COUNTY OF MENDOCINO
Board of Supervisors

SARA PIERCE
INT. CLERK OF THE BOARD

501 Low Gap Rd. Room 1010
Ukiah, CA 95482

Email: bos@mendocinocounty.gov
Website: www.mendocinocounty.gov

Office: (707) 463-4221
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September 10, 2026

RE: Appointment

PLEASE NOTE - YOUR TERM DOES NOT BEGIN UNTIL: December 4, 2026, Noon.

Thank you for your interest in serving your community, and congratulations on your recent appointment to a Mendocino County Special District, Board, or Commission.

Enclosed is your original *Certificate of Appointment and Oath of Office*. Please sign before a Notary Public, Clerk of the Board, Clerk-Recorder Staff Member, District Secretary, or Mendocino County Supervisor. If you wish to sign the original Oath of Office before the Clerk of the Board, please call (707) 463-4441 to schedule an appointment and bring photo identification with you.

Prior to serving on the Board, **the notarized/signed original must be returned to Katrina Bartolomie, County Clerk-Recorder, 501 Low Gap Road, Room 1020, Ukiah, California, 95482**. Do not return your oath to the Clerk of the Board.

Important: *You do not have a legal vote on the Board or Commission until your completed Oath of Office is on file with the County Clerk-Recorder.*

Please note that service on the Mendocino County Board of Supervisors Board and/or Commission to which you've been appointed may require completion of an annual California Fair Political Practices Commission (FPPC) Form 700 - Statement of Economic Interest. For further information on Form 700 filing requirements please refer to the FPPC's website at www.fppc.ca.gov or the Mendocino County Clerk-Recorder at (707) 234-6808.

Again, we thank you for your contribution to the community.

Clerk of the Board Staff

Enclosures: Certificate of Appointment & Oath of Office

THE BOARD OF SUPERVISORS

MADELINE CLINE	MAUREEN MULHEREN	JOHN HASCHAK	BERNIE NORVELL	TED WILLIAMS
First District	Second District	Third District	Fourth District	Fifth District

CERTIFICATE OF APPOINTMENT AND OATH OF OFFICE

STATE OF CALIFORNIA)
) ss.
County of Mendocino)

I, Sara Pierce, Interim Clerk of the Board of Supervisors of said County of Mendocino, hereby certify that at a regular meeting of said Board of Supervisors, held in Ukiah, of said County, on the 1st day of September, 2026 Toby Wade was appointed to the Mendocino Coast Health Care District – term to expire on the 6th day of December, 2030 as appears in the records of said Board of Supervisors now in my custody.

IN WITNESS WHEREOF, I hereunto affix my hand and Seal of said Board of Supervisors, this 1st day of September, 2026.

Sara Pierce, Interim Clerk

By _____
Deputy

STATE OF CALIFORNIA)
) ss.
County of Mendocino)

I, Toby Wade, solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

_____
Appointee Signature

Subscribed and sworn to before me, this _____, day of _____ 2026, by _____, proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Toby Wade
[redacted]
Albion, CA 95410

SARA PIERCE
Interim Clerk of the Board of Supervisors

By: _____ (Seal)
Deputy