



NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office

Date forwarded to Clerk: 4/8/15

From: (District or Committee) Public Authority for In-Home Supportive Services (IHSS)

Board of Supervisors Meeting Date: May 5, 2015

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

Name of Appointee: Cindy Avelino

Check one:

New Term XXX

Reappointment _____

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

Replacing which member: Ryan Flagg

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 Expired Term, member did not renew.

TERM EXPIRATION DATE: June 30, 2018

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

Form Updated 05-15-13