



Lower Columbia PNWS - Subsection Officer Information

Officers to be included:

1. President/Chair
2. Vice-President/Vice-Chair
3. Secretary
4. Treasurer
5. In-coming Officer/Officer-Elect
6. Past President/Past Chair

Information Needed for Each Officers:

1. Name
2. Title
3. Business/Organization
4. Mailing/Street Address (P.O. Box is fine)
5. City/State/Zip Code
6. Phone
7. Fax
8. E-mail



American Water Works Association
Pacific Northwest Section

PO Box 872467
Vancouver, WA 98687
T 503-760-6460
F 360-254-0695
www.pnws-awwa.org

President/Chair

Ken Porttlock
President
City of Vancouver
4711 E Fourth Plain Blvd
Vancouver, WA 98668
360-487-8397
Ken.Porttlock@cityofvancouver.us

Secretary

Michelle Henry
Secretary
City of Vancouver
4500 SE Columbia Way
Vancouver, WA 98661
Michelle.Henry@cityofvancouver.us

In-coming Officer/Officer-Elect

Vaughn Barber
Vice President-Elect
City of Washougal
2201 C St
Washougal, WA 98671
Vaughn.Barber@cityofwashougal.u

Vice-President/Vice-Chair

Andrew Holmes
Vice-President
Clark PUD
8600 NE 117th Ave
Vancouver, WA 98663
AHolmes@clarkpud.com

Treasurer

Brian Wilson
Treasurer
City of Vancouver
4711 E Fourth Plain Blvd
Vancouver, WA 98668
Brian.E.Wilson@cityofvancouver.us

Past President/Past Chair

Nate Bell
Past President
City of Kelso
2300 Parrott Way
Kelso, WA 98626
360-957-1540
Nbell@kelso.gov



PNWS-AWWA Subsection Activities

Please list your Subsection meetings for the past year. Include the date, where the meeting was held, topics discussed at the meeting and the number of people that attended the meeting. List all meetings, Workshops, short schools and other events sponsored or co-sponsored by the subsection. Including copies of the meeting flyers would be appreciated.
(Attach multiple sheets as needed)

Date	Location	Discussion Topics	No. in Attendance
9/10/2021	Lewis River Golf Course	LCS Golf Tournament	72
12/8/2021	Lacamas Lodge Camas WA	Water Treatment	43



PNWS-AWWA Subsection Meeting Schedule

Please list your upcoming Subsection meeting schedule even if the schedule is proposed or tentative. Please list date, meeting location and topic of discussion. Please mark those dates that are tentative with an asterisk (*) (Attach multiple sheets as needed)

Date	Location	Discussion Topics
1/13/2022	Ridgefield, WA	Planning Meeting / Officers Meeting
2/10/2022	Kelso, WA	Officers Meeting
3/1/2022	Vancouver, WA	Officers Meeting / Best Tasting Water
4/14/2022	Battle Ground, WA	Officers Meeting
4/27-29/2022	Tacoma, WA	Section Conference
5/12/2022	Vancouver, WA	Officers Meeting
5/13/2022?	Vancouver, WA	Beer for Water/ Water for People Event
6/9/2022	Kalama, WA	Officers Meeting
7/14/2022	Washougal, WA	Officer Meeting
8/11/2022	Vancouver, WA	Officers Meeting
9/9/2022	Woodland, WA	Golf Tournament / Officers Meeting
10/6/2022	Vancouver, WA	Day with DOH

Print Form



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Date	Location	Discussion Topics
11/10/2022	Presidents Choice	Planning Meeting
12/8/2022	Camas	Water System Maintenance

Print Form



Your dreams. ✦ Our passion.

Letter of Responsibility

Date: 1/10/2019
Account#: 167333
Tax ID number: 23-7026163

I/we of LOWER COLUMBIA SUBSECTION would like to apply for membership with
(Name of club/association/organization)
Red Canoe Credit Union. I/we understand that I/we are personally responsible for all activity on this account. I/we qualify for membership according to the credit union's eligibility requirements. I/we give the following names all rights to the funds in this account. They may act as an individual owner of the account, unless otherwise marked on our signature card.

I/we will hold the credit union harmless for allowing access to the funds in this account to the names below unless written notice, and a new signature card, has been given to the credit union.

AUTHORIZED SIGNERS:

1. <u>NATE BELL</u> Print	<u>Nate Bell</u> Sign	3. <u>Brian Wilson</u> Print	<u>[Signature]</u> Sign
2. <u>KYLE KILTS</u> Print	<u>[Signature]</u> Sign	4. _____ Print	_____ Sign



1416 15th Avenue • P.O. Box 3020 • 360-425-2130
Longview, Washington 98632-7538 • 800-562-5611



Authorization Designation

Member/Account Number: -167333 519, 520

Lower Columbia Subsection

("Business/Organization")

Location of principal office: 1701 C St Washington WA 98671-2325

State of organization (if applicable): WASHINGTON

FORM OF ORGANIZATION

- Type of Entity: C Corporation LLC (Limited Liability Company) Partnership: Unincorporated Organization
- S Corporation Select Tax Classification: General Association/Club
- Sole Proprietorship C = C Corporation Limited Trust/Estate
- S = S Corporation Limited Liability Other: _____
- P = Partnership

The following authorizations are attached to and are a part of this document:

- Authorization for Share/Deposit Accounts Authorization for Borrowing
- Dated: 10/19 Dated: _____

ADOPTION BY VOTE OF GOVERNING MEMBERS

Note: Do not execute this section if organized as a sole proprietorship, partnership or limited liability company. The undersigned certifies that he/she is the custodian of the corporate seal (if any) and of the minutes and records of the above named Business/Organization and has been authorized and directed to certify to the Credit Union that the following attached documents are true and correct copies of resolutions and agreements duly adopted by a vote of the governing members of the Business/Organization in accordance with the law and, as applicable, the Articles of Incorporation, Bylaws or Code of Regulations, Constitution, Charter and/or rules of the Business/Organization; and that such resolutions have not been withdrawn or changed; and that all of the information provided above is true.

X _____
Signature Title Date

ADOPTION BY UNANIMOUS WRITTEN CONSENT OF GOVERNING MEMBERS

The undersigned adopt on behalf of the Business/Organization the following attached resolutions and agree to all actions directed therein. The death or withdrawal of any person signed below shall not constitute a revocation of any authority granted by such resolutions until the Credit Union is notified in writing of such death and the extent of any resulting revocation. Furthermore, the undersigned certify(ies) that he/she/they constitute(s) all of the members vested with authority to make decisions on behalf of the Business/Organization and that no member with decision making authority has been omitted; that they are authorized to adopt resolutions by unanimous written consent; that all of the information provided above is true; that attached are true and correct copies of resolutions adopted by this unanimous written consent; that adoption of these resolutions is in accordance with the law and, as applicable, the Articles of Incorporation, Bylaws or Code of Regulations, Constitution, Charter and/or rules of the Business/Organization; and that such resolutions have not been withdrawn or changed.

<u>Nate Bell</u> Name (print)	X <u>Nate Bell</u> Signature	<u>8-15-18</u> Date
<u>Kyle Kihls</u> Name (print)	X <u>Kyle Kihls</u> Signature	<u>10/23/18</u> Date
<u>Brian Wilson</u> Name (print)	X <u>Brian Wilson</u> Signature	<u>10-23-18</u> Date
_____ Name (print)	X _____ Signature	_____ Date
_____ Name (print)	X _____ Signature	_____ Date

Execute one section only.

1167338 519,520

Authorization for Share/Deposit Accounts

HEREAS on this 1/10/2019 It has been determined that it is in the best interest of Business/Organization to establish a membership in and depository relationship with Red Canoe Credit Union ("Credit Union").

WHEREAS Business/Organization has considered the terms of the Business Membership and Account Agreement governing accounts established at Credit Union.

NOW, THEREFORE, BE IT RESOLVED AND AGREED, that the Credit Union is hereby designated as a depository of funds belonging to the Business/Organization;

BE IT FURTHER RESOLVED AND AGREED, that the person(s) designated below is (are) designated as an Authorized Person to establish a depository relationship with Credit Union and is (are) authorized to from time to time open one or more share or deposit account(s) of any type. It is distinctly agreed and understood that the designated Authorized Person(s) is (are) vested with all power and authority described for an Authorized Person in the Business Membership and Account Agreement.

BE IT FURTHER RESOLVED AND AGREED, that the Credit Union will be notified promptly and in writing of any change of the Authorized Person(s) identified below, or any change in the ownership, legal structure, or management of the business/organization and upon any dissolution or bankruptcy of the Business/Organization.

BE IT FURTHER RESOLVED AND AGREED, that the Credit Union may rely on any actual or facsimile signature that reasonably resembles the facsimile or specimen signature of an Authorized Person provided below, in the exercise of any powers granted by the Business Membership and Account Agreement until notified in writing of a change; that the Credit Union shall not be held liable for refusing to honor any signature where the Business/Organization has not provided to the Credit Union a specimen thereof; that the Business/Organization holds the Credit Union harmless from and agrees to indemnify the Credit Union for all claims, demands, losses, costs, damages or expenses including reasonable attorney's fees suffered or incurred by the Credit Union resulting from payments and disbursements made or any other actions the Credit Union takes in good faith in reliance on the actual or facsimile signatures of an Authorized Person, provided that when a signature is required to exercise the authority described in the Business Membership and Account Agreement, the signature of at least one Authorized Person(s) with respect to share or deposit accounts must appear on the appropriate document. (The signature of only one (1) Authorized Signer is required if the foregoing blank is not completed.)

Authorized Person(s) for Share/Deposit Accounts

Table with 3 columns: Name (print), Title, and Facsimile/Specimen Signature Authority. Row 1: Nate Bell, Pres, X Nate Bell, Authority: [X] No Limit [] Limited to. Row 2: Kyle Kirt, Ex. Director, X Kyle K, Authority: [X] No Limit [] Limited to. Row 3: Brian Wilson, Treasurer, X B Wilson, Authority: [X] No Limit [] Limited to. Row 4: Blank, Blank, X, Authority: [] No Limit [] Limited to.

BE IT FURTHER RESOLVED AND AGREED, that as noted below, this Authorization for Share/Deposit Accounts:
[] Is the first Authorization for Share/Deposit Accounts presented to the Credit Union.
[X] Expressly revokes and replaces any and all prior Authorizations for Share/Deposit Accounts adopted by the Business/Organization and presented to the Credit Union.
[] Supplements any and all prior Authorizations for Share/Deposit Accounts adopted by the Business/Organization and presented to the Credit Union.

(If none of the above boxes are checked the Credit Union may assume that this document revokes and replaces any and all prior Authorizations for Share/Deposit Accounts that may be on file.)



AWWA and the Section

Reasons an Affiliation Agreement is needed:

- Protect the Associations' intellectual property including logos, emblems, names, free publications and other proprietary material. In this litigious society if you don't protect your brands you can lose them. An example, Bayer aspirin did not protect the name aspirin and it is now used worldwide by many companies.
- By having this agreement the Association can continue to indemnify all eligible persons of the section, such as directors and officers with liability insurance as cost effectively as possible.
- The Associations' not-for-profit status is critical to our organization surviving. As such the need was there to ensure that everyone understood that all activities conducted by the Sections must meet with AWWA's stated mission of uniting the water community to protect public health and to provide safe and sufficient water for all. Through collective leadership, AWWA advances technology, education, science, management, and government policies. Anything outside of this mission is not allowed.

Section Penalties for Affiliation Agreement Violations:

1. If the Section violates this agreement to Association may start a disciplinary proceeding that could include financial penalties or ultimately dissolution of the Section.

I understand the importance of the American Water Works Associations' Affiliation Agreement and why it was needed. Furthermore, I understand that by violating this agreement I place the Pacific Northwest Section in jeopardy of financial penalties or possible dissolution. If I have any questions or concerns regarding my Committee or Subsection activities I will contact the Section office for clarification.

Ken Portlock

Name

President

Title

Lower Columbia Subsection

Committee or Subsection

1/13/2022

Date

Certification

I declare that I have no knowledge, as of the date set forth below, of any relationships, positions, or circumstances in which I am involved that could be deemed a Conflict of Interest under the Conflict of Interest Policy of the Pacific Northwest Section of the American Water Works Association as currently in effect except as follows:

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I also certify that I have reviewed, and I agree to abide by, the Pacific Northwest Section of the American Water Works Association's Conflict of Interest Policy, as currently in effect and as it may be amended from time to time.

Signature  Date: 1-13-22

Name (printed) Ken Portlock

Committee or Subsection Lewis Columbia

Title Outgoing President

Print Form

Certification

I declare that I have no knowledge, as of the date set forth below, of any relationships, positions, or circumstances in which I am involved that could be deemed a Conflict of Interest under the Conflict of Interest Policy of the Pacific Northwest Section of the American Water Works Association as currently in effect except as follows:

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Signature  Date: 1-13-22

Name (printed) Andrew Holmes

Committee or Subsection Lower Columbia

Title President

Print Form

From: [John Bell](#)
To: [Derek Bell](#)
Subject: Incoming
Date: Tuesday, January 25, 2022 3:17:12 PM

CAUTION: This email originated from outside of the City of Vancouver. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Here you go buddy

Certification

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Signature Mike Bell Date: 1-25-2022

Name (printed) MIKE BELL

Committee or Subsection Lower Columbia

Title Past Prez



SF: adminpol/Conflict of Interest

Certification

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Signature Brian E. Wilson Date: 1/6/22

Name (printed) Brian E. Wilson

Committee or Subsection Lower Columbia Subsection

Title Treasure

Print Form

SF: adminpol/Conflict of interest

Certification

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Signature  Date: 1-13-2022

Name (printed) Michela Heney

Committee or Subsection Lower Columbia Subsection

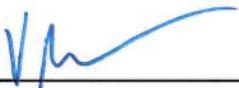
Title Secretary → past secretary

Print Form

Certification

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Signature  Date: 1-13-2022

Name (printed) Vaughn Barber

Committee or Subsection Lower Columbia

Title vice president

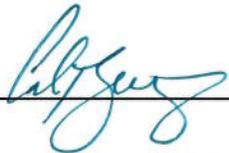
[Print Form](#)

Certification

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Signature



Date:

1/12/2022

Name (printed)

COLE BENAK

Committee or Subsection

LOWER COLUMBIA

Title

SECRETARY

Print Form

SF: adminpol/Conflict of interest



SUBSECTION BALANCE SHEET FOR CALENDAR YEAR

Subsection Name:

BANK STATEMENT PERIOD:

THROUGH

PREVIOUS BALANCE

DEPOSITS & ADDITIONS (Should total the income on the profit and loss statement)

CHECKS & WITHDRAWALS (should total the expenses on the profit and loss statement)

ENDING BALANCE:



SUMMARY REPORT OF SUBSECTION CASH RECEIPTS AND EXPENSES FOR 2021

Subsection Number:

Subsection Name:

- | | |
|---|--------------------|
| 1. Total Subsection Balance of Funds at beginning of the year: | \$10,113.36 |
| 2. Total receipts during the year. (Monies collected during the year): | \$17,201.50 |
| 3. Total (Add Lines 1 and 2) | \$27,314.86 |
| 4. Total Expenses for the year: | \$18,691.85 |
| 5. Balance at the end of the year. (Subtract Line 4 from Line 3) | \$8,623.01 |
| 6. Of the Balance on Line 5, how much is earned Interest from the bank? | 0 |
| 7. Please list where the subsection funds are kept. (Types of accounts, name and branch of bank(s), account number(s), cash, etc.) Remember to protect your bank account numbers! Do not transmit this form electronically with account numbers attached. | |

Red Canoe Credit Union, Longview, WA 98632 - Acct# 167333

Certification: I, the undersigned, Secretary/Treasurer of the Lower Columbia Subsection hereby certify that the foregoing is a correct statement of cash receipts and disbursements for the calendar year listed above.

Brian E. Wilson

Signed

Brian E. Wilson

Please Print Signed Name



SUBSECTION PROFIT/LOSS STATEMENT AS OF:

Subsection Name:

INCOME:

Interest	<input type="text"/>
Receivables	<input type="text" value="\$ 17,201.50"/>
Miscellaneous	<input type="text"/>
TOTAL INCOME:	<input type="text" value="\$ 17,201.50"/>

EXPENSES:

Accounting Fees	<input type="text" value="\$ 242.58"/>
Committee	<input type="text"/>
Conference/Meetings	<input type="text" value="\$ 11,686.27"/>
Equipment	<input type="text"/>
Miscellaneous	<input type="text" value="\$ 6,671.00"/>
Officer Compensation	<input type="text"/>
Postage	<input type="text" value="\$ 92.00"/>
Printing	<input type="text"/>
Prizes & Awards	<input type="text"/>
Telephone	<input type="text"/>
Travel	<input type="text"/>
TOTAL EXPENSES:	<input type="text" value="\$ 18,691.85"/>