

EXHIBIT NO. 1

22  
3-25-08

\_\_\_\_\_  
NAME OF COUNCIL MEMBER

**CONTESTED APPOINTMENT**

**ENDORSED BY**

ALEXANDRIA PUBLIC HEALTH ADVISORY COMMISSION

(2-Year Term)

1 Representative of the Inova Alexandria Hospital

\_\_\_\_ Robin Adams  
(Residency Waiver Required)

Inova Alexandria  
Hospital

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