



NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office: ____11/29/2016____

From: (BCC or District Office): ____Natividad Medical Center____

Board of Supervisors Meeting Date: ____December 6, 2016____

Name of Board, Commission, or Committee: __NMC Board of Trustees____

Representing: ____District 4____

Name of Appointee: _Michael T. Payne____

Terms check one:

New Term ____X____

Reappointment ____

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

Replacing which member: _____

TERM EXPIRATION DATE: __6/30/2018____

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