EXHIBIT	NO.	

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# **CONTESTED APPOINTMENT**

#### **ENDORSED BY**

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ALEXANDRIA PUBLIC HEALTH ADVISORY COMMISSION (2-Year Term)	
1 Representative of the Inova Alexandria Hospital Board	
Colleen Mahoney*	Inova Alexandria
(Residency Waiver Required)	Hospital
* Incumbent	

4.5.02

#### **CONTESTED APPOINTMENT**

#### **ENDORSED BY**

ALEXANDRIA PUBLIC HEALTH ADVISORY COMMISSION

(2-Year Term)

1 Representative of the Inova Alexandria Hospital Board

Colleen Mahoney\*
(Residency Waiver Required)

Inova Alexandria

Evile - Person Speck

\* Incumbent

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4.9.02

# **CONTESTED APPOINTMENT**

#### **ENDORSED BY**

ALEXANDRIA PUBLIC HEALTH ADVISORY COMMISSION (2-Year Term)	ſ
1 Representative of the Inova Alexandria Hospital Board	
Colleen Mahoney*	Inova Alexandria
(Residency Waiver Required)	Hospital

\* Incumbent

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4.9.02

# CONTESTED APPOINTMENT

#### **ENDORSED BY**

ALEXANDRIA PUBLIC HEALTH ADVISORY COMMISSION

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(2-Year Term)

1 Representative of the Inova Alexandria Hospital Board

\_\_\_\_\_Colleen Mahoney\*
(Residency Waiver Required)

Inova Alexandria Hospital

\* Incumbent

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4.9.02

#### **CONTESTED APPOINTMENT**

# **ENDORSED BY**

ALEXANDRIA PUBLIC HEALTH ADVISORY COMMISSION

(2-Year Term)

1 Representative of the Inova Alexandria Hospital Board

Colleen Mahoney\*
(Residency Waiver Required)

Inova Alexandria Hospital

J. J.

<sup>\*</sup> Incumbent

EVILLE	
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4.9.02

#### NAME OF COUNCIL MEMBER

# **CONTESTED APPOINTMENT**

# **ENDORSED BY**

ALEXANDRIA PUBLIC HEALTH ADVISORY COMMISSION

(2-Year Term)

1 Representative of the Inova Alexandria Hospital Board

\_Colleen Mahoney\*
(Residency Waiver Required)

Inova Alexandria Hospital

<sup>\*</sup> Incumbent

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NAME OF COUNCIL MEMBER	

4.9.02

# **CONTESTED APPOINTMENT**

# **ENDORSED BY**

# ALEXANDRIA PUBLIC HEALTH ADVISORY COMMISSION

(2-Year Term)

1 Representative of the Inova Alexandria Hospital Board

Colleen Mahoney\*
(Residency Waiver Required)

Inova Alexandria Hospital

\* Incumbent

J3P

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4.9.02

#### **CONTESTED APPOINTMENT**

#### **ENDORSED BY**

ALEXANDRIA PUBLIC HEALTH ADVISORY COMMISSION

(2-Year Term)

1 Representative of the Inova Alexandria Hospital Board

\_Colleen Mahoney\*
(Residency Waiver Required)

Inova Alexandria Hospital

\* Incumbent

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Woodsop	
NAME OF COUNCIL MEMBER	

4.9.02

# **CONTESTED APPOINTMENT**

	ENDORSED BY
ALEXANDRIA PUBLIC HEALTH ADVISORY COMMISSION (2-Year Term)	
1 Representative of the Inova Alexandria Hospital Board	
Colleen Mahoney*	Inova Alexandria
(Residency Waiver Required)	Hospital
* Incumbent	

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