EXHIBIT NO.	1 4-14-09
NAME OF COUNCIL MEMBER	
CONTESTED APPOINTMENT	
	ENDORSED BY
ALEXANDRIA COMMISSION ON AGING (3-Year Term) 1 Representative of A Health Care Provider	
Robert Breiner* (Residency Waiver Required)	
* Incumbent	

EXHIBIT NO.

## **CONTESTED APPOINTMENT**

## **ENDORSED BY**

ALEXANDRIA COMMISSION ON AGING

(3-Year Term)

1 Representative of A Health Care Provider

Robert Breiner\*
(Residency Waiver Required) - When, Gaines, Rille, Lovain, Pepper,
Smedher, Knowlen

\* Incumbent

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NAME OF COUNCIL MEMBER		<del></del>
CONTESTED APPOINTMENT		
ALEXANDRIA COMMISSION ON (3-Year Term)	I AGING	
1 Representative of A Health	h Care Provider	
Robert Breiner*		
(Residency Waiver Required)		
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\* Incumbent

14-14-09

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NAME OF COUNCIL MEMBER
CONTESTED APPOINTMENT
ALEXANDRIA COMMISSION ON AGING
(3-Year Term) 1 Representative of A Health Care Provider
Robert Breiner*
(Residency Waiver Required)
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\* Incumbent

4-14-09

ENDORSED BY

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## **CONTESTED APPOINTMENT**

NAME OF COUNCIL MEMBER

ENDORSED BY

ALEXANDRIA COMMISSION ON AGING

(3-Year Term)

1 Representative of A Health Care Provider

Robert Breiner\*
(Residency Waiver Required)

<sup>\*</sup> Incumbent

	EXHIBIT NO.
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NAME OF COUNCIL MEMBER	
CONTESTED APPOINTMENT	-
ALEXANDRIA COMMISSION ( (3-Year Term) 1 Representative of A Heat Robert Breiner* (Residency Waiver Require	alth Care Provider

\* Incumbent

ENDORSED BY

14-14-09

EXHIBIT	NO.	14	
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Gaines			
NAME OF COUNCIL MEMBER			
CONTESTED APPOINTMENT			

**ENDORSED BY** 

ALEXANDRIA COMMISSION ON AGING

(3-Year Term)
1 Representative of A Health Care Provider

Robert Breiner\*
(Residency Waiver Required)

<sup>\*</sup> Incumbent

	EXHIBIT NO	 <u> </u>
Ksupicka NAME OF COUNCIL MEMBER		

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ALEXANDRIA COMMISSION ON AGING

(3-Year Term)

A Representative of A Health Care Provider

\_\_Robert Breiner\*

(Residency Waiver Required)

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NAME OF COUNCIL MEMBER						
CONTESTED APPOINTMENT						
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ALEXANDRIA COMMISSION ON AGING

(3-Year Term)
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Robert Breiner\*
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