

**AGENDA**

**DES MOINES CITY COUNCIL  
REGULAR MEETING  
City Council Chambers  
21630 11<sup>th</sup> Avenue South, Des Moines**

**June 18, 2015 – 7:00 p.m.**

**CALL TO ORDER**

**PLEDGE OF ALLEGIANCE**

**ROLL CALL**

**CORRESPONDENCE**

**COMMENTS FROM THE PUBLIC**

**BOARD AND COMMITTEE REPORTS/COUNCILMEMBER COMMENTS**

**PRESIDING OFFICER'S REPORT**

**ADMINISTRATION REPORT**

Item 1: PUBLIC AWARENESS OF FIREWORKS BAN IN DES MOINES

Item 2: DINING HALL GRAND OPENING

**CONSENT AGENDA**

**NEW BUSINESS**

Page 1 Item 1: INTERVIEW & APPOINTMENT TO FILL VACANT COUNCIL POSITION #2

**EXECUTIVE SESSION**

The purpose of this Executive Session is to discuss the qualifications of the candidates for the vacant City Council seat per RCW 42.30.110(1)(h).

**EXECUTIVE SESSION**

The purpose of the Executive Session is to discuss Labor Negotiations under RCW 42.30.140(4)(a).

**NEXT MEETING DATE**

June 25, 2015

**ADJOURNMENT**

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# AGENDA ITEM

## BUSINESS OF THE CITY COUNCIL City of Des Moines, WA

SUBJECT: Interview of Candidates for Vacant City  
Council Seat #2

AGENDA OF: June 18, 2015

DEPT. OF ORIGIN: Administration

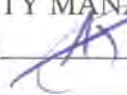
**ATTACHMENTS:**

1. Council Candidate Applications

DATE SUBMITTED: June 11, 2015

**CLEARANCES:**

- ☐ Legal \_\_\_\_\_
- ☐ Economic Development \_\_\_\_\_
- ☐ Finance \_\_\_\_\_
- ☐ Marina \_\_\_\_\_
- ☐ Parks, Recreation & Senior Services \_\_\_\_\_
- ☐ Planning, Building & Public Works \_\_\_\_\_
- ☐ Police \_\_\_\_\_
- ☐ Courts \_\_\_\_\_

APPROVED BY CITY MANAGER  
FOR SUBMITTAL: 

**Purpose and Recommendation:**

The purpose of this agenda item is to provide the City Council the applications for the City Council seat that is vacant as a result of Councilmember Jeanette Burrage's resignation and to outline the interview process that will be held at the June 18, 2015 City Council meeting. Final selection of a candidate to fill the vacant seat is scheduled to occur at the same meeting.

**Background:**

City Councilmember Jeanette Burrage resigned from her seat on April 22, 2015. City Council Rule 33 covers filling vacant Council seats and states:

**RULE 33.** If a vacancy occurs in the office of Councilmember, the Council will follow the procedures outlined in RCW 35A.13.020. In order to fill the vacancy with the most qualified person available until an election is held, the Council will widely distribute and publish a notice of the vacancy, the procedure and any application form for applying. The Council will draw up an application form which contains relevant information to answer set questions posed by the Council. The application forms will be used in conjunction with an interview of each candidate to aid the Council's selection of the new Councilmember.

The application form used in 2013, the last time a vacancy occurred, was posted along with a description of the application process on the City's website and notices about the vacancy and application process were sent and posted as follows:

Sent to:

- Seattle Times
- Highline Times/Des Moines News
- Waterlandblog

Posted at:

- City of Des Moines web-site
- City Hall
- Marina
- Redondo
- Libraries – Des Moines/Woodmont

### **Discussion**

Mayor Kaplan proposes that Council follow the same interview procedure as was used in 2013. Each candidate will be given three minutes for an opening statement/comment. Each Councilmember will be able to ask each candidate one question and candidates will be given two minutes to answer each question. Councilmembers do not have to ask each candidate the same question. The Councilmember asking the first question of each candidate will rotate.



**CITY OF DES MOINES**  
**APPLICATION FOR COUNCIL VACANCY**  
 21630 11th Avenue South  
 Des Moines, WA 98198

Received: \_\_\_\_\_

RECEIVED

MAY 18 2011

11:50am  
PawCITY OF DES MOINES  
CITY CLERK

NAME: \_\_\_\_\_ M. Luisa Bangs \_\_\_\_\_  
 ADDRESS: 22605 12th Avenue South. \_\_\_\_\_  
 PHONE: Home 206-878-1760 \_\_\_\_\_ Work 206-787-4661 \_\_\_\_\_ Cell Phone: 206-733-0306  
 E-MAIL: luisa4desmoines@gmail.com \_\_\_\_\_  
 LENGTH OF RESIDENCE AT THE ABOVE ADDRESS 12 years \_\_\_\_\_  
 REGISTERED VOTER? \_\_\_\_\_  
 EMPLOYMENT SUMMARY LAST FIVE YEARS: Port of Seattle, Senior Maintenance Manager, Sea  
 Tac International Airport \_\_\_\_\_

Are you related to anyone presently employed by the City or a member of a City Board?  
 \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Do you currently have an ownership interest in either real property (other than your primary residence or a business) in Des Moines? \_\_\_\_\_ No \_\_\_\_\_ If so, please describe: \_\_\_\_\_

Please list any Des Moines elective/appointive offices you have run/applied for previously. \_\_\_\_\_

IN ORDER TO FULLY EVALUATE YOUR QUALIFICATIONS FOR THIS POSITION, PLEASE ANSWER THE FOLLOWING QUESTIONS **USING ADDITIONAL PAPER IF NECESSARY.**

1. What qualifications and experience do you have that have prepared you to be a Councilmember for the City of Des Moines? \_\_\_\_\_ My years of experience working in a Public Sector organization. Port of Seattle. I have developed zero based budgets, monitored expenditures, and approved expenditures while still coming in on target. I lead meetings requiring agendas, research in preparation for "getting to yes" and dealing with very technical issues. I have been involved with collective bargaining since 2007. \_\_\_\_\_

2. What do you hope to accomplish if appointed? \_\_\_\_\_

I hope to learn the inner workings of the Council and the challenges the City is faced with and bring skills that help us get to resolution. \_\_\_\_\_

3. What is your vision for Des Moines? \_\_\_\_\_

Not to be flip, I truly want Des Moines to be a "destination place" and no longer be a "cliche". We have so much to offer and establishing strong economic vitality will be the spring board to achieving this. \_\_\_\_\_

**Maria Luisa Bangs**  
**22605 12<sup>th</sup> Avenue S., Des Moines, WA 98198**  
**(206) 733-0306   luisa4desmoines@gmail.com**

**RESIDENT OF DES MOINES** Since 1999

**REGISTERED VOTER IN KING COUNTY** Since 1972

### **EMPLOYMENT SUMMARY**

|                                                                                                     |              |
|-----------------------------------------------------------------------------------------------------|--------------|
| Senior Maintenance Manager – Facilities/Fleet/Systems/Grounds<br>Aviation Division, Port of Seattle | 2006-Present |
| Senior Maintenance Manager – Budget & Systems Support<br>Aviation Division, Port of Seattle         | 1996-2006    |
| AIMS Operational Lead<br>Aviation Division, Port of Seattle                                         |              |

### **COMMUNITY LEADERSHIP & ACTIVITIES**

Des Moines Arts Commission, Commissioner  
 Pediatric Interim Care (PIC), Board of Directors  
 NAACP, Labor & Industry Committee  
 Port of Seattle Development & Diversity Council, Member  
 High Performance Workplace Strategy, Co-Chair  
 Leveraging Leadership, Mentor

### **EDUCATION**

#### **A.A. in Business Management:**

*Economics; Labor Relations; Business Analysis & Management*

City University – Renton, WA

City University – New York

#### **Lifelong Learning & Continuing Education Courses:**

*Supply Chain Management; Critical & Strategic Thinking; Financial Analysis;  
 Development & Diversity; MRO-Maximo training; Labor Relations; Port of Seattle  
 sponsored leadership & management courses; seminars on management, leadership,  
 communications & workplace operations*

Various educational providers

#### **Certified Mediator – Dispute Resolution**

Snohomish County

#### **Certified Manager and Member in Good Standing**

Port of Seattle National Management Association

#### **Five-day Leadership Course:**

*Leadership skills assessment and management implementation plan*

Marilyn Gist, Instructor

#### **Specialized Certifications & Training:**

Federal Emergency Management Act courses (NIMS)

Incident Command/Emergency Command Center training

### **AWARDS & ACKNOWLEDGEMENTS**

Port of Seattle's Charles Blood Champion of Diversity Award  
 National Management Association (NMA) Award for Excellence

*Mailed 3.24.15*

|                                                                                                                                                          |                                                                                |                                             |                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------|
| <b>PUBLIC DISCLOSURE COMMISSION</b><br><br>711 CAPITOL WAY RM 206<br>PO BOX 40908<br>OLYMPIA WA 98504-0908<br>(360) 753-1111<br>TOLL FREE 1-877-601-2828 | PDC FORM 5<br><div style="font-size: 2em; font-weight: bold;">F-1</div> (1/15) | <b>PERSONAL FINANCIAL AFFAIRS STATEMENT</b> | P M PDC OFFICE USE<br>O A<br>S R<br>T K<br><br>R<br>E<br>C<br>E<br>I<br>V<br>E<br>D |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------|

Refer to instruction manual for detailed assistance and examples.

**Deadlines:** Incumbent elected and appointed officials – by April 15.  
 Candidates and others – within two weeks of becoming a candidate or being newly appointed to a position.

**SEND REPORT TO PUBLIC DISCLOSURE COMMISSION**

|                                                                                       |       |                |                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------|-------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Last Name                                                                             | First | Middle Initial | Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details. |
| Bangs                                                                                 | Maria | Luisa          |                                                                                                                                                                                                                                                                                                             |
| Mailing Address (Use PO Box or Work Address) *<br>22605 12 <sup>th</sup> Avenue South |       |                |                                                                                                                                                                                                                                                                                                             |

|            |        |            |
|------------|--------|------------|
| City       | County | Zip + 4    |
| Des Moines | King   | 98198-6946 |

**Filing Status (Check only one box.)**

☐ An elected or state appointed official filing annual report

☐ Final report as an elected official. Term expired: \_\_\_\_\_

☒ Candidate running in an election: month Nov year 2015

☐ Newly appointed to an elective office

☐ Newly appointed to a state appointive office

☐ Professional staff of the Governor's Office and the Legislature

Office Held or Sought

Office title: City Council

County, city, district or agency of the office, name and number: Des Moines

Position number: Undecided

Term begins: 2016 ends: 2020

**1 INCOME** List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received \$2,400 or more during the period. Include stock options received during the reporting period that had a value of \$2,400 or more. (Report interest and dividends in Item 3.)

| 1                                                                  | Show Self (S)<br>Spouse (SP DP)<br>Dependant (D) | Name and Address of Employer or Source of Compensation | Occupation or How Compensation Was Earned | Amount:<br>(Use Code) |
|--------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------|-------------------------------------------|-----------------------|
|                                                                    |                                                  | Port of Seattle, PO Box 1209, Seattle, WA 98111        | Sr. Manager                               | D                     |
| Check Here <input type="checkbox"/> if continued on attached sheet |                                                  |                                                        |                                           |                       |

**2 REAL ESTATE** List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

| Property Sold or Interest Divested                                 | Assessed Value<br>(Use Code) | Name and Address of Purchaser | Nature and Amount (Use Code) of Payment or Consideration Received |
|--------------------------------------------------------------------|------------------------------|-------------------------------|-------------------------------------------------------------------|
| Property Purchased or Interest Acquired                            |                              | Creditor's Name/Address       | Payment Terms                                                     |
| 22605 12 <sup>th</sup> Avenue S.<br>Des Moines, WA 98198           | E                            | Boeing Credit Union           | Monthly                                                           |
|                                                                    |                              | Security Given                | Mortgage Amount - (Use Code)<br>Original Current                  |
|                                                                    |                              | House                         | E   E                                                             |
| All Other Property Entirely or Partially Owned                     |                              |                               |                                                                   |
| Check here <input type="checkbox"/> if continued on attached sheet |                              |                               |                                                                   |

**3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS**

List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.

| A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$24,000 any time during the report period.                                                                                                                                                                                                                                                                                                                                                                                                                                     | Type of Account or Description of Asset | Asset Value (Use Code) | Income Amount (Use Code) |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------|--------------------------|
| B. Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$24,000 during the period.                                                                                                                                                                                                                                                                                                                                                                                                                                            | Farmers Insurance                       | E                      | E                        |
| C. Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. | Public Employee Retirement System       | D                      | D                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Port of Seattle 457                     | D                      | D                        |

Check here ☐ if continued on attached sheet.

**4 CREDITORS**

List each creditor you or a family member, including registered domestic partner, owed \$2,400 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

AMOUNT  
(USE CODE)

| Creditor's Name and Address                                 | Terms of Payment | Security Given | Original | Present |
|-------------------------------------------------------------|------------------|----------------|----------|---------|
| Port of Seattle Visa<br>17801 Int'l Blvd, Seattle, WA 98158 | Monthly          | none           | B        | A       |

Check here ☐ if continued on attached sheet.

**5**

All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required.

Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? N \_\_\_\_ If yes, complete Supplement, Part A.
- B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? N \_\_\_\_ If yes, complete Supplement, Part A.
- C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? N \_\_\_\_ If yes, complete Supplement, Part A.
- D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? N \_\_\_\_ If yes, complete Supplement, Part B.
- E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over \$50 per occasion? N \_\_\_\_ or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? N \_\_\_\_ If yes to either or both questions, complete Supplement, Part C.

**ALL FILERS EXCEPT CANDIDATES.** Check the appropriate box.

- ☐ I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.
- ☐ I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

\*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information.

**CERTIFICATION:** I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

Signature: Maria Juan Bango Date: 3.23.15  
 Contact Telephone: (206) \*878-1766  
 Email: luisa-4desmoines@gmail.com (work) 206.787.46  
 Email: luisa-bango@hotmail.com (Home) Optional

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE



**CITY OF DES MOINES**  
**APPLICATION FOR COUNCIL VACANCY**  
 21630 11th Avenue South  
 Des Moines, WA 98198

Received: **RECEIVED**

**MAY 19 2015**

2:15pm

**CITY OF DES MOINES  
CITY CLERK**

NAME: ALEXANDER G. SZABO  
 ADDRESS: 28045 13th AVE SOUTH  
 PHONE: Home 253-941-4151 Work \_\_\_\_\_ Cell Phone: 206-858-3123  
 E-MAIL: TAYLOR6224@MSN.COM.  
 LENGTH OF RESIDENCE AT THE ABOVE ADDRESS 1 YR. 10 MONTHS, 20 YEARS IN WEST SEATTLE.  
 REGISTERED VOTER? YES  
 EMPLOYMENT SUMMARY LAST FIVE YEARS: RETIRED UNIVERSITY PROFESSOR

Are you related to anyone presently employed by the City or a member of a City Board? No  
 If yes, explain: \_\_\_\_\_

Do you currently have an ownership interest in either real property (other than your primary residence or a business) in Des Moines? No If so, please describe: \_\_\_\_\_

Please list any Des Moines elective/appointive offices you have run/applied for previously. \_\_\_\_\_

N/A

IN ORDER TO FULLY EVALUATE YOUR QUALIFICATIONS FOR THIS POSITION, PLEASE ANSWER THE FOLLOWING QUESTIONS USING ADDITIONAL PAPER IF NECESSARY.

1. What qualifications and experience do you have that have prepared you to be a Councilmember for the City of Des Moines? \_\_\_\_\_

2. What do you hope to accomplish if appointed? \_\_\_\_\_

3. What is your vision for Des Moines? \_\_\_\_\_

FOR ABOVE QUESTIONS, SEE ATTACHED DOCUMENTS. THANK YOU. <sup>7</sup>

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                              |                                                           |  |                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--|--------------------------------------|
| <b>WAC 390-24-020</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              | <b>PDC FORM F-1A</b><br>(1/12)                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                              | <b>PERSONAL FINANCIAL AFFAIRS STATEMENT</b><br>Short Form |  | POST<br>M A R K<br>PDC OFFICE<br>USE |
| <b>PO BOX 40908</b><br><b>OLYMPIA WA 98504-0908</b><br><b>(360) 753-1111</b><br><b>TOLL FREE 1-877-601-2828</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              | The F-1A form is designed to simplify reporting for persons who have no changes or only minor changes to an F-1 report previously filed.<br><b>A complete F-1 form must be filed at least every four years;</b> an F-1A form may be used for no more than three consecutive reports.<br><b>Deadlines:</b> Incumbent elected and appointed officials -- by April 15.<br>Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position. |                                                                                                                                                                                                                                                                                                                              |                                                           |  | <b>RECEIVED</b>                      |
| DOLLAR CODE<br>A \$1 to \$3,999<br>B \$4,000 to \$19,999<br>C \$20,000 to \$39,999<br>D \$40,000 to \$99,999<br>E \$100,000 or more                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                              | AMOUNT                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                              |                                                           |  |                                      |
| Last Name <b>SZABO</b> First <b>ALEXANDER</b> Middle Initial <b>G.</b><br>Mailing Address (Use PO Box or Work Address) *<br><b>28045 13th AVE SOUTH</b><br>City <b>DES MOINES</b> County <b>KING</b> Zip + 4 <b>98198-9432</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              | Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.<br><b>PATRICIA</b>                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                              |                                                           |  |                                      |
| Filing Status (Check only one box.)<br><input type="checkbox"/> An elected or state appointed official filing annual report<br><input type="checkbox"/> Final report as an elected official. Term expired: _____ year _____<br><input type="checkbox"/> Candidate running in an election: month _____ year _____<br><input checked="" type="checkbox"/> Newly appointed to an elective office<br><input type="checkbox"/> Newly appointed to a state appointive office<br><input type="checkbox"/> Professional staff of the Governor's Office and the Legislature                                                                                                                                      |                              | Office Held or Sought<br>Office title: <b>CITY COUNCIL</b><br>County, city, district or agency of the office, name and number: <b>DES MOINES</b><br>Position number: <b>2</b><br>Term begins: _____ ends: _____                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                              |                                                           |  |                                      |
| Select either "No Change Report" or "Minor Change Report," whichever reflects your situation. Supply all the requested information.<br><input checked="" type="checkbox"/> <b>NO CHANGE REPORT.</b> I have reviewed my last complete F-1 report dated _____ and F-1A reports (if any) dated (1) _____ and (2) _____. The information disclosed on those reports is accurate for the current reporting period.<br><input type="checkbox"/> <b>MINOR CHANGES REPORT.</b> I have reviewed my last complete F-1 report dated _____. The changes listed below have occurred during the reporting period. Specify F-1 Form Item numbers and describe changes. Provide all information required on F-1 report. |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                              |                                                           |  |                                      |
| Check here <input type="checkbox"/> if continued on attached sheet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                              |                                                           |  |                                      |
| <b>FOOD TRAVEL SEMINARS</b> Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.                                                                                                                                                                                                                                                                                               |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                              |                                                           |  |                                      |
| Date Received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Donor's Name, City and State | Brief Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Actual Dollar Amount                                                                                                                                                                                                                                                                                                         | Value (Use Code)                                          |  |                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>NA</b>                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                              |                                                           |  |                                      |
| Check here <input type="checkbox"/> if continued on attached sheet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                              |                                                           |  |                                      |
| <b>ALL FILERS EXCEPT CANDIDATES.</b> Check the appropriate box.<br><input type="checkbox"/> I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.<br><input type="checkbox"/> I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.<br><b>*CANDIDATES:</b> Do not use public agency addresses or telephone numbers for contact information                                                                                                                                               |                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>CERTIFICATION:</b> I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.<br><br>Signature _____ Date <b>5/19/15</b><br>Contact Telephone: <b>(253) 941-4151</b><br>Email: _____ (work) *<br>Email: <b>TAYLOR.6224@M5N.COM</b> (Home) Optional |                                                           |  |                                      |

**Report Not Acceptable Without Filer's Signature**

Page 2

**F-1 Supplement**

|                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                                                                                         |                      |                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------|----------------------|-------------------------|
| Name _____                                                                                                                                                                                                                                                                                                                                                                                                  |                              |                                                                                         |                      |                         |
| ENTITY NO. 2                                                                                                                                                                                                                                                                                                                                                                                                |                              | Reporting For: Self <input type="checkbox"/> Spouse <input type="checkbox"/>            |                      |                         |
| LEGAL NAME:                                                                                                                                                                                                                                                                                                                                                                                                 |                              | Registered Domestic Partner <input type="checkbox"/> Dependent <input type="checkbox"/> |                      |                         |
| TRADE OR OPERATING NAME:                                                                                                                                                                                                                                                                                                                                                                                    |                              | POSITION OR PERCENT OF OWNERSHIP _____                                                  |                      |                         |
| ADDRESS: _____                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                                                         |                      |                         |
| BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: _____                                                                                                                                                                                                                                                                                                                                                       |                              |                                                                                         |                      |                         |
| PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:                                                                                                                                                                                                                                                                                                                              |                              |                                                                                         |                      |                         |
| Purpose of payments                                                                                                                                                                                                                                                                                                                                                                                         |                              | Amount (actual dollars)                                                                 |                      |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                             |                              | \$ _____                                                                                |                      |                         |
| PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$10,000 OR MORE:                                                                                                                                                                                                                                                                                                                                |                              |                                                                                         |                      |                         |
| Agency name:                                                                                                                                                                                                                                                                                                                                                                                                |                              | Purpose of payment (amount not required)                                                |                      |                         |
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| PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$10,000 OR MORE                                                                                                                                                                                                                                                                                                                                        |                              |                                                                                         |                      |                         |
| Customer name:                                                                                                                                                                                                                                                                                                                                                                                              |                              | Purpose of payment (amount not required)                                                |                      |                         |
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| WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$20,000. List street address, assessor parcel number, or legal description and county for each parcel):                                                                                                                            |                              |                                                                                         |                      |                         |
| Check here <input type="checkbox"/> if continued on attached sheet                                                                                                                                                                                                                                                                                                                                          |                              |                                                                                         |                      |                         |
| <b>B LOBBYING:</b> List persons for whom you, or any immediate family member, including registered domestic partner, lobbied or prepared state legislation or state rules, rates, or standards for compensation or deferred compensation. Do not list pay from government body in which you are an elected official or professional staff member.                                                           |                              |                                                                                         |                      |                         |
| Person to Whom Services Rendered                                                                                                                                                                                                                                                                                                                                                                            |                              | Description of Legislation, Rules, Etc.                                                 |                      | Compensation (Use Code) |
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| Check here <input type="checkbox"/> if continued on attached sheet                                                                                                                                                                                                                                                                                                                                          |                              |                                                                                         |                      |                         |
| <b>C FOOD TRAVEL SEMINARS</b> Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training. |                              |                                                                                         |                      |                         |
| Date Received                                                                                                                                                                                                                                                                                                                                                                                               | Donor's Name, City and State | Brief Description                                                                       | Actual Dollar Amount | Value (Use Code)        |
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| <b>H</b> <u>RCW 42.17A.740(1)(e)</u><br><u>WAC 390-24-205</u> | <b>I</b> <u>RCW 42.17A.740(1)(e)</u> | <b>J</b> <u>RCW 42.17A.740(1)(l) and (m)</u><br><u>WAC 390-24-203</u> |
|---------------------------------------------------------------|--------------------------------------|-----------------------------------------------------------------------|

Dr. Alexander G. Szabo  
 28045 13<sup>th</sup> Ave South, Des Moines, WA 98198-9432  
 (253) 941-4151, email: [taylor6224@msn.com](mailto:taylor6224@msn.com)

Des Moines Mayor Dave Kaplan, City Council members and staff,

I am respectfully sending forth my application letter and affiliated documents for the temporary appointment to the City of Des Moines City Council, Position No.2. My documents include this letter and the application, a current C.V., and a written endorsement. In addition, I am providing a recent book review that I have written on the complex issues of suburban poverty. I am interested in this City Council position for several interrelated reasons and their related issues.

I have closely studied the 2015 Des Moines City Council Vision, Mission Statement, Goals and Strategic Objectives, both Short Term and Long Term and the Des Moines Municipal Code. I have also studied the DES MOINES CITY COUNCIL RULES OF PROCEDURE, and the City of Des Moines 2015 Intergovernmental Policies and Positions. I strongly believe that I am a well qualified candidate. Additionally, I have declared my candidacy for City of Des Moines, Council Position No. 2, which has been approved by King County Elections.

My current volunteer work as an appointed member of the City of Des Moines Human Services Advisory Committee has furthered my qualifications for appointment for Council Position No. 2. Attending Des Moines City Council meetings has given me opportunities to learn more about the major issues facing Des Moines and the City Council. As examples, the revitalization of the downtown hub, economic development and transportation initiatives and the provision of human services are of major importance.

I am a retired university professor, teaching most recently for 7 years at Pacific Lutheran University's B.S.W. undergraduate program in Social Work. I also developed and taught elective courses in the History of American Social Welfare, Social Work Ethics, English Composition and courses on Homelessness in metropolitan and rural areas as well as a course on Homelessness and Women. During my years at P.L.U., I was appointed to several committees by the Pierce County Council. Previous to this latter appointment, I held a position for four years in the undergraduate B.S.W. and graduate M.S.W. degree programs at Southern Illinois University in Carbondale, IL. In May 2001 I retired from Pacific Lutheran University and began community service work as a volunteer.

My pre-academic experiences were in Human Services and Mental Health administration and community organization. My last position in the South Bronx was as the Director of Clinical and Rehabilitation Services of a community mental health center, including administration and supervision of clinical, rehabilitation and housing services for the dual diagnosed (co-occurring disorders) (Axis 1 Mental Illness, Axis 2 Substance Abuse) chronically mentally ill substance abuse patients. My agency administrative work of four years was done conjointly with the completion of my doctoral studies at Columbia University's Teachers College. On my separation day, I was presented with a Certificate of Merit from the Borough President of the Bronx, New York.

As a Senior Consultant and Associate Deputy Commissioner for The New York City Department of Mental Health, Mental Retardation and Alcoholism Services, I served in the development and negotiation of fiscal and service contracts utilizing a newly instituted Program Planning and Budgeting

System, and the development of sub-regional catchment area planning and advisory bodies composed of funded mental health providers. My total program responsibility was in excess of \$20 M. annually.

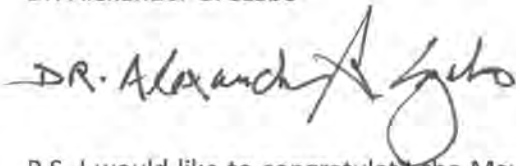
In addition to my C.V., I have included a letter honoring my service from President Loren Anderson, of Pacific Lutheran University, a nominating statement for a Memorial Public Service Award at Southern Illinois University and my book review of "CONFRONTING SUBURBAN POVERTY in AMERICA" authored by Elizabeth Kneebone and Alan Berube of The BROOKINGS INSTITUTION. This volume offers substantial data on South King County.

As you will see from my resume, I would be an asset to the Des Moines City Council. This is an important time of change and growth for the city and as a change agent, I am eager to be part of it.

Thank you for your consideration. I look forward to hearing from you.

Sincerely,

Dr. Alexander G. Szabo

A handwritten signature in black ink that reads "DR. Alexander G. Szabo". The signature is written in a cursive, flowing style with a large, stylized initial 'A'.

P.S. I would like to congratulate the Mayor, City Council and associate staff for facilitating the move of the FAA's regional headquarters from Renton to Des Moines. This is a wonderful opportunity for the development of our city.

## ALEXANDER SZABO

WHAT QUALIFICATIONS AND EXPERIENCE DO YOU HAVE THAT PREPARED YOU TO BE A  
COUNCIL MEMBER FOR THE CITY OF DES MOINES?

I hold public service in highest regard, as it lies within the core of the principles of citizenship. In my life, these principles are shown by my administrative public responsibilities on the municipal, state and federal levels. To me, the existence of popular democratic values has their intellectual foundation based on the concept of an "educated public" that reasonably represents its citizens in a just and ethical way. My lifelong experiences give honor to such public philosophies and, if appointed, honoring those principles of public service would serve as my mandate of civic responsibility.

I have had numerous governmental and private sector opportunities to engage in the many complexities of public service as well as human services and mental health administration. For eight years, I was appointed to the position of Senior Consultant on the Manhattan Regional Team for the New York City Department of Mental Health, Mental Health and Alcoholism Services.

More recently, I was appointed as an Assistant Professor in the Department of Social Work at Pacific Lutheran University, where I taught for seven years in full-time and part-time positions and where my teaching specialties included Community Organization, Social Welfare Policy Analysis, Social Work Ethics and several courses on homelessness.

Previous to that appointment, I was appointed to serve as an Assistant Professor in both undergraduate and graduate faculties at Southern Illinois University at Carbondale, IL for four years. While serving at the University, I received a Citation of Merit from the Mayor of Cairo, IL for my service to southern Illinois communities. I was voted to receive an Outstanding Scholar award by the S.I.U. undergraduate students, which was presented to me by the President and the Chancellor of Southern Illinois University.

I was hired as the Director of Clinical and Rehabilitation Services for a New York State funded mental health program in the South Bronx of New York City, where I also received a Citation of Merit from the Borough President of the Bronx, NY honoring my four years of service to the mental health and substance abuse populations.

I hold the degrees of Bachelor of Arts from St. John's University, Master of Social Work from the Hunter College School of Social Work of the C.U.N.Y., where both of my internships were in public housing facilities. I also hold the degrees of Master of Education and Doctor of Education from Columbia University's Teachers College. All universities are located in New York City.

## ALEXANDER SZABO

## WHAT DO YOU HOPE TO ACCOMPLISH IF APPOINTED?

My goals as a community leader include the continued safety and security of our residents and guests. In addition, I recognize the needed conversation about continued development and actionable reforms of comprehensive and continuing commercial and business regulations and affiliated marketing strategies for business retention and the welcoming of new and necessary businesses.

I will adhere to the comprehensive plan to support economic growth, especially in the downtown core and marina districts. I will also give my ongoing support to our public works department and its infrastructure projects that sit alongside the monitoring of the criteria for new, improved and affordable housing, adding to business retention and new business development in a time of demographic and economic challenges. I will support public safety and stable neighborhoods and our natural environments, including the preservation and protection of our heritage sites.

Importantly, I plan to assist with and involve myself in the work to maximize community resources and in our combined efforts to maintain and collaborate with our city's educational communities and their necessary support systems, including the participation and collaboration of our city's community partners that include civic organizations.

In any city, work must be done to preserve the basic compassionate services provided by our human service agencies. In my work on the Human Services Advisory Committee, I mentored my assigned agencies not only in the provisions of these services, sometimes fragmented, in areas of a decreasing safety net but also in the maintenance of fiscal and economic responsibility to our city's strategic financial plan. I consider the provision of human services by organizations such as the South King County Council of Human Services and the Committee to End Homelessness in King County to be of paramount importance in our area of the South Sound and as we together with our community partners face the very important developments of suburban poverty, as described by the Brookings Institution and their writings on suburban poverty. I have written a book review of their sponsored book on "Confronting Suburban Poverty in America," where the authors discuss the challenges and service shortcomings facing poor people. Examples include the need for adequate transportation to travel to their jobs, job training, child care, emergency food assistance and access to the interventions of public health and nonprofit human service agencies across jurisdictional lines, including necessary responsibilities of collegial government services in mutual ways. I plan to continue my involvement in the provision of necessary and humanistic human services and public health measures for our citizens as well as the involvement in creative partnerships in core policy and planning issues within the nonprofit community.

## ALEXANDER SZABO

## WHAT IS YOUR VISION FOR DES MOINES?

My vision for Des Moines is a city with a local government that is transparent and that strives for excellence in its capacity for collaborations and partnerships with other inter-governmental and inter-organizational facilities. Included here would involve proposals for concrete plans for downtown redevelopment efforts and the provision of human services that honor the common human needs of our residents. There must be assurances that accountability and responsiveness to private and public funding sources are honored.

Most importantly is my vision for the residents of Des Moines - bringing viewpoints that capture the existence of their visions, needs, hopes and desires and the assurances of a continuation of public safety and security. Included in this vision is the honoring and embracing of our diverse and multi-cultural residents and their families, along with the need to provide services that have as their primary focus, the access to integrated human services for our most vulnerable and oppressed citizens. This includes the integration of progressive health, wellness, medical and dental services, available transportation as well as accessibility to local businesses, libraries and human service organizations. Our senior residents must have access to community deliberations that recognize their requests, proposals and considerations.

One of our clear and present goals is the assurance to our Des Moines families and communities for safe and quality schools to educate our children, ranging from early childhood education to life-long learning in our many versions of educational facilities. An important component is to fully involve the business community to help align our educational systems with additional funding to address the needs of a 21<sup>st</sup> century economy and to ensure that our downtown district is student-friendly. There exists a necessity to fully fund schools on an equitable basis, furthering an education system with community-based support for progressive schooling. Community support and caretaking are the centerpieces of a learning environment that advances the concerns for our children and families.

My wish for our Des Moines residents is a green and sustainable city that is active, vibrant and one that becomes more beautified, with communal spaces and places in our South Sound area. The wish is for qualitative growth, not simply quantitative, to develop Des Moines as a true community with a cooperative and collegial spirit. Also, my wish is for current and future business owners to find a supportive and business-friendly environment alongside commercial development in our downtown and marina districts. This is especially true in the goals and wishes for building a localized knowledge-based economy. The recent news of the FAA moving its facility from Renton to Des Moines is a wonderful example of such forward thinking.

We need an active approach to wide-ranging economic development as a platform for international trade and investment and progressive taxation policies. These strategies necessarily include the preservation of industrial lands, manufacturing areas and spaces across the municipal boundaries of Des Moines. The growth of regional technology and the development of a broad and a long-term workforce development plan are of major significance.

Included in my vision is the continued investment and support of our progressive public transportation system as well as the support of ongoing transit initiatives that provide access to and from Des Moines, alleviating traffic congestion in the process. I especially support the continuation of the construction of

light rail facilities and express bus service. These initiatives would necessarily include improvement in the condition of bridges, roads and city streets. The Harbormaster's presentation to the City Council, the conservation of our natural geographies that include marina development and the maintaining of a working port unlocking the potential of the waterfront are of paramount importance. Included here is lobbying for a fish habitat and a large amount of open space.

The main themes that resonate and are my hope include measures to rebuild our downtown area. Downtown Des Moines should be active, vibrant and vital - a buy-local and entrepreneurial hub commercial area for non-corporate business ventures, a transportation hub and the architectural design of a communal public square with free spaces and open parks, trees and benches and the availability of recreational and sports facilities also honor our diverse ethnic communities in the process. Our citizens wish for an area development where Des Moines residents and guests can walk, talk, and frequent local cafes, restaurants and entertainment venues as well as continued support for a local creative artistic and crafts community that showcase our cultural heritage.

Following the comments of Mayor Dave Kaplan, "If you were thinking about opening or expanding a business here, now's the time to do it."

## **CURRICULUM VITAE**

**Alexander G. Szabo**  
**28045 13<sup>th</sup> Ave South**  
**Redondo**  
**Des Moines, WA 98198-9432**  
**253-941-4151**  
 email: [taylor6224@msn.com](mailto:taylor6224@msn.com)

## **EDUCATION**

### **1990 DOCTOR of EDUCATION**

**COLUMBIA UNIVERSITY, TEACHERS COLLEGE, NEW YORK, NY**

Major: Family and Community Education.

Dissertation: *The Social Construction of Altruism and Social Work*

### **1989 MASTER of EDUCATION**

**COLUMBIA UNIVERSITY, TEACHERS COLLEGE, NEW YORK, NY**

Major: Family and Community Education

Integrative Paper: *A Mythical Serendipitous and Peripatetic Journey from Yorkville to Morningside Heights*

### **1968 MASTER of SOCIAL WORK**

**HUNTER COLLEGE SCHOOL OF SOCIAL WORK**

**THE CITY UNIVERSITY of NEW YORK, NY**

Majors: Group Work and Community Organization.

Thesis: *Senior Citizen Volunteers at Stanley M. Isaacs Neighborhood Center*

### **1963 BACHELOR of ARTS**

**ST. JOHN'S UNIVERSITY, BROOKLYN, NY**

Major: Psychology, Minor: Philosophy

## **POST RETIREMENT EMPLOYMENT and VOLUNTEER EXPERIENCE**

### **CURRENT VOLUNTEER HISTORY**

**2013-Present**

**The City of Des Moines, WA  
Human Services Advisory Committee  
Appointed by Mayor Dave Kaplan**

**2000-Present**

**Providence Senior and Community Services Special Events  
Copy Editor**

**2005**

**Social Policy Analysis of Homelessness in King County  
Councilman David Irons, (R. Sammamish)**

### **RECENT POST-ACADEMIC WORK HISTORY**

**2007-2013**

**Benaroya Hall Music Center  
Front-of-House Usher  
Front-of-House Customer Service  
TAPER AUDITORIUM, BENAROYA HALL  
Home of the *Seattle Symphony***

**NORDSTROM RECITAL HALL**

**Home of the *Seattle Repertory Jazz Orchestra, Seattle Chamber Music Society, and other  
orchestral and jazz organizations***

### **HISTORICAL FICTION NOVEL WRITING PROJECT**

***COAL MAN ALONE***

**Story Context and Topic//Coal Mining in Southern Illinois  
A Historical Fiction Manuscript  
(Final chapters and characters in development)**

## **UNIVERSITY EMPLOYMENT HISTORY**

### **PACIFIC LUTHERAN UNIVERSITY, TACOMA, WA SOCIAL WORK PROGRAM (CSWE)**

**1994 -2001 (Retired)**  
**Tenure-Track Assistant Professor**  
**Undergraduate Faculty**  
 Division of Social Sciences  
 Department of Sociology and Social Work  
 Department of Marriage and Family Therapy/Graduate

#### **University Service**

Interim Director-Social Work Program (1996-97)  
 The Pew Charitable Trust Higher Education Roundtable  
 PLU Institutional Self-Study Steering Committee  
 PLU Educational Policies Committee  
 Women's Studies Executive Committee  
 PLU Speakers Bureau  
 Faculty Assessor—Accelerated Undergraduate Reentry for Adults Program (AURA)  
 Faculty Mentor—Pacific Lutheran University/United Way Community Service  
 Partnership  
 Faculty Sponsor—Cooperative Education Program

#### **Department of Sociology and Social Work Program**

Council on Social Work Education Re-Accreditation Committee  
 Director of Field Work and Field Work Liaison  
 Faculty Liaison—Phi Alpha—National Social Work Honor Society  
 Faculty Search Committee  
 Faculty Liaison – Social Work Club

#### **Community Service**

**1996** Pierce County Chemical Dependency Program Prevalence Study Work Group,  
 Tacoma, WA  
**1996** Ad Hoc Curfew Committee, Office of the County Council's Public Safety, Human  
 Services, and Communications Committee, Pierce County, Tacoma, WA

### **SOUTHERN ILLINOIS UNIVERSITY, CARBONDALE, IL SCHOOL OF SOCIAL WORK (CSWE)**

**1990-1994 Tenure-Track Assistant Professor, Undergraduate and Graduate Faculty**

#### **University Service**

Academic and Professional Standards Committee (Chair)  
 Curriculum Committee  
 Council on Social Work Education-Reaffirmation Committee  
 Faculty Search Committee  
 MSW Admissions Committee  
 Field Liaison Committee Faculty Liaison—Social Work Student Alliance

Master's Thesis Committees  
 School of Social Work  
 Dept. of Journalism  
 Dept. of Cinema and Photography

Doctoral Dissertation Committees  
 Dept. of Health Education  
 Dept. of Speech Communication  
 Dept. of Educational Psychology

### Community Service

**1991-1994 President and Board Chairperson**  
**Southern Illinois Regional Social Services (formerly Jackson**  
**County Community Mental Health Center), Carbondale, IL**

The community mental health center is home to a full continuum of seventeen program modalities, has an annual budget in excess of \$3 million, and has an interdisciplinary staff of 90+.

**1991-1994 Human Services Program Consultation**

Southern Illinois Interagency Task Force on Drug Abuse and Gang Violence  
 Mothers Against Drunk Driving (MADD), Carbondale, IL  
 Community Health and Emergency Services Inc., Cairo, IL  
 Southern Illinois Coalition for the Homeless, Harrisburg, IL  
 Carbondale Women's Shelter, Carbondale, IL

### **HONORS, AWARDS and DISTINCTIONS**

*Recipient-The 1992 Outstanding Educator Award,*  
 Undergraduate Student Government, Southern Illinois University, Carbondale, IL

*Illinois Humanities Council*  
*Individual Grant in Photography Award, Summer 1991*  
*Southern Illinois: Communities of Difference Between the Rivers,*  
 Awarded to Dr. Alex Szabo, Southern Illinois University, Carbondale, IL

*Nominee—The 1994 Lindell W. Sturgis Memorial Public Service Award,*  
 Southern Illinois University, Carbondale IL

*Most Inspirational Professor*  
 Social Work Program, Class of 2000, Pacific Lutheran University, Tacoma, WA,

*Who's Who Among America's Teachers*

*Voice of America Award Citation—Veterans of Foreign Wars of the United States,*  
 Wild West Post #91, Tacoma, WA, January 4, 1997

### **CITATIONS of MERIT**

Office of the Borough President, the Borough of the Bronx, NY-1990

Office of the Mayor, the City of Cairo, IL, 1994

*General Scholarship 1989-1990 Teachers College, Columbia University*

## **HUMAN SERVICE and ADMINISTRATIVE MENTAL HEALTH EMPLOYMENT**

### **1986-1990      Director of Clinical and Rehabilitation Services University Consultation and Treatment Center Ehrlich Residential Program, Bronx, NY**

Administration and Supervision of clinical, rehabilitation, and housing services for a New York State Office of Mental Health certified 48-bed, intensive-supportive, scatter-site apartment/community residence and outpatient mental health clinic for the dual-diagnosed chronically mentally ill substance abuse patients located in the South Bronx, New York City.

Supervision of full-time case managers and supervisors, clinical social workers, psychiatrists, clinical psychologists, crisis management supervision, staff development and training; and grant development for community support services;

Administrative and programmatic collaboration with the New York City Health and Hospitals Corporation to develop and implement an integrated discharge planning and service delivery system among city, state, and voluntary mental health providers.

### **1970-1978      Senior Consultant/Associate Deputy Commissioner New York City Department of Mental Health, Mental Retardation, and Alcoholism Services, New York, NY**

Development and negotiation of fiscal and service contracts, agreements, and grant proposals for mental health services, including free-standing mental health outpatient and psychoanalytic clinics, inpatient mental health services at Bellevue, Metropolitan, Columbia-Presbyterian Hospital Centers, Lenox Hill Hospital, Bronx State Hospital, and the New York State Psychiatric Institute. Total Program responsibility was in excess of \$20 M. annually.

Development, implementation, supervision and consultation of an innovative Program Planning and Budgeting System (PPBS) providing for standards of quantitative assessment, qualitative interpretation and overall program evaluation of the performance of contracted mental health services by public and voluntary mental health provider agencies in the borough of Manhattan, New York City.

Development of sub-regional catchment area planning and advisory bodies composed of funded mental health providers (municipal, voluntary and state), related human service agencies (e.g. schools, other public agencies, churches, political parties, and representatives of community groups and consumers of services.)

As joint developers with these service providers, we Senior Consultants held the responsibility for the organization, implementation, & administration of community-based needs assessments and coordination of existing services as well as newly-developed services to meet gaps and deficiencies as defined by this community-oriented planning system. These programs were developed to provide clinical services discontinued due to the dissolution of the N.Y.C. Board of Education's Bureau of Child Guidance. These mental health planning coalitions were in the Harlem, Washington Heights & Inwood catchment Areas of the borough of Manhattan, NYC.

## CONFRONTING SUBURBAN POVERTY in AMERICA

by Elizabeth Kneebone and Alan Erube

Brookings Metropolitan Policy Program

*A Book Review*

*By Dr. Alexander Szabo*

### CHAPTER 1

#### POVERTY and the SUBURBS: AN INTRODUCTION

The authors begin by discussing how the landscape of poverty in America has changed. They state that the effects of poverty in the U.S. have worsened in neighborhoods already considered to be poor, becoming more regional in scope, more concentrated, while erasing a lot of the progress we made in the 1990s. In addition, the authors state there are more poor people living in metro areas outside of big cities than within them. There are few human service programs that help the suburban poor ascend the economic ladder. The book includes original findings and policy insights calling for a requirement of new types of creative partnerships within both sectors and jurisdictions contending with the new scale of need and opportunity. The authors begin by discussing how the landscape of poverty in America has changed. They state that the effects of poverty in the U.S. has worsened in neighborhoods already considered to be poor, becoming more regional in scope, more concentrated, while erasing a lot of the progress we made in the 1990s. In addition, the authors state there are more poor people living in metro areas outside of big cities than within them. There are few human service programs that help the suburban poor ascend the economic ladder. The book includes original findings and policy insights calling for a requirement of new types of creative partnerships within the nonprofit community and with private sector partners. The book explores in detail how such partnerships are guiding anti-poverty policy and practice into a future of increasing need and a tightened of capital.

*In Confronting Suburban Poverty in America*, the authors explore the whats, whys and meanings of suburban poverty and what they bring to social issues and core policy issues. The authors begin by discussing how the landscape of poverty in America has changed. They state that the effects of poverty in the U.S. has worsened in neighborhoods already

considered to be poor, becoming more regional in scope, more concentrated, while erasing a lot of the progress we made in the 1990s. In addition, the authors state there are more poor people living in metro areas outside of big cities than within them. There are few human service programs that help the suburban poor ascend the economic ladder. The book includes original findings and policy insights calling for a requirement of new types of creative partnerships within the nonprofit community and with private sector partners. The book explores in detail how such partnerships are guiding anti-poverty policy and practice into a future of increasing need and a tightened of capital.

Suburban poverty in the South, West and Northwest is more closely associated with intense and demographic and economic changes. South of Seattle, small communities like Tukwila, WA were transformed by the arrival over two decades by the arrival of refugees from the Balkans, East Africa and the Himalayas, seeking more affordable housing opportunities. In addition, poor refugee populations have moved directly to South King County following the suburban job opportunities in greater numbers. While this is true, the available jobs are often low-paying, like retail and service positions, due to a lessening of manufacturing and construction job opportunities.

The percentage of people living below the poverty line has once again begun to rise, however, for poor suburban families, their challenges are compounded by lengthened and costly commutes to work, a lack of reliable public transportation and an absence of basic health and social services that are more fully available and established in urban neighborhoods. The authors make the point that suburbia is now home to the largest and fastest-growing poor population in the country and more than half of the metropolitan poor.

The authors suggest a need to transform social policy for the age of suburban poverty, equipping regions with aid that cuts across jurisdictional lines, helping them use limited resources more efficiently and reinvent the system from the ground up. Individuals living below the poverty line also experience the fact that inadequate transportation places many jobs out of reach and the nonprofit human service infrastructure—from child care to job training to emergency food assistance—is often concentrated in urban areas.

The authors make a convincing case that outdated federal policies, especially place-based anti-poverty programs that generally fund single-purpose activities within individual

jurisdictions hinder efforts to build the local capacity that is needed to address the dispersion of poverty throughout suburbia. Organizations and governments that seek to meet multiple needs or collaborate regionally confront a myriad of regulatory hurdles that impact upon the funding of innovative strategies that achieve measurable employment outcomes for individuals with barriers to work. They also discuss a restructuring of federal grants under the proposed Metropolitan Opportunity Challenge, which represents a bold and intriguing approach for better aligning the geography of the service delivery system with the new geography of poverty. In this changing map of American poverty, the authors state that place matters because it intersects with core policy issues central to the long-term health and stability of suburban areas and to the economic success of individuals and families, stating that where people live influences the kinds of educational and economic opportunities and the range of under-resourced private and public human services available to them, as well as what barriers to accessing these opportunities.

A final introductory note: In *Confronting Suburban Poverty in America*, the authors do not take the view that poverty in the suburbs is necessarily better or worse for families or for society than in other locales. Instead, the authors aim to understand how it is different in its origins, its consequences, and its implications for policy. As they write, many low-income families in suburbs—whether recent arrivals, refugee populations or long-term residents—are living in safer neighborhoods with access to higher-quality schools than their counterparts in poor inner-city neighborhoods. But as many younger low-income residents of South King County have seen demographic and economic challenges, its small houses and garden-style apartments are about eight years older than the metro-wide average. Rising housing prices in redeveloping South Seattle neighborhoods coincided with the outflow of lower-income African Americans into South King County suburbs, where the number of poor people increased faster than the overall population.

Social services are another area in which coordination among multiple suburban municipalities is improving planning and service delivery in some regions. The South King County Council of Human Services is an umbrella organization that supports research and information sharing, provides technical assistance, and conducts policy advocacy for social service providers across several jurisdictions in South King County.

## **CHAPTER 2**

### **SUBURBAN POVERTY, by the NUMBERS**

Chapter 2 documents shifts in poverty regionalized over the course of the decade, it became more concentrated in poor neighborhoods, within and across the cities and suburbs in the nation's largest metropolitan areas and across different racial and ethnic groups. The authors also examine the similarities and differences among poor residents in cities and suburbs, across an array of demographic and economic characteristics. Within metropolitan Seattle, many, though not all, of the steepest increases in poverty rates over the decade of the 2000s occurred in outlying King County, Washington, including less dense suburban communities such as Des Moines, Kent, Burien, and Federal Way.

## **CHAPTER 3**

### **BEHIND the NUMBERS: WHAT'S DRIVING SUBURBAN POVERTY**

Chapter 3 turns to drivers of the suburbanization of poverty in the 2000s. How did economic factors, employment location, population and immigration trends and housing help shape suburban poverty's rise? The authors draw on a combination of quantitative research and qualitative examples from site visits in diverse metropolitan areas to answer these questions. They contend some of most intense demographic and economic changes happening in America today are occurring in South King County, in the shadows of one the nation's leading economic lights: Seattle. Poverty's rise in Tukwila WA is due in part by the advantages that drew working families decades ago. An aging and diverse housing stock and plentiful rental options make housing more affordable in Tukwila than in Seattle or the region as a whole. Proximity to employment hubs like the Port of Seattle and the Seattle-Tacoma International Airport remains an asset in a region where the bulk of jobs continue to move away. However, new arrivals and long-term residents have also confronted economic disruptions in the rate of unemployment and the magnitude of the increase in poverty.

## **CHAPTER 4**

### **THE IMPLICATIONS of SUBURBAN POVERTY**

Chapter 4 details the impact of growing suburban poverty—from challenges related to accessing transportation and employment to the increasing strain on a patchy and thin safety net, to the experience of schools on different regions and kind of places. The authors group the diverse array of suburbs experiencing growing poverty into community types in ways that could guide policy responses. The authors contend that although suburban

communities may be differently positioned to confront poverty, some suburban residents living in poverty may find that their location offers better nearby job opportunities or better educational options for their children than other communities. On the other hand, the authors also state that, however, being poor in suburbia can also mean limited access to jobs, reliable transportation, safety net services, and the public will to improve these factors, complicating connections to the kinds of supports and opportunities that provide a path out of poverty. The sense of identity crisis and an inadequate policy architecture would persist.

*The final three chapters of the book turn to the policy outlook in the context of regionalizing poverty.*

## **CHAPTER 5**

### **FIGHTING TODAY'S POVERTY with YESTERDAY'S POLICIES**

Chapter 5 details the limits of existing policy, as well as the challenges and barriers that complicate the effective extension of the current policy framework into suburbia. The authors discuss the ongoing debate pitting the benefits of “people-based” versus “place – based” policies in addressing poverty and disadvantage. People-based policies attempt to assist low-income individuals and families directly, targeting resources to recipients based on their income, labor market status, or family circumstances. Place-based policies target assistance to low-income communities in attempts to remedy market failures that may frustrate economic mobility for their residents. The prevailing view of many economists is that people-based policies generally present the most effective option for improving the well-being of poor residents. The authors, along with others, have argued that people-based strategies are largely preferable to and more effective than place-based policies because they provide better-targeted interventions that avoid anchoring residents to poor neighborhoods. Compounding these challenges, local suburban governments often have not developed the human services and community development structures that many urban places and bigger cities have instituted over time.

## **CHAPTER 6**

### **INNOVATING LOCALLY to CONFRONT SUBURBAN POVERTY**

Chapter 6 presents lessons learned from a network of leaders operating in regions throughout the country. These innovators have found ways to work within (and often around) the current framework, overcoming shortcomings in the system to deliver services and policy interventions more effectively. These lessons help lay the foundations for a new

directions in policy and practice to confront the various practices, programs and policies of suburban poverty. Rapid increases in suburban poverty, coupled with the shifting demographic makeup of poor communities, often leave community leaders playing catch-up without the resources to match. The proactive and collaborative approaches that have emerged in progressive counties mirror the actions of innovators in metropolitan areas across the country who have developed strategies that address the growing scale of need in more efficient and effective ways. The South King Council of Human Services is an umbrella organization that supports research and information sharing, provides technical assistance, and conducts policy advocacy for social service providers across several jurisdictions in Seattle's south suburbs. A diverse group of these innovators point to three tenets that characterize their models for overcoming the barriers highlighted in previous chapters:

- Achieving Scale*, either through their geographic service area or through the range of services and functions they provide
- Collaborating* to overcome jurisdictional and programmatic fragmentation and to bridge public and private sectors; and
- Funding strategically* by creatively using government and philanthropic support and pursuing market-oriented vehicles to leverage private investment.

## CHAPTER 7

### MODERNIZING the METROPOLITAN OPPORTUNITY AGENDA

Chapter 7, the final chapter, outlines a next-generation agenda for enhancing economic opportunity within metropolitan America. It offers a series of short-and long-term recommendations for federal, state, and local policymakers, as well as business, philanthropic, and nonprofit leaders grappling with the new realities of suburban poverty. Other challenges include the share of labor force participation, unemployment, job quality and access, necessary skills and wages. Many significant issues were presented re; South King County and the trends and rates of its growing poor population. Comparisons were shown with other of South King County's major suburban municipalities as well as challenges to national trends and rates in similar circumstances. Policymakers, funders and service providers can pave the way by focusing on actionable reforms that improve systems and networks, promote high-performance organizations, and support true service consolidation, promoting organizational financial sustainability and help to eliminate fragmentation.

## ALEXANDER SZABO

Dr. Alex Szabo joined the Social Work Program as an Assistant Professor in 1994. He received his D.Ed in 1990 from Columbia University Teachers College in New York, where his dissertation examined the social construction of altruism and social work. While working on his doctorate at Columbia, he was also Director of Clinical and Rehabilitation Services at the University Consultation and Treatment Center in the Bronx, where he received a Citation of Merit for his work.

Prior to coming to PLU, Dr. Szabo taught at the School of Social Work at Southern Illinois University in Carbondale and at Kean College in New Jersey. He was voted Outstanding Educator in 1992 by undergraduate students at Southern Illinois.

Alex has combined his interest in Social Work with professional photography and received an Illinois Humanities Council Individual Grant for a Photography project: "Southern Illinois: Communities of Difference Between the Rivers." He was noted for his work on combating organized drug violence in communities in southern Illinois.

At PLU, Alex has served on the Women's Studies Committee, the Educational Policies Committee, the AURA Committee and the PEW Charitable Trust Higher Education Roundtable. He has been a member of PLU's Speakers Bureau and participated in community volunteer work in Pierce County.

He has contributed a unique perspective to the Social Work Program at PLU and will be missed by students and faculty. We thank you Alex, for the wide horizons of your mind and the articulate way in which you applied your experience to your teaching and service here.

May 25, 2001



*Loren J. Anderson*  
LOREN J. ANDERSON  
President

**Lindell W. Sturgis Memorial<sup>28</sup>  
Public Service Award 1994**

Nominee: Alexander G. Szabo

Present SIUC Position/Title: Assistant Professor, School of Social Work

Address:

School of Social Work

Quigley Hall

SIUC

Phone:

( 618 ) 453-2243

area code

**Public Service Contributions to the community, area, state or nation:**  
(Please list and attach additional sheets if necessary.)

Please see attached sheet.

Nominated by:

Joyce E. Killian  
Joyce E. Killian

Date February 7, 1994

**Nominating Statement:**

Please see attached sheet.

Attachments for Alexander G. Szabo Nomination for  
**Lindell W. Sturgis Memorial Public Service Award 1994**

**Nominating Statement:**

While Dr. Szabo has been on the SIUC faculty for only a few years, the roots of his service go much further back. As a child growing up in New York City, he looked forward to the summers he spent in Zeigler with his mother's extended family. Southern Illinois has been "home" to him for a lifetime and led to his pursuit of a faculty position here when he finished his doctoral work at Columbia in 1990. An earlier career as a professional photographer gave him the skills and the "eye" to capture the spirit and strength of Southern Illinois people in a photographic project that he undertook soon after he joined the faculty here. This project was funded by the Illinois Humanities Council for the "Always a River" celebration during the summer of 1991, and resulting photos were displayed at our university museum and elsewhere. They led to his recognition and respect from people from all walks of life in Southern Illinois, from the presidents of the community colleges at Shawnee and Southeastern to the "regulars" at the Cavalier Club in Cairo. His photography also connected Dr. Szabo to the pressing needs for his service throughout Southern Illinois in the areas of mental health, gang conflict resolution, and substance abuse counseling.

Dr. Szabo's goal in all the service that he has provided to the area since then is a simple one: he wants to be an example and model for the way SIUC faculty and staff should be responding to the Southern Illinois community. Specific to his responsibilities in the School of Social Work, he also uses his service outreach to achieve better liaison between SIUC and students with high potential for careers in social services. His service here has been so successful because of his unique combination of "insider" understanding and compassion and "outsider" knowledge and perspective. I commend his record to you for consideration; I know that the Sturgis Award would send a strong message about the SIUC community's appreciation for Dr. Szabo's service contributions.

Attachments for Alexander G. Szabo Nomination for  
**Lindell W. Sturgis Memorial Public Service Award 1994**

Public Service Contributions to the community, area, state, or nation:

**Unpaid President and Chairperson of the Board of Directors, Jackson County Community Mental Health Center**

**Unpaid community organization consultant for Community Health and Emergency Services (CHESI) in Cairo, the social service agency which serves mostly Alexander and Pulaski counties.** This is an umbrella organization which includes a large community health center (CHC), offering primary medical and dental care, ambulatory surgical and urgent care services, and mental health services. The agency offers a variety of youth services, such as a summer camp program, and has received a Positive Youth Development grant from the state of Illinois. In his volunteer work for this agency, Dr. Szabo has worked with a coalition of agency staff, the mayor of Cairo, the state and local police, the schools, IL Dept. of Public Aid, IL DCFS, the State's Attorney's Office, and members of McBride housing project on issues of teen pregnancy, street gangs, drug and alcohol abuse, and drug trafficking.

**Unpaid grief/crisis counselor and speaker:**

At Zeigler High School, grief work when a child committed suicide two years ago.

At Cobden High School, when several students were injured this past fall, spoke along with State's Attorney Pat Duffy and psychologist Jeffrey Kellog about risk-taking behavior, and how students can console one another

For MADD in Jackson County, received award for speaking to family survivors of drunk-driving automobile accidents

**Unpaid Adviser/Speaker about gang violence/substance abuse**

Speaker for language arts classes at Benton Middle School about gangs (related to their study of the novel The Outsiders)

Unity Fest Initiative participant, effort at resolving gang conflict involving Cairo, Egyptian, Meridian, and Century

Inservice presenter on substance abuse, Evaluation and Development Center, Genesis Program, SIUC

Panel moderator on "Stop the Violence," Shawnee College

**Unpaid Board Member--** Southern Illinois Coalition for the Homeless, Harrisburg IL

**Unpaid Community Organization consultant--**Jackson County Positive Youth Development Committee

### ROLL CALL VOTE

|            | Luisa<br>Bangs | Alex<br>Szabo |
|------------|----------------|---------------|
| Kaplan     | X              |               |
| Nutting    | X              |               |
| Musser 3   | X              |               |
| Pina 1     | X              |               |
|            |                |               |
| Sheckler   | X              |               |
| Pennington | X              |               |

### ROLL CALL VOTE

|            | Luisa<br>Bangs | Alex<br>Szabo |
|------------|----------------|---------------|
| Kaplan     |                |               |
| Nutting    |                |               |
| Musser     |                |               |
| Pina       |                |               |
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| Sheckler   |                |               |
| Pennington |                |               |

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| Nutting    |                |               |
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| Sheckler   |                |               |
| Pennington |                |               |

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| Nutting    |                |               |
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| Pennington |                |               |

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| Nutting    |                |               |
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| Sheckler   |                |               |
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| Pennington |                |               |