



NOTIFICATION TO CLERK OF APPOINTMENT

To: Clerk of the Board's Office

Date forwarded to Clerk: 1/9/2020

From: (In-Home Supportive Services – IHSS Advisory Council) **Representing Central Coast Center for Independent Living (CCCIL)**

Board of Supervisors Meeting Date: January 14, 2020

Name of Board, Commission, or Committee: In-Home Supportive Services (IHSS) Advisory Council

Name and Address of Appointed: Maria Magana

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: _____ June 30, 2023 _____

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

Form Updated 05-15-13