

BOARD/COMMISSION/COMMITTEE APPOINTMENT

(This form needs to accompany the transmittal submitted to the Board of Supervisors)

(PLEASE PRINT)

BOARD/COMMISSION: **Community Action Board (CAB)**

CONTACT PERSON: **Tracey Belton**

NAME OF APPOINTEE:

**Nelda Escamilla  
Hollister, CA 95023**

PHONE: **(209) 603-4065** E-Mail: **Nelda.escamilla@edd.ca.gov**

DATE APPOINTMENT EFFECTIVE: **7/11/2019**

TERM ENDING: **7/11/2022**

SUPERVISOR DISTRICT: **#2, Representative of the Poor**

PREVIOUS APPOINTMENTS: **Transfer -Appointment to the CAB**

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REQUIREMENTS:

*If this is a new appointment, a copy of the letter of resignation from the replaced individual is to be attached to this form.*

Return completed form along with transmittal to:

San Benito County  
Attention: Jennifer Frusetta  
481 Fourth Street  
Hollister, CA 95023