



NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office

Date forwarded to Clerk: 12/18/20

From: (In-Home Supportive Services Advisory Council) **Commission on Disabilities**

Board of Supervisors Meeting Date: **1/12/21**

Name of Board, Commission, or Committee: IHSS Advisory Council

Name and Address of Appointed: Libby Sofer

Telephone Number of Appointee: (Work)
(Cell) N/A
(Home) N/A
(e-Mail)

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: January 1, 2023 _____

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

Form Updated 05-15-13