

# APFA

## BOARD OF DIRECTORS MEETING

### SPECIAL BOARD OF DIRECTORS MEETING

April 28, 2020

Via Teleconference

|                        |                         |
|------------------------|-------------------------|
| Resolution Tally Sheet | <b>Resolution #:</b> 1  |
|                        | <b>Maker:</b> Black     |
|                        | <b>Second:</b> Harris   |
|                        | <b>Date:</b> 04/28/2020 |
|                        | <b>Time:</b> 12:07 p.m. |

Resolution Name: Approve the Agenda

|   |                      |                         |
|---|----------------------|-------------------------|
| <input type="checkbox"/> AFFECTS POLICY MANUAL: |                      |                         |
| <b>YES</b> = Yes                                | <b>ABS</b> = Abstain | <b>PXY</b> = Proxy Vote |
| <b>NO</b> = No                                  | <b>N/A</b> = Absent  | <b>REC</b> = Recuse     |
| <b>PASS</b> = Pass                              |                      |                         |

COMMENTS:

|      | B<br>O<br>S                         | C<br>L<br>T                         | D<br>C<br>A                         | D<br>F<br>W                         | L<br>A<br>X                         | L<br>G<br>A                         | M<br>I<br>A                         | O<br>R<br>D                         | P<br>H<br>L                         | P<br>H<br>X                         | R<br>D<br>U<br>I                    | S<br>F<br>O                         | S<br>T<br>L                         | PRES<br>—<br>Tie-<br>Breaker |
|------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------|
|      | Milenkovic                          | Hazlewood                           | Pennel                              | DeRoxtra                            | Nikides                             | Norvell                             | Trautman                            | Wroble                              | Kaswinkel                           | Babi                                | Sullivan                            | Toms                                | Martin                              | Hedrick                      |
| YES  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>     |
| NO   | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>     |
| PASS | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>     |
| ABS  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>     |
| N/A  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>     |
| PXY  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>     |
| REC  | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>     |

YES: 13      NO: 0      ABSTAIN: 0      ABSENT: 0

Status:   *Passed*      *Failed*      *Tabled*      *Withdrawn*      *Show of Hands*  

I move to approve the agenda as presented.