

**DEPARTMENT:** Administration      **BY:** Richard J. Benson      **PHONE:** 966-3222

**RECOMMENDED ACTION AND JUSTIFICATION:**

Approve the reappointment of Kathleen A. Boze as Agricultural Commissioner and Sealer of Weights and Measures effective May 1, 2007. Pursuant to the Food and Agriculture Code sections 2121 and 2122 as well as Business and Professions Code section 12200, the Board of Supervisors is required to appoint an Agricultural Commissioner as well as the Sealer of Weights and Measures every four years.

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

Ms. Boze was appointed Agricultural Commissioner and Sealer of Weights and Measures on May 1, 2003. In order for her to continue to serve in these positions, it is necessary for your Board to reappoint her effective May 1, 2007 for another four-year term.

**ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

Unless Ms. Boze is reappointed or another individual is appointed, a negative action would result in Mariposa County lacking the services of an Agricultural Commissioner and Sealer of Weights and Measures.

Financial Impact? ( ) Yes <input checked="" type="checkbox"/> No	Current FY Cost: \$ _____	Annual Recurring Cost: \$ _____
Budgeted In Current FY? ( ) Yes <input checked="" type="checkbox"/> ( ) No ( ) Partially Funded		
Amount in Budget: \$ _____		List Attachments, number pages consecutively _____
Additional Funding Needed: \$ _____		_____
Source: _____		No attachments _____
Internal Transfer _____		_____
Unanticipated Revenue _____ 4/5's vote		_____
Transfer Between Funds _____ 4/5's vote		_____
Contingency _____ 4/5's vote		_____
( ) General ( ) Other _____		_____

**CLERK'S USE ONLY:**

Res. No.: 07-82      Ord. No. \_\_\_\_\_  
Vote - Ayes: 5      Noes: \_\_\_\_\_  
Absent: \_\_\_\_\_  
 Approved  
 Minute Order Attached     No Action Necessary

The foregoing instrument is a correct copy of the original on file in this office.  
Date: \_\_\_\_\_  
Attest: MARGIE WILLIAMS, Clerk of the Board  
County of Mariposa, State of California  
By: \_\_\_\_\_  
Deputy

**COUNTY ADMINISTRATIVE OFFICER:**

Requested Action Recommended  
 No Opinion  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CAO: [Signature]