

## **BOARD OF SUPERVISORS AGENDA ITEM SUMMARY**

| Requested Board Meeting Date:_ | May 7, 2013 |
|--------------------------------|-------------|
|--------------------------------|-------------|

## ITEM SUMMARY, JUSTIFICATION &/or SPECIAL CONSIDERATIONS:

| Reappoint Barbara Tellman, Democratic Party Appointment, to the Ele | ction Integrity |
|---|-----------------|
| Commission for the term 5/7/13 to 5/7/15.                           |                 |

CONTRACT NUMBER (If applicable): N/A

## STAFF RECOMMENDATION(S):

Staff recommends that the reappointment of Barbara Tellman to the Election Integrity Commission be ratified by the Pima County Board of Supervisors per the request of the Don Jorgensen, Chair, Democratic Party.

| CORPORATE HEADQUARTERS:_ |             |  |
|--------------------------|-------------|--|
|                          | Page 1 of 2 |  |

| CLERK OF BOARD USE ONLY: BOS MTG.   |                 |       |        |     |   |        |          |     |      |                               |
|---|-----------------|-------|--------|-----|---|--------|----------|-----|------|-------------------------------|
|   |                 |       |        |     |   |        |          | ITE | M NO |                               |
| PIMA COUNTY COST: N/A and/or REVENUE TO PIMA COUNTY:\$  |                 |       |        |     |   |        |          |     |      |                               |
| FUNDING SOURCE(S): N/A (i.e. General Fund, State Grant Fund, Federal Fund, Stadium D. Fund, etc.) |                 |       |        |     |   |        |          |     |      |                               |
| Advert  | tised P         | ublic | Hearir | yes |   | X      | NO       |     |      |                               |
| Board of Supervisors District:  |                 |       |        |     |   |        |          |     |      |                               |
| 1   |                 |       | 2      |     | 3 |        | 4        | 5   |      | All X                         |
| IMPAC   | :T:             |       |        |     |   |        |          |     |      |                               |
| ,   | IF APP          | ROVE  | D:     |     |   |        |          |     |      |                               |
|   | IF DEN          | IIED: |        |     |   |        |          |     |      |                               |
|   | RTMEN<br>ACT PE |       |        |     |   | istrat | or – Jol |     |      | nning Director<br>.: 724-8311 |