Name of Co	uncil Member		
CONTESTE	D APPOINTMENT		
			Endorsement
(2-year term	,		
1 representa	ative of the hospital adminis	stration at Alexandria	Hospital
	Shannon North-Giles (residency waiver required	d)	
1 representa	ative of the Alexandria Medi	ical Society at Alexan	dria Hospital
	Martin Brown (residency waiver required	d)	