RESOLUTION ____ OF THE BOARD OF TULARE LOCAL HEALTHCARE DISTRICT Ordering Even-Year Board of Directors Election, Consolidation of Elections; and Specifications of the Election Order.

WHEREAS the California Elections Code requires a general district election be held in each district to choose a successor for each elective officer whose term will expire on the first Friday in December following the election to be held on the first Tuesday after the first Monday in November in each even-numbered year; and

WHEREAS other elections may be held in whole or in part of the territory of the District, and it is to the advantage of the District to consolidate pursuant to Elections Code Section 10400; and

WHEREAS Elections Code Section 10520 requires each District involved in a general election to reimburse the county for the actual costs incurred by the county elections official in conducting the election for that district; and

WHEREAS Elections Code Section 13307(3c) requires that before the nominating period opens, the governing body must determine whether a charge shall be levied against each candidate submitting a candidate's statement to be sent to the voters; and

WHEREAS Elections Code Section 12112 requires the elections official of the principal county to publish a notice of the election once in a newspaper of general circulation in the district;

WHEREAS the terms of three (3) incumbent members of Tulare Local Healthcare District (the "District") Board of Directors will expire on December 31, 2018, requiring election of their successors on November 6, 2018;

WHEREAS, the Board of Directors of the District has determined that it is in the best interest of the District to consolidate the election of the three (3) Directors with the elections to be held in Tulare County on November 6, 2018.

NOW, THEREFORE, BE IT RESOLVED AND ORDERED that an election be held within the territory included in this district on the 6th day of November, 2018, for the purpose of electing members to the board of directors of said district in accordance with the specifications set forth in the attached Specifications of the Election Order, which is adopted herewith.

BE IT FURTHER RESOLVED that the Board hereby authorizes staff to take all actions necessary to ensure the dictates of this Resolution.

SPECIFICATIONS OF THE ELECTION ORDER

1. The Election shall be held on Tuesday, the 6th day of November, 2018. The purpose of the election is to choose members of the board of directors for the following offices and terms:

Director, Tulare Local Healthcare District, Area 1 (4 year term) Director, Tulare Local Healthcare District, Area 3 (4 year term) Director, Tulare Local Healthcare District, Area 5 (4 year term)

- 2. This governing board hereby requests and consents to the consolidation of this election with other elections which may be held in whole or in part of the territory of the district, as provided in Elections Code 10400.
- 3. The district will reimburse the county for the actual cost incurred by the county elections official in conducting the general district election upon receipt of a bill stating the amount due as determined by the elections official.
- 4. The district has determined that the Candidate will pay for the Candidate's Statement. The Candidate's Statement will be limited to 200 words.
- 5. The district directs that the County Registrar of Voters of the principal county publish the notice of election in the <u>following newspaper</u>, which is a newspaper of general circulation that is regularly circulated in the territory of

seconded by Director this 17 th day of July 2018, by the following vote:	, at a special meeting or
AYES :	
NAYS :	
ABSENT:	
IN WITNESS WHEREOF I have set my name a 17 th day of July 2018.	s Secretary of the District, this
Senovi	a Gutierrez

Appointed Board Member/Director Information Sheet

For each board member appointed since the last election, send this completed form and a copy of the Certificate of Appointment/Oath of Office form to:

Tulare County Registrar of Voters 5951 S. Mooney Blvd Visalia, CA 93277

Please provide the information below for the seat that has been filled by appointment:					
Name of District:	Tukare Local L	fealth Care 1	District		
Division, Area, Zone	e, or Seat # of Seat filled by this ap	opointment (if any): \\	Strict 5.		
Who does this board member replace? Lindo Leile (write the name of the board member that vacated the seat)					
How was board me appointed? (circle)	ember Appointed In Lieu of Election by Board of Supervisors	Appointed Mid-Term by Board of Supervisors	Appointed Mid-Term by District		
When does the app	pointed board member's term end?	12-7-2018	3		
For Memorial Distri	ict Board Members only	⊶			
is the new board member a veteran? (circle one) YES or NO					
Provide the personal information below of the board member appointed:					
Name: X AL	Dier John A	vila.			
Home Address:	13045 RO				
	Tulace Ca	93274			
Mailing Address: (if different)		·	·		
Phone:	(559) 707-240	37.			
Date Appointed:	10-1-2017				
Date of Birth:	7-23-1963				
	on of the person completing this	form (in case of quest	ions):		
Name: Tam	ne Dyler				
Title: HR Di	→	_ Phone: 559-68	15-345.		

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Please provide th	e inforn	nation below for the	e seat that has been filled	by appointment:
Name of District:	Tula	in Local	HealthCare	DISTRICT
			this appointment (if any):_	
Who does this boa	rd mem	ber replace? (write the	hard Torrez e name of the board member that v	acated the seat)
How was board me appointed? (circle)	ember	Appointed In Lieu of Election by Board of Supervisors	Appointed Mid-Term by	Appointed Mid-Term by
When does the ap	pointed	board member's tern	n end? 12-7-30	0190
For Memorial Distr	ict Boar	d Members only	_	·
is the new	v board	member a veteran? ((circle one) YES or N	10
Provide the perso	onal info	ormation below of th	he board member appoin	ted:
Name:	Dre	n Cloud	e Harrell	
Home Address:	•		ster Dr.	
		Ulara Ca	93274	
Mailing Address: (if different)			· · · · · · · · · · · · · · · · · · ·	
Phone:	(56	9) 688~	0348.	
Date Appointed:		NOV. 2017	<u>.</u>	
Date of Birth:	(4/7/47		
Provide informati	on of th	ne person completin	ng this form (in case of qu	uestions):
Name:	PHER	1 C. Hai	rell.	•
Title: Director		VST. 1	Phone: (559)) 688-634E

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