



**NOTIFICATION TO CLERK OF APPOINTMENT**

To: Clerk of the Board's Office

**Date forwarded to Clerk: August 13, 2020**

From: (District or Committee)

**District 4, Community Action Commission**

Board of Supervisors Meeting Date:

**August 25, 2020**

Name of Board, Commission, or Committee: **Community Action Commission, Representative of the private sector**

Name and Address of Appointee:

**Donna Smith**

Telephone Number of Appointee:

Email of Appointee:

Check one:

New Term

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: 07-01-2023**