



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](http://www.pnws-awwa.org)

South Sound Subsection

## 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



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**President/Chair**

Shantel Broussard  
Apprenticeship & Internship Program  
Tacoma Water  
3628 S 35th St.  
Tacoma, WA 98409  
(253) 820-0657  
[sbroussard@cityoftacoma.org](mailto:sbroussard@cityoftacoma.org)

**Vice-President/Vice-Chair**

**Secretary**

Jeremy Djajadi  
  
SYBIS LLC  
9925 NE 134th Ct Ste 100  
Kirkland, WA 98034  
(206) 686-8463 x2  
[jeremy@sybissolution.com](mailto:jeremy@sybissolution.com)

**Treasurer**

Michelle Poquette  
Mobile Work Management Analyst  
Tacoma Water  
3506 S 35th St.  
Tacoma, WA 98409  
(253) 355-1838  
[MPoquette@cityoftacoma.org](mailto:MPoquette@cityoftacoma.org)

**In-coming Officer/Officer-Elect**

Board Members:  
Claire Litsky - Tacoma Water

**Past President/Past Chair**

Michael Lubovich  
Area Lead, PNW  
Black & Veatch



## 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
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## 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
March 2025	Zoom/Silverdale Water District	Training - Waterworks 101
3/20/2025	Firefighter Hall	South Sound Best Tasting Water/Meter Challenge
7/11/2025	TBD	South Sound Golf Tournament
Summer/Fall	Zoom	Training - PFAS
Fall 2025	Zoom	Training - Day with DOH



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## 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
1/15/2025	Virtual - Zoom	Agenda Topics
2/19/2025	Virtual - Zoom	Agenda Topics
3/19/2025	Virtual - Zoom	Agenda Topics
4/16/2025	Virtual - Zoom	Agenda Topics
5/21/2025	Virtual - Zoom	Agenda Topics
6/18/2025	Virtual - Zoom	Agenda Topics
7/16/2025	Virtual - Zoom	Agenda Topics
8/20/2025	Virtual - Zoom	Agenda Topics
9/17/2025	Virtual - Zoom	Agenda Topics
10/15/2025	Virtual - Zoom	Agenda Topics
11/19/2025	Virtual - Zoom	Agenda Topics
12/17/2025*	Virtual - Zoom	Agenda Topics

## South Sound Subsection

### 2025 Activities

- Best Tasting Water/Meter Challenge Event 3/20/2025
- Golf Tournament 7/11/2025
- Winter Social March 2025

### 2025 Trainings

- Waterworks 101 – March 2025
- PFAS Training – Fall 2025
- Day with DOH – Fall 2025
- Safety Training – TBD

### 2025 Goals

- Continue to provide trainings to support continued professional development.
- Provide at least one networking event.
- Succession Planning - Fill vacant and soon to be vacant board positions
- Increase membership, outreach to new members and involvement from members in the South Sound.

# Account Agreement

Date: 07/22/2021

**Institution Name & Address**  
 Timberland Bank  
 Tacoma Branch  
 7805 S Hosmer St  
 Tacoma, WA 98408-0000

**Internal Use** 9034  
**Account Title & Address**  
 PNWS-AWWA SOUTH SOUND SUBSECTION  
 PO BOX 11007  
 TACOMA, WA 98411

**Owner/Signer Information 1**

Name: **KYLE A KIHS**  
 Relationship: **AUTHORIZED SIGNER**  
 Address: [REDACTED]  
 Mailing Address (if different): [REDACTED]  
 Gov't Issued Photo ID (type, number, state, issue date, exp. date): DL# [REDACTED] WA Is [REDACTED] Ex [REDACTED]  
 Other ID (description, details): [REDACTED]  
 Employer: [REDACTED]  
 Previous Financial Inst.: [REDACTED]  
 E-Mail: **KKIHS@PNWS-AWWA.ORG**  
 Work Phone: **(503) 760-6460**  
 Home Phone: [REDACTED] Mobile Phone: [REDACTED]  
 Blrth Date: [REDACTED] SSN/TIN: [REDACTED]

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: \_\_\_\_\_

**Signature(s)**

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- Terms & Conditions  Truth in Savings  Funds Availability  
 Electronic Fund Transfers  Privacy  Substitute Checks  
 Common Features  Overdraft Policy

Agent (See Owner/Signer Information for Agent Designation(s).)

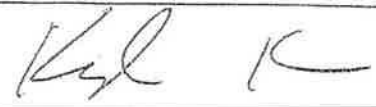
The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**Ownership of Account**

The specified ownership will remain the same for all accounts.

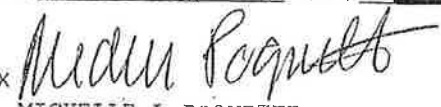
Single  
 Joint with Survivorship (not as tenants in common)  
 Joint with No Survivorship (as tenants in common)  
 Community Property Account

Sole Proprietorship or Single Member LLC  Partnership  
 LLC-enter tax classification ( C Corp  S Corp  Partnership)  
 C Corporation  S Corporation  ASSOCIATION OR OR  
 Trust-Separate Agreement Dated: \_\_\_\_\_  
 \_\_\_\_\_

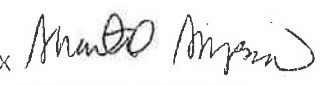
(1): [X]  ]  
 KYLE A KIHS  
 I.D. # [REDACTED] D.O.B. [REDACTED]

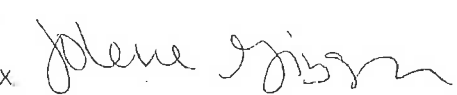
**Beneficiary Designation**  
 (Check appropriate ownership above.)

Revocable Trust  Pay-On-Death (POD)  
 \_\_\_\_\_

(2): [X]  ]  
 MICHELLE L POQUETTE  
 I.D. # [REDACTED] D.O.B. [REDACTED]

**Beneficiary Name(s), Address(es), and SSN(s)**  
 (Check appropriate beneficiary designation above.)

(3): [X]  ]  
 SHANTEL SHEPARD  
 I.D. # [REDACTED] D.O.B. [REDACTED]

(4): [X]  ]  
 JOLENE A GIBSON  
 I.D. # [REDACTED] D.O.B. [REDACTED]

# Account Agreement

Date: 07/22/2021

## Institution Name & Address

Timberland Bank  
Tacoma Branch  
7805 S Hosmer St  
Tacoma, WA 98408-0000

## Internal Use 9277

## Account Title & Address

PNWS-AWWA SOUTH SOUND SUBSECTION  
PO BOX 11007  
TACOMA, WA 98411

## Owner/Signer Information 1

Name	MICHELLE L POQUETTE
Relationship	AUTHORIZED SIGNER
Address	[REDACTED]
Mailing Address (if different)	[REDACTED]
Gov't Issued Photo ID (type, number, state, issue date, exp. date)	DL# [REDACTED] WA Is [REDACTED] Ex [REDACTED]
Other ID (description, details)	
Employer	CITY OF TACOMA
Previous Financial Inst.	
E-Mail	mipoquette@hotmail.com
Work Phone	(253) 355-1838
Home Phone:	[REDACTED]
Mobile Phone:	[REDACTED]
Birth Date:	[REDACTED]
SSN/TIN:	[REDACTED]

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: \_\_\_\_\_

## Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- Terms & Conditions
- Truth in Savings
- Funds Availability
- Electronic Fund Transfers
- Privacy
- Substitute Checks
- Common Features
- Overdraft Policy

Agent (See Owner/Signer Information for Agent Designation(s).)

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

## Ownership of Account

The specified ownership will remain the same for all accounts.

Single

Joint with Survivorship (not as tenants in common)

Joint with No Survivorship (as tenants in common)

Community Property Account

Sole Proprietorship or Single Member LLC

Partnership

LLC-enter tax classification ( C Corp  S Corp  Partnership)

C Corporation  S Corporation  AUTHORIZED SIGNER

Trust-Separate Agreement Dated: \_\_\_\_\_

## Beneficiary Designation

(Check appropriate ownership above.)

Revocable Trust

Pay-On-Death (POD)

## Beneficiary Name(s), Address(es), and SSN(s)


(Check appropriate beneficiary designation above.)

(1): [X]  ]  
MICHELLE L POQUETTE


I.D. # [REDACTED] D.O.B. [REDACTED]

(2): [X]  ]  
SHANTEL H SHEPARD

I.D. # [REDACTED] D.O.B. [REDACTED]

(3): [X]  ]  
KYLE A KIHS

I.D. # [REDACTED] D.O.B. [REDACTED]

(4): [X]  ]  
JOLENE A GIBSON

I.D. # [REDACTED] D.O.B. [REDACTED]





## 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.*

---

Name

---

Title

---

Committee or Subsection

---

Date



## POLICY ON CONFLICTS OF INTEREST AND DISCLOSURE OF CERTAIN INTERESTS

This conflict of interest policy is designed to help directors, officers, employees and members ("Responsible Persons") of the Pacific Northwest Section of the American Water Works Association (PNWS) identify situations that present potential conflicts of interest and to provide the Section with a procedure which, if observed, will allow a transaction to be treated as valid and binding even though a Responsible Person has or may have a conflict of interest with respect to the transaction.

### DEFINITIONS

**Conflict of Interest.** For purposes of this policy, the following circumstances shall be deemed to be a Conflict of Interest:

#### *Outside Interests*

- A Contract or Transaction between the PNWS and a Responsible Person or a Family Member of a Responsible Person.
- A Contract or Transaction between the PNWS and an entity in which a Responsible Person or a Family Member of a Responsible Person has a material interest in excess of 5% or of which such person is a director, officer, agent, partner, trustee, personal representative, guardian, custodian, or other legal representative.

#### *Outside Activities*

- A Responsible Person or a Family Member of a Responsible Person accepting gifts, entertainment, or other favors with a value in excess of \$100 from any individual or entity that:
  - (i) Does or is seeking to do business with the PNWS or
  - (ii) Is seeking to receive a loan or grant, or to secure other financial commitments or benefits from the PNWS.

**Responsible Person** is any person who is an officer, director, employee or member of the PNWS, including, when the context requires, a Family Member of any such person.

**Family Member** is a spouse, domestic partner, parent, child or spouse of a child, brother, sister, or spouse of a brother or sister of a Responsible Person.

**Contract or Transaction** is any agreement or relationship involving the sale or purchase of goods, services, or rights of any kind, the providing or receipt of a loan or grant, the establishment of any other type of pecuniary or financially meaningful relationship except for transactions in the ordinary course of business (a) between the PNWS and an employee of the PNWS arising from the employment relationship, such as salary, benefits or reimbursement of employment related expenses, (b) between the PNWS and a member of the PNWS arising from the membership relationship, such as payment of membership dues or the purchase of publications, exhibition space or member services, or (c) between the PNWS and its officers or directors arising out of their positions, such as the reimbursement of travel and lodging expenses in accordance with the PNWS's stated policies for such reimbursements.

## **PROCEDURES**

- Prior to any Board or Committee action on a Contract or Transaction involving a Conflict of Interest, any Responsible Person having a Conflict of Interest who is in attendance at the meeting shall disclose all facts material to the Conflict of Interest. Such disclosure shall be reflected in the minutes of the meeting.
- If an officer or director of the PNWS is unable to attend a meeting of a Board or Committee at which he or she has reason to believe that the Board will act on a matter in which the officer or director has a Conflict of Interest, then that person shall disclose to the chair of the meeting all facts material to the Conflict of Interest. The chair shall report the disclosure at the meeting and the disclosure shall be reflected in the minutes of the meeting.
- Any Responsible Person who has a Conflict of Interest shall not participate in or be permitted to hear the Board's discussion of the matter except to disclose material facts and to respond to questions. Any Responsible Person who is an officer, director or employee of the PNWS shall not attempt to exert his or her personal influence with respect to the matter, either at or outside the meeting.
- A Responsible Person who has a Conflict of Interest with respect to a Contract or Transaction that will be voted on at a meeting shall not be counted in determining the presence of quorum for purposes of the vote. The Responsible Person having a Conflict of Interest may not vote on the Contract or Transaction and shall not be present in the meeting room when the vote is taken. Such person's ineligibility to vote shall be reflected in the minutes of the meeting.
- Responsible Persons who are not members of the Board of Directors of the PNWS shall disclose to the PNWS Executive Director or Chair of the PNWS (or his or her designee) any Conflict of Interest that such Responsible Person has with respect to a Contract or Transaction. Responsible Persons who have a Conflict of Interest with respect to a Contract or Transaction that is not the subject of Board action shall also make the same disclosure. In either case, such disclosure shall be made as soon as practicable as the Responsible Person knows of the Conflict of Interest. Any Responsible Person who is an officer, director or employee of the PNWS shall refrain from any action that may affect the PNWS's participation in the Contract or Transaction.
- In the event it is not entirely clear that a Conflict of Interest exists, the Responsible Person with the potential conflict shall disclose, in writing, the circumstances to the Chair or Executive Director of the PNWS, who shall determine whether there exists a Conflict of Interest that is subject to this policy.

- Each Responsible Person shall exercise care not to disclose confidential information acquired in connection with any such Contract or Transaction the disclosure of which might have an adverse effect on the business of the PNWS. Furthermore, a Responsible Person shall not disclose or use information relating to the business of the PNWS for the personal profit or advantage of the Responsible Person or a Family Member.

#### **Dissemination and Review of Policy**

- This policy shall be published on the PNWS's website and otherwise made available to all members of the PNWS. Each officer, director and employee of the PNWS shall be required to review a copy of this policy and acknowledge in writing that he or she has done so.
- Each officer and director of the PNWS shall annually complete a disclosure form identifying any relationships, positions, or circumstances in which such Responsible Person is involved that could reasonably be expected to lead to a Conflict of Interest. Such relationships, positions or circumstances include any significant ownership interest (more than 5%) of a business that might provide goods or services to the PNWS. The PNWS will treat any such disclosures as confidential information.
- The Board of Directors shall review this policy annually. Any changes to the policy shall be communicated immediately to all Responsible Persons.

## 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 Michelle Poquette Date: 11/15/2025

Name (printed) Michelle Poquette

Committee or Subsection South Sound Subsection

Title Treasurer

**Print Form**

SF: adminpol/Conflict of interest



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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:



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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:





South Sound Subsection - PNWS - AWWA

Account Report 2024

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Totals
Accounting Fees	\$ 44.67	\$ 44.67	\$ 44.67	\$ 44.67	\$ 44.67	\$ 44.67	\$ 44.67	\$ 44.67	\$ 44.67	\$ 48.53	\$ 48.53	\$ 48.53	\$ 551.48
Committee													
Conference Meeting			\$ 3,486.05	\$ 75.36		14.16				865.54	17.97	25.06	\$ 4,426.72
Equipment													\$ 1,075.36
Misc	\$ 1,100.00											\$ 8,000.00	\$ 26,496.99
Officer Comp							\$ 17,396.99						\$ -
Postage													\$ -
Printing													\$ -
Prizes & Major Awards			\$ 223.89				\$ 732.69						\$ 956.58
Food/Beverage			\$ 479.03										\$ 479.03
Telephone													\$ -
Travel													\$ -
Reimbursement	\$ 1,144.67	\$ 44.67	\$ 4,309.00	\$ 62.61	\$ 58.83	\$ 1,044.67	\$ 18,174.35	\$ 914.07	\$ 44.67	\$ 66.50	\$ 73.59	\$ 8,048.53	\$ 33,986.16
<b>YTD Total</b>													<b>\$ 33,986.16</b>



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SUBSECTION PROFIT/LOSS STATEMENT AS OF: 2024

Subsection Name: South Sound Subsection

INCOME:

Interest	0.76
Receivables	34,337.65
Miscellaneous	
<b>TOTAL INCOME:</b>	<b>34,338.41</b>

EXPENSES: 479.03(Food & Beverage)

Accounting Fees	551.48
Committee	
Conference/Meetings	4,426.72
Equipment	1,075.36
Miscellaneous	26,496.99
Officer Compensation	
Postage	
Printing	
Prizes & Awards	956.58
Telephone	
Travel	
<b>TOTAL EXPENSES:</b>	<b>33,986.16</b>

Print Form



SUMMARY REPORT OF SUBSECTION CASH RECEIPTS AND EXPENSES FOR 2024

Subsection Number:                      Subsection Name: **South Sound Subsection**

1. Total Subsection Balance of Funds at beginning of the year:                      **30,838.38**

2. Total receipts during the year. (Monies collected during the year):                      **34,330.15**

**3. Total (Add Lines 1 and 2)**                      **65,168.53**

4. Total Expenses for the year:                      **33,986.16**

**5. Balance at the end of the year. (Subtract Line 4 from Line 3)**                      **31,182.37**

6. Of the Balance on Line 5, how much is earned Interest from the bank? **.76**

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.

Checking & Savings Account at Timberland Bank (Tacoma) last 4 x9034, x9277

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

Signed

**Michelle Poquette**

Please Print Signed Name