



NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office: _____

From: (BCC or District Office): Anita Flanagan, Clerk to the Board, CCAH - October 9, 2017

Board of Supervisors Meeting Date: December 5, 2017

Name of Board, Commission, or Committee: Central California Alliance for Health

Representing: Public Representative

Name and address of Appointee: Julie Edgcomb, Clinic Services Director

Terms Check one:

New Term _____

Reappointment xxx

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

Replacing which member: _____

TERM EXPIRATION DATE: DECEMBER 31, 2017 (new term 12/31/17 - 12/31/2021)

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: _____

Clerks use: _____Web updated _____Maddy Book updated _____Added to Legistream agenda _____COI

Form Updated 07-16-15