



NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office: Joel G. Pablo, Board of Supervisors Clerk, Deputy

From: (BCC or District Office): Kathy Stagnaro, Clerk of the Board

Board of Supervisors Meeting Date: _____

Name of Board, Commission, or Committee: Santa Cruz-Monterey-Merced Managed Medical Care Commission

Representing: Monterey County Director of Health

Name and address of Appointee:

Elsa Jimenez

Phone Numbers: Business:

Email:

Terms Check one:

New Term _____

Reappointment

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

Replacing which member: _____

NEW TERM EXPIRATION DATE: December 31, 2023

Maddy Act Regulations:

If applicable, check below regarding the reason for the unexpired term: **N/A**

Resignation of member _____

Death of member _____

Member did not complete term _____

Other _____

TERM EXPIRATION DATE: _____