Yes No X Generation Range (Plea	
Person to Notify in Cas	e of Emergency (OPTIONAL)
Name	Michelle Lente
Home Phone	
Work Phone	
Cell Phone	206-257-9781
Agreement and Signatu By submitting this applic knowledge.	are cation, I affirm that the facts set forth in it are true and complete to the best of my
Name (typed or signature)	Natalie A. Lente
Date	10/14/2019

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions King County Executive Office 401 Fifth Ave, Suite 800 Seattle, WA 98104

Direct Line: 206-263-9651

Email: Rick. Ybarra@kingcounty.gov



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I'm Interested in Serving on the (Board or Commission Name):

King County Children and Families Strategy Task Force

My Name Is:

Denise R. Pruitt

Preferred Contact Information:

Address	3416 35 th Ave. SW
City, State, Zip Code	Seattle, WA 98126
Home Phone	N/A
Work Phone	206-477-3230
Cell Phone	206-229-3849
Email Address	denise.pruitt@kingcounty.gov

Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	3416 35 th Ave. SW
City, State, Zip Code	Seattle, WA 98126

Job Title	Senior Policy Advisor
Date of Employment	5/30/2014
Company Name	King County
Street Address	500 4 th Ave., Ste. 553
City, State, Zip Code	Seattle, WA 98104

King County Council 1 2 3 2	District (Please type an "X" in the box to the		ict) t Know
Have you served on an	y other Board, Commission, or Committees	s (Please list them	below)?
Board, Commission o	r Committee Names	Year Appointed	Term Expired
N.			
Please explain why you	ı feel you are the most qualified candidate f	or this appointme	nt.
policy, strategic planni experience conceptuali	I work as an advisor to the HR Director and eng, labor and employee relations, processes are zing, developing and implementing countywing strategies to address workforce management.	nd procedures. Add de HR policies, adn	litionally, I have
How did you learn of t	his opportunity?		
I was invited to serve b	y Executive Dow Constantine.		
	onal licenses, please list them here: Washington State Bar Association (Bar #4369	96).	
all King County residen	ATION (OPTIONAL) il and the King County Executive are commit is to ensure that King County boards and com- roviding information in the section below is very	missions are reflect	ive of the
Race/Ethnicity:	Caucasian		
Gender:	Female		
Sexual Orientation:			
Preferred Pronoun: (he/him; she/her; they/them, etc.)	She/her		
Do you have a disabilit the boxes that apply to y Yes No		ities Act? (Please t	ype an "X" in

30 or younger 31-41	42-52 X 53-63 64-74 75 or older			
Person to Notify in Case of Emergency (OPTIONAL)				
Name	John A. Mobley			
Home Phone	N/A			
Work Phone	206-685-4225			
Cell Phone	206-229-4063			

Generation Range (Please type an "X" to the right of the age range that applies to you):

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge.

Name (typed or signature)	Denise R. Pruitt	
Date	October 15, 2019	

Please return completed form to:

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions King County Executive Office 401 Fifth Ave, Suite 800 Seattle, WA 98104

Direct Line: 206-263-9651

Email: Rick. Ybarra@kingcounty.gov



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I'm Interested in Serving on the (Board or Commission Name):

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King Com	ty Chudun and Femilies Strategie's Task For
My Name Is:	
Saron R	eyneveld
Preferred Contact Inf	
Address	7353 16th Ave NW.
City, State, Zip Code	Seattle, UA 98117
Home Phone	Seattle, UA 98117 (206) 795-7555
Work Phone	
Cell Phone	()
Cell Flione	
Email Address	
Email Address	ss (REQUIRED if different from preferred mailing address)
Email Address	Saranreynevela@gmail.com
Email Address Physical Home Addre	Sarahreynevela@gmail.com ss (REQUIRED if different from preferred mailing address)
Email Address Physical Home Addre Home Address	Sarahreynevelae gmail.com ss (REQUIRED if different from preferred mailing address) Same as above
Email Address Physical Home Addre Home Address City, State, Zip Code	Sarahreynevelae gmail.com ss (REQUIRED if different from preferred mailing address) Same as above
Email Address Physical Home Addre Home Address City, State, Zip Code Current Employer	Sarancynevela@gmail.com ss (REQUIRED if different from preferred mailing address) Same as above Managing Assistant Altonney General
Email Address Physical Home Addre Home Address City, State, Zip Code Current Employer Job Title	Sarahreynevela@gmail.com ss (REQUIRED if different from preferred mailing address) Same as above Managing Assistant Altonney General Since 5/2012
Email Address Physical Home Addre Home Address City, State, Zip Code Current Employer Job Title Date of Employment	Sarancynevela@gmail.com ss (REQUIRED if different from preferred mailing address) Same as above Managing Assistant Altonney General

Board, Commission o	or Committee Names	Year Appointed	Term Expired
King Comity	berner's Adving Brand	2*14	2021
Please explain why yo	ou feel you are the most qualified candidat	te for this appointmen	it.
I serve as Wite the rea I am all How did you learn of	Choir of the WAB (women's Ad commendations for the Chestin a or a mond of 2 chesses; this opportunity?	ore in chillico	Hyes Tast
Depont - 1 6	Phio and KC Conviet nent	ier Kohl-Willa	<i>a</i> .
or courter of			
Do you hold any prof the box)?	essional licenses, registrations or certificat	tes in any field (Please	e type an "X" in
Do you hold any prof the box)? Yes \(\sum \) No \(\sum \)	essional licenses, registrations or certificat	tes in any field (Please	type an "X" in
Do you hold any prof the box)? Yes No If you hold any profess I an a le	sional licenses, registrations or certificate	tes in any field (Please	type an "X" in
Do you hold any profess the box)? Yes No Signature No Si	sional licenses, registrations or certificate sional licenses, please list them here: MATION (OPTIONAL) ncil and the King County Executive are comments to ensure that King County boards and counts to ensure that King County boards and counts in the section below in the section be	mitted to inclusiveness	and outreach to
Do you hold any profess the box)? Yes No Siff you hold any profess I was a selected and selected the community we serve, this goal. How do you identify?	sional licenses, registrations or certificate sional licenses, please list them here: MATION (OPTIONAL) ncil and the King County Executive are comments to ensure that King County boards and counts to ensure that King County boards and counts in the section below in the section be	mitted to inclusiveness	and outreach to
Do you hold any profite box)? Yes No Service No Servic	sional licenses, registrations or certificate sional licenses, please list them here: MATION (OPTIONAL) Incil and the King County Executive are comments to ensure that King County boards and county boards and county in the section below i	mitted to inclusiveness	and outreach to
Do you hold any profess the box)? Yes No Serve	sional licenses, registrations or certificate sional licenses, please list them here: MATION (OPTIONAL) ncil and the King County Executive are comments to ensure that King County boards and counts to ensure that King County boards and counts in the section below in the section be	mitted to inclusiveness	and outreach to
Do you hold any profess the box)? Yes No Signature No Si	sional licenses, registrations or certificate sional licenses, please list them here: MATION (OPTIONAL) Incil and the King County Executive are comments to ensure that King County boards and county boards and county in the section below i	mitted to inclusiveness	and outreach to
Do you hold any profess the box)? Yes No Serve	sional licenses, registrations or certificate sional licenses, please list them here: MATION (OPTIONAL) Incil and the King County Executive are comments to ensure that King County boards and county boards and county in the section below i	mitted to inclusiveness	and outreach to

Person to Notify in Case of Emergency (OPTIONAL)

Name	Jod Merkel (Spinse)
Home Phone	(206) 719-8295
Work Phone	
Cell Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete to the best of my knowledge.

Name (typed or signature)	Marit Duneen
Date	10/15/19

Please return completed form to:

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

Rick Ybarra, Liaison for Boards and Commissions King County Executive Office 401 Fifth Ave, Suite 800 Seattle, WA 98104

Direct Line: 206-263-9651

Email: Rick.Ybarra@kingcounty.gov



(A resume may be substituted in lieu of submitting a completed application form)

PLEASE NOTE: Information provided on this form will be a public record subject to free and open examination by any person under the Washington State Public Records Act (RCW 42.56.250). However, while we will disclose the applicant's name, the applicant's address, phone number and email address will be redacted.

Thank you for your interest in serving on a King County board or commission. Individuals selected to serve on a King County board or commission will also be required to complete a King County Ethics Program Financial Disclosure Form within two weeks of being nominated to serve on a King County board or commission. Individuals appointed to serve on a board or commission that is overseen by an agency independent of King County government are exempt from the financial disclosure filing requirement.

I'm Interested in Serving on the (Board or Commission Nam	I'm	Interested	in	Serving on	the	(Board or	Commission	Name
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King County's Children and Families Strategy Task Force

My Name Is:

Jenny Choi

Preferred Contact Information:

Address	2220 E. Union Street. Apt. 327
City, State, Zip Code	Seattle, WA 98122
Home Phone	
Work Phone	(206) 386-0021
Cell Phone	(360) 990-4874
Email Address	jenny.choi@seattle.gov

Physical Home Address (REQUIRED if different from preferred mailing address)

Home Address	
City, State, Zip Code	

Job Title	Senior Early Learning Policy Specialist	
Date of Employment	November 2018	
Company Name	City of Seattle – Department of Education and Early Learning	
Street Address	700 5 th Avenue, Suite 1700	
City, State, Zip Code	Seattle, WA 98104	

King County Council 1 2 3	District (Please type an "X" in the box to the		t Know x	
Have you served on any other Board, Commission, or Committees (Please list them below)?				
Board, Commission or Committee Names		Year Appointed	Term Expired	
Please evolain why vo	ou feel you are the most qualified candidate	for this appointme	nt	
preschool program (S partnerships from the represent the interests serve children in our of preschool program that	epartment of Education and Early Learning of eattle Preschool Program otherwise known as community, county, city, state, and federal le of community, school, and home-based child city. Through research and these partnerships, at is affordable and accessible and continue to and collaborate with stakeholders to broaden	SPP). The work of Sivels. As a policy spel care providers so the the City was able to expand that mission	SPP leverages cialist, I aim to at they can best create a a. We have	
Through community r	nembers in early learning education.			
the box)? Yes No	essional licenses, registrations or certificate	es in any field (Pleas	se type an "X" in	
f you hold any profess	ional licenses, please list them here:			
The King County Cour all King County resider	MATION (OPTIONAL) acil and the King County Executive are comments to ensure that King County boards and control Providing information in the section below is	nmissions are reflect	tive of the	
How do you identify?				
Race/Ethnicity:	Asian/Korean			
Gender:	Female			
Sexual Orientation:	Heterosexual			
Preferred Pronoun: (he/him; she/her; they/them, etc.)	She/her			

Do you have a disability as the boxes that apply to you)	defined by the Americans with Disabilities Act? (Please type an "X" in
Yes No x	
Generation Range (Please a 30 or younger 31-41	type an "X" to the right of the age range that applies to you): x 42-52 53-63 64-74 75 or older
Person to Notify in Case of	Emergency (OPTIONAL)
Name	
Home Phone	
Work Phone	
Cell Phone	
Agreement and Signature By submitting this application knowledge.	on, I affirm that the facts set forth in it are true and complete to the best of my
Name (typed or signature)	Jenny Choi
Date	October 17, 2019

(You can either mail your completed form to us; scan your completed form then email it to us as a PDF attachment; or after filling out the form and typing your name on the signature line, save the completed form to your hard drive and then attach the completed form to an email.)

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