



ORANGE COUNTY
BOARD OF SUPERVISORS

Nomination For Boards, Commissions & Committees

Agenda Date: 12/20/11

Item # 11-001747

To: Members of the Orange County Board of Supervisors

cc: Clerk of the Board of Supervisors

From: David Thiessen, Agency Advisory Board Coordinator, HCA Quality Management

It is my intent to appoint:

Name: Christopher Ried

Address: _____

City & Zip: _____

Day Phone: _____

Fax Number: _____

E-mail address: _____

To the: HIV Planning Council
(Name of Board, Committee or Commission)

Position Slot, if applicable: Regular Member

Name of incumbent being replaced: Reappointment

Term Years: ☒ 2 or ☐ N/A

(Choose one) From January 1, 2012 to December 31, 2013

☐ Term Concurrent with Supervisor's Term of office

☒ Term Concurrent with position

Vacancy created by: ☐ Resignation ☒ Expiration of Term ☐ N/A
(Choose one)

Nomination to: ☐ Appoint ☒ Reappointment ☐ Newly Formed Committee

Qualifications: ☒ Attached (must be attached for appointments and reappointments)

Remarks: _____

For Clerk of the Board Use Only

Clerk's Initials: _____ File I.D. _____ Needs a COI ☐ Send Departure Letter ☐

Contact Name _____ Supporting Agency _____ ☐ Mail or ☐ Pony

Appoint/Complete: ☐ Term Years _____ ☐ Term Dates: _____ to _____
☐ CWS ☐ Other _____

Check one: ☐ Scheduled Vacancy ☐ Unscheduled Vacancy

Posted on _____ to _____
Certification of posting attached.