									Eli	gible
	Long	Peters	Justice	Eggers	Seel	Gerard	Welch	ye	es	no
Kevin Donoghue Elizabeth Fountain Denise M. Mineo Nancy Ridenour Sandra Ross	ρ 9 1	9	0 1 1	9	1	1 1 1 1 1 1	10111	87777	x x x x	
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total should equal 38 if full Board is present

Commissioner _	Seel	

Applicant Appointment Worksheet/Ballot (if necessary)

PLEASE CHOOSE FOUR

Applicant Name	Reappoi	ntment	Eligible		Comments
	YES	NO	YES	NO	
Kevin Donoghue	X		Х		
Elizabeth Fountain	Х		Х		
Denise M. Mineo	Х		Х		
Nancy Ridenour	Х		Х		
Sandra S. Ross		Х	Х		

Qualification Requirements:

Four year appointment to the Pinellas County Health Facilities Authority.

Commissioner GERARD

Applicant Appointment Worksheet/Ballot (if necessary)

PLEASE CHOOSE FOUR

	Applicant Name	Reappointment		Eligible		Comments
		YES	NO	YES	NO	
	Kevin Donoghue	Х		Х		
(Elizabeth Fountain	Х		Х		
	Denise M. Mineo	Х		Х		
	Nancy Ridenour	Х		Х		
	Sandra S. Ross		Х	Х		

Qualification Requirements:

Four year appointment to the Pinellas County Health Facilities Authority.

Commissioner	EGGENS
	C00010

Applicant Appointment Worksheet/Ballot (if necessary)

PLEASE CHOOSE FOUR

	Applicant Name	Reappointment		Eligible		Comments
		YES	NO	YES	NO	
/	Kevin Donoghue	Х		Х		
V	Elizabeth Fountain	Х		Х		
V	Denise M. Mineo	Х		Х		
V	Nancy Ridenour	Х		Х		
	Sandra S. Ross		Х	Х		

Qualification Requirements:

Four year appointment to the Pinellas County Health Facilities Authority.

	JUSTICE
Commissioner	3031100

Applicant Appointment Worksheet/Ballot (if necessary)

PLEASE CHOOSE FOUR

Applicant Name	Reappointment		Eli	gible	Comments
	YES	NO	YES	NO	
Kevin Donoghue	Х		Х		
Elizabeth Fountain	Х		Х		
Denise M. Mineo	X		Х		
Nancy Ridenour	Х		Х		
Sandra S. Ross		Х	Х		

Qualification Requirements:

Four year appointment to the Pinellas County Health Facilities Authority.

Commissioner ______

Applicant Appointment Worksheet/Ballot (if necessary)

PLEASE CHOOSE FOUR

Applicant Name	Reappointment		Eligible		Comments
	YES	NO	YES	NO	
Kevin Donoghue	X		Х		
Elizabeth Fountain	X		Х		
Denise M. Mineo	X		Х		
Nancy Ridenour	X		Х		
Sandra S. Ross		Х	Х		

Qualification Requirements:

Four year appointment to the Pinellas County Health Facilities Authority.

Commissioner () Jers

Applicant Appointment Worksheet/Ballot (if necessary)

PLEASE CHOOSE FOUR

Applicant Name	Reappoi	ntment	ent Eligible		Comments
	YES	NO	YES	NO	
Kevin Donoghue	Х		Х		
Elizabeth Fountain	Х		Х		
Denise M. Mineo	Х		Х		
Nancy Ridenour	Х		Х		
Sandra S. Ross		Х	Х		

Qualification Requirements:

Four year appointment to the Pinellas County Health Facilities Authority.

Commissioner Wold

Applicant Appointment Worksheet/Ballot (if necessary)

PLEASE CHOOSE FOUR

Applicant Name	Reappointment		Eligible		Comments
	YES	NO	YES	NO	
Kevin Donoghue	Х		Χ		
Elizabeth Fountain	Х		Х		
Denise M. Mineo	Х		Х		
Nancy Ridenour	Х		Х		
Sandra S. Ross		X	Х		

Qualification Requirements:

Four year appointment to the Pinellas County Health Facilities Authority.