NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office Date forwarded to Clerk: 12/2/14

From: (District or Committee) Soledad Community Health Care District

Board of Supervisors Meeting Date**:** 1/29/15

Name of Board, Commission, or Committee: Soledad Community Health Care District

Name of Appointed: Jack Franscioni

Check one:
New Term ___X___

Reappointment _____

Filling an unexpired term _____ (if checked, list who is being replaced and reason below)

Replacing which member: _____

Maddy Act Regulations:
If applicable, check below regarding the reason for the unexpired term:

Resignation of member _____

Death of member _____

Member did not complete term _____

Other _____

TERM EXPIRATION DATE: _____11/4/2018__

Clerks use: _____ Web updated _____ Maddy Book updated _____ Added to Legistream agenda ____ COI Form Updated 05-15-13