



NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office

Date forwarded to Clerk: 8/22/17

From: Cyrah Caburian, Department of Social Services

Board of Supervisors Meeting Date: **August 29, 2017**

Name of Board, Commission, or Committee: In-Home Supportive Services Advisory Committee (IHSS)

Name of Appointee: Cristy Sugabo, representing Commission on Disabilities

Check one:

New Term _____

Reappointment _____

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

Replacing which member: _____

TERM EXPIRATION DATE: June 30, 2019

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 _____

Clerks use: _____ Web updated _____ Maddy Book updated _____ Added to Legistream agenda _____ COI

Form Updated 05-15-13