



Revision to ASR and/or Exhibits/Attachments

Date: August 9, 2007

To: Darlene J. Bloom, Clerk of the Board of Supervisors

CC: County Executive Office

From: Juliette A. Poulson, RN, MN, Agency Director

RE: Agenda Item(s) # 7 for the 8/14/07 Board Meeting

ASR Control #(s): 07-001555

Subject: Appointments to Alcohol & Drug Advisory Board

07 AUG 10 PM 2:19
RECEIVED
CLERK OF THE BOARD
ORANGE COUNTY
BOARD OF SUPERVISORS

Explanation:

This memo is to revise Recommended Action #1 and Attachment D.

Revised Recommended Action(s)

1. Approve the appointment of Shelly Lummus to replace Ngoc-Tram Thi Tran to the Orange County Alcohol and Drug Advisory Board for term ~~ending on~~ covering the period of September 22, 2007 through September 21, 2010.

Make modifications to the:

Subject Background Information Summary

Revised Exhibits/Attachments (attached)

D - Lummus Nomination Form

Additional Information and/or Correspondence (attached)

DISTRIBUTION TO:

DARLENE'S BOOK	<input checked="" type="checkbox"/>
SUSAN NOVAK	<input checked="" type="checkbox"/>
AGENDIZER	<input checked="" type="checkbox"/>
BOARD CLERKS	<input type="checkbox"/>
SUPERVISOR	<input checked="" type="checkbox"/>
PUBLIC TUB	<input checked="" type="checkbox"/>
BOARD OFFICES	2 each
CEO	1
COCO	1
GRAND JURY	1
DATE 8/10 BY ML	



Orange County Board of Supervisors

Nomination For Boards, Commissions & Committees

Agenda Date: 8/14/07 Item # _____

To: Members of the Orange County Board of Supervisors

From: Lauren Becker, Agency Advisory Board Coordinator HCA/Quality Management

cc: Clerk of the Board of Supervisors

It is the Health Care Agency's intent to reappoint:

Name: SHELLY M. LUMMUS

Address: _____

City & Zip: _____

Day Phone _____ Fax Number: _____

Email Address: _____

To the: ALCOHOL & DRUG ADVISORY BOARD Name of Board, Committee or Commission

Position Slot, if applicable: FAMILY MEMBER

Name of incumbent being replaced: NGOC-TRAM THI TRAN

Term: Years 3 From 09/22/07 to 09/21/10

Vacancy created by: [] Newly Formed Committee [] Expiration of Term [] Resignation [] Other : Existing Term [] Attached [] Not Required

Remarks:

For Clerk of the Board Use Only

Clerk's Initials: _____ File LD. _____ Needs a COI []

Contact Name: _____ Supporting Agency _____ [] Mail or [] Pony

Complete: [] Term: _____ Years [] Term Dates: _____ to _____

Check one: [] Scheduled Vacancy [] Unscheduled Vacancy Posted on _____ to _____ Certification of posting attached.