

Subject: Online Form Submittal: Advisory Group Application
Date: Thursday, April 11, 2024 8:28:06 PM

Advisory Group Application

Step 1

Application for Appointment to Whatcom County Advisory Groups

Public Statement

THIS IS A PUBLIC DOCUMENT: As a candidate for a public advisory group, the information provided will be available to the County Council, County Executive, and the public. All advisory group members are expected to be fair, impartial, and respectful of the public, County staff, and each other. Failure to abide by these expectations may result in revocation of appointment and removal from the appointive position.

Title *Field not completed.*

First Name Bruce

Last Name Thames

Today's Date 4/11/2024

Street Address [REDACTED]

City [REDACTED]

Zip [REDACTED]

Do you live in Whatcom County? Yes

Do you have a different mailing address? *Field not completed.*

Primary Telephone [REDACTED]

Secondary Telephone *Field not completed.*

Email Address [REDACTED]

Step 2

1. Name of Advisory Board of Equalization

Group

Board of Equalization Position District 5

2. Do you meet the residency, employment, and/or affiliation requirements of the position for which you're applying? Yes

3. Which Council district do you live in? District 5

4. Have you ever been a member of this Advisory Group No

5. Do you or your spouse have a financial interest in or are you an employee or officer of any business or agency that does business with Whatcom County? No

6. Have you declared candidacy (as defined by RCW 42.17A.055) for a paid elected office in any jurisdiction within the county? Yes

You may attach a resume or detailed summary of experience, qualifications, & interest in response to the following questions *Field not completed.*

7. Please describe your occupation (or former occupation if retired), qualifications, professional and/or community activities, *Field not completed.*

and education

8. Please describe why you're interested in serving on this Advisory Group. *Field not completed.*

References (please include daytime telephone number): *Field not completed.*

Appointment Requirements I understand and agree

Signature of applicant: Bruce Thames

Place Signed / Submitted Bruce Thames

(Section Break)
