Maine Board of Licensure in Medicine
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June 9, 2026

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XX. Adjournment

Maine Board of Licensure in Medicine
Minutes of June 9, 2026
8:00 a.m. – 11:57 a.m.

Board Members Present: Chair Renée Fay-LeBlanc, MD; Secretary Christopher Ross, PA; Holly Fanjoy, MD; Public Member Gregory Jamison, RPh; Public Member Jonathan Sahrbeck; and Public Member Lynne Weinstein

Board Members Absent: David Flaherty, PA; Maroulla Gleaton, MD; Noah Nesin, MD; and Anthony Ng, MD

Board Staff Present: Executive Director Timothy E. Terranova; Assistant Executive Director Valerie Hunt; Medical Director Paul N. Smith, MD; Complaint Coordinator Kelly McLaughlin; Consumer Assistance Specialist Faith McLaughlin; Administrative Assistant Maureen S. Lathrop; Licensing Supervisor Tracy Morrison; Licensing Specialist Savannah Okoronkwo and Licensing Specialist Sarah R. Gagne

Attorney General's Office Staff Present: Assistant Attorney General Jennifer Willis

The meeting was held at the Board's Offices in Augusta, Maine with Board members participating in person. The Board met in public session except during the times listed below which were held in executive session. Executive sessions are held to consider matters which, under statute, are confidential *(e.g.*, 1 M.R.S. § 405; 10 M.R.S. § 8003-B; 22 M.R.S. § 1711-C; 24 M.R.S. § 2510; 32 M.R.S. § 3282-A). During the public session of the meeting, actions were taken on all matters discussed during executive session. The meeting was made virtually available to the public using the platform Zoom. A link for the public to access the Board meeting virtually was included on the Board's agenda and posted on its website.

EXECUTIVE SESSIONS	**PURPOSE**
9:25 a.m. – 9:28 a.m.	Pursuant to 405(6)(E) to consult with legal counsel
9:54 a.m. - 9:59 a.m.	Pursuant to 405(6)(E) to consult with legal counsel
11:18 a.m. – 11:30 a.m.	Pursuant to 405(6)(E) to consult with legal counsel
RECESSES	
10:06 a.m. – 10:23 a.m.	Recess

I. Call to Order

Dr. Fay-LeBlanc called the meeting to order at 8:00 a.m.

A. Amendments to Agenda (none)

B. Scheduled Agenda Items (none)

II. Licensing

A. Applications for Individual Consideration

1. Initial Applications

a. Kimberly Keyes, PA
Mr. Ross moved to table PA Keyes application and request that she explain and/or resolve the discrepancy regarding academic probation. Dr. Fanjoy seconded the motion, which passed unanimously.

b. Kyle Chong, MD
Dr. Fanjoy moved to grant the license. Mr. Ross seconded the motion, which passed unanimously.

c. Edward Sambey, MD
Mr. Ross moved that Dr. Sambey does not meet the post graduate training requirements for licensure and offered leave to withdraw his license application while not under investigation. Mr. Sahrbeck seconded the motion, which passed unanimously.

2. Reinstatement Applications (none)

3. Renewal Applications

a. Bobak Ahouraie, PA
Dr. Fanjoy moved to issue two citations for inaccurately answering questions on license renewal applications, issue a letter of guidance and grant renewal upon payment of the fines. Mr. Ross seconded the motion, which passed unanimously.

b. Isaac Ball, PA
Mr. Ross moved to issue citations for each inaccurately answered question on license renewal applications and grant renewal upon payment of the fines. Ms. Weinstein seconded the motion, which passed unanimously.

c. David L. Conner, MD
The matter was tabled to be reviewed in conjunction with another matter on the agenda.

4. Requests to Convert to Active Status (none)

5. Requests to Withdraw License/License Application (none)

6. Requests for Collaborative Agreements (none)

B. Other Items for Discussion

1. **Greeshma P. Reddy, MD**
   Dr. Fanjoy moved to grant a temporary educational certificate to run concurrent with the dates of the fellowship program and advise Dr. Reddy that should she apply for a clinical license she will need to provide documentation from the fellowship program addressing her competence and fitness to practice. Mr. Jamison seconded the motion, which passed unanimously.

C. Citations and Administrative Fines (none)

D. Licensing Status Report
This material was presented for informational purposes. No Board action was required.

E. Licensing Feedback
This material was presented for informational purposes. No Board action was required.

F. **Complaint Status Report**
This material was presented for informational purposes. No Board action was required.

III. Board Orders/Consent Agreements/Resolution Documents for Review

A. Colin P. Renaud, PA – Consent Agreement (CR26-13)
Dr. Fanjoy moved to approve the consent agreement. Mr. Ross seconded the motion, which passed unanimously.

IV. Complaints

1. **CR24-276**
   Dr. Fay-LeBlanc moved to issue a citation for failure to report the existence of an open complaint on his license renewal application and to dismiss the complaint upon payment of the fine. Mr. Sahrbeck seconded the motion, which passed unanimously.

   MOTION: This case was first discussed in March 2025. The patient had seen the licensee for many years. Their therapeutic relationship broke down, and the licensee discharged the patient without their knowledge. The patient only learned of the discharge when she tried to make an appointment. The Board requested the licensee complete a course on communication, which he has now done. The licensee submitted his response as well as the patient letter.

2. **CR25-197**
   Dr. Fay-LeBlanc moved to investigate further and request the physician complete a preapproved CME course regarding effective communication and report to the Board what he learned and how it may impact his practice. Dr. Fanjoy seconded the motion, which passed unanimously.

3. **CR25-211**
   Dr. Fanjoy moved to issue a citation for failure to report termination of employment and dismiss the complaint upon payment of the fine. Ms. Weinstein seconded the motion, which passed unanimously.

MOTION: The Board initiated this complaint based on a hospital mandated report that the licensee's employment had been terminated based on unprofessional conduct. The licensee allegedly demonstrated disruptive behavior and engaged in derogatory communication with multiple individuals, including patients, guardians and staff. The licensee responded that he was terminated after providing one week of a locum tenens assignment at the hospital and that he was unsupported without appropriate onboarding/supervision, support staff and opportunity to develop team building. The licensee acknowledged an opportunity to improve his communication and indicated that he is pursuing ways to accomplish growth and to learn from this experience. He completed a § 3286 evaluation as requested by the Board, and the evaluation did not identify a mental health or substance use disorder. There were no specific recommendations for remediation from this evaluation and no indication that the licensee was unfit to practice. The licensee took a communication course and provided an appropriate summary of his learnings and how he would apply these communication and professionalism skills to his future practice.

4. **CR25-264**

Dr. Fanjoy moved to dismiss the complaint. Mr. Sahrbeck seconded the motion, which passed unanimously.

MOTION: The complainant is a patient who alleges that the licensee failed to timely diagnose her with a large pelvic mass. The patient had been seen over a span of several months for abdominal pain as well as constipation and heartburn. The patient alleges that she had gained significant weight and had worsening abdominal distention despite the licensee's treatments and that her workup was not appropriate or timely. The licensee felt that the patient's symptoms were gastrointestinal and had pursued workup for biliary causes and referred her to gastroenterology. The patient ultimately was seen in the emergency department and diagnosed with a large cystic pelvic mass and underwent surgery that demonstrated a benign ovarian mucinous cystadenoma and also an incidental focal endometrial cancer found with hysterectomy. Medical records were reviewed and support the licensee's stepwise workup for the patient's reported symptoms and clinical findings as documented. An expert review was obtained that determined the licensee practiced within the standard of care and that her evaluation and decision-making were thorough and appropriate.

5. **CR25-272**

Dr. Fanjoy moved to investigate further and issue a letter of guidance. Mr. Sahrbeck seconded the motion, which passed unanimously.

At 10:25 a.m. the Board received additional information from staff regarding their request for an expert review during their previous review of this matter. Following discussion, the Board took no further action.

6. **CR25-279 Sarah J. Scott, MD**

Ms. Weinstein moved to dismiss the complaint with a letter of guidance. Mr. Sahrbeck seconded the motion, which passed unanimously.

MOTION: The patient complained that they were inappropriately discharged from the practice after missing three appointments, that they received no discharge letter, were

prescribed only thirty days of medication, and refused an in-person appointment and copies of their medical records. The physician responded by providing the context of the patient's discharge, a copy of the patient's controlled substance contract and their medical records. In response to the Board's further investigation regarding her adherence to universal precautions for controlled substance prescribing, the physician explained that during the treatment of this patient, from April 2024 to July 2025, urine screening kits were not available in her clinic. The physician further explained that she encouraged the patient to further report to the DEA and the pharmacy the empty medication capsules they reported to her, if they felt inclined. In addition, the physician noted that a final in-person visit with this patient would have enhanced communication and helped address their concerns as they faced a transition to a different practice.

The guidance is as follows: Licensees who prescribe controlled substances are responsible for effectively implementing appropriate toxicology screenings, pill counts, and other universal precautions to ensure patient safety. Licensees should also exercise vigilant oversight to protect their patients, including inquiring further regarding any unusual circumstances or claims about prescribed controlled substances, as well as properly responding to or addressing any unusual conditions.

7. **CR25-294**
   Mr. Jamison moved to issue a citation for failure to notify the Board of a change in contact information and a citation for failure to respond to the complaint within thirty days, to dismiss the complaint with a letter of guidance upon payment of the fines and to delegate approval of the letter of guidance to the Chair. Dr. Fanjoy seconded the motion, which passed unanimously.

8. **CR25-298**
   Dr. Fay-LeBlanc was recused from the matter; the matter was tabled due to lack of quorum.

9. **CR25-300**
   Dr. Fanjoy moved to dismiss the complaint. Mr. Jamison seconded the motion, which passed unanimously.

   MOTION: The complainant, a patient with multiple chronic medical conditions, alleged delays in obtaining essential medication refills and equipment prescriptions, difficulties with diabetes medication management, and unprofessional communication by the physician. The physician provided a detailed, record-supported response explaining that many of the reported delays resulted from external coordination challenges with vendors and insurance requirements, and that the office responded promptly once aware of pending needs. The medical records demonstrate appropriate clinical decision-making, timely follow-up when requests were received, and professional documentation throughout the relevant period. The complainant did not submit a rebuttal.

10. **CR25-306**
    Dr. Fanjoy moved to dismiss the complaint. Ms. Weinstein seconded the motion, which passed unanimously.

MOTION: The complainant is the family member of a patient who alleges that the licensee provided inappropriate care and dismissed the patient's concerns when she was treated for macular degeneration. The complainant states that the patient did not wish to have any further eye injections, but the licensee silenced her and proceeded with the treatment. The licensee responded that she was surprised to receive this complaint and had treated the patient appropriately over the course of a year. The patient had consented to each treatment and initially had improvement in her vision but then was lost to follow up and subsequently had progression of her macular degeneration. The patient also had some side effects and a possible allergic reaction to the treatments, and the licensee and the practice were responsive to her concerns. The medical records support that the licensee obtained consent for the procedures and provided timely communication and responsiveness. There is no indication that the patient received treatment against her wishes, and the care rendered by the licensee was appropriate and within the standard of care.

11. CR26-14

Mr. Sahrbeck moved to dismiss the complaint. Dr. Fanjoy seconded the motion, which passed unanimously.

MOTION: The complainant is the spouse of a deceased individual, who had been a patient of the licensee. The complainant states that the spouse's "do not resuscitate" was changed and when the complainant was notified by the licensee of the passing, the complainant was spoken to in a manner described as "astonishing, ridiculous and curt" which was unprofessional according to the complainant. The licensee had a very thoughtful response and expressed regret for what happened to the complainant's spouse.

12. CR26-27

Dr. Fanjoy moved to dismiss the complaint. Mr. Jamison seconded the motion, which passed unanimously.

MOTION: The complainant is a patient who alleges that the licensee was dismissive and profiled him as having mental health issues when he was seen in the emergency department for acute pain. He alleges that she failed to diagnose him appropriately and did not order any tests. He also complains that he was given an inoperable phone to call for a ride and could not exit the emergency department through several locked doors. The licensee responds that she conducted an appropriate exam and felt that his presentation was consistent with an acute lower back strain and offered him an injection of Toradol. The patient reportedly became agitated and pulled out his intravenous line and left the emergency department. The medical record corroborates the licensee's response and appropriateness of care. The patient submitted a rebuttal that the licensee failed to diagnose him with a gallbladder issue. The medical record supports that the patient was treated appropriately based on his presenting symptoms and the patient left the emergency department prior to completion.

13. CR26-29

Dr. Fay-LeBlanc moved to investigate further and obtain an outside expert review. Mr. Sahrbeck seconded the motion, which passed unanimously.

14. CR26-32

Mr. Ross moved to investigate further, obtain an outside expert review, and request that the physician associate respond to questions from the Board. Mr. Sahrbeck seconded the motion which passed unanimously.

15. CR26-33

Mr. Jamison moved to dismiss the complaint. Mr. Sahrbeck seconded the motion, which passed unanimously.

MOTION: The patient complains that they had great difficulty in acquiring diabetes management medication (insulin) and diabetes management supplies (CGM supplies). Despite repeated calls to the licensee's office by the patient the appropriate prescriptions and prior authorizations were apparently mishandled. This appears to have happened subsequent to the patient changing insurances after the first of January 2026. Prior to this date there was apparently not a problem. The problem was compounded by the patient's lack of understanding of new insurance requirements despite calling the insurer and the licensee's office confusion partly driven by the patients providing less than complete information and the required change in the mailbox pharmacy the patients new insurer was using and the required change in the type of insulin being used by the patient. Unfortunately, this took more time to sort out (approximately one week) and required the patient to use other blood sugar measurement methods during this time and was compounded by the licensee's office prescribing confusion. This complaint revolves around communication and the problems that can arise with it being incomplete. The licensee expresses remorse that the problems occurred. The record shows continuing efforts to rectify and correct the situation, but poor communication got in the way and the preferred outcome took longer to accomplish than it perhaps should have.

16. CR26-35

Ms. Weinstein moved to dismiss the complaint. Mr. Ross seconded the motion, which passed unanimously.

MOTION: The mother of a young patient files this complaint alleging the licensee failed to explain accurate results of an MRI on her infant. The infant was followed by numerous specialists including a neurosurgeon. A follow up MRI was performed seventeen months later and these results provided detail including Chiari and diminished white matter referring to the first MRI as unchanged. Records reveal appropriate care provided by this licensee yet explained in further detail by the neurosurgeon.

17. CR26-40

Mr. Jamison moved to dismiss the complaint. Mr. Ross seconded the motion, which passed unanimously.

MOTION: A concerned individual complains that the licensee has prescribed medication to an unidentified patient inappropriately. After staff contacted the complainant and was able to identify the patient, the licensee presents a concise summary of the patient's history and the course of treatment and treatment decisions made by the licensee. The treatment and explanations by the licensee seem appropriate and detailed.

18. CR26-50

Mr. Ross moved to dismiss the complaint. Dr. Fanjoy seconded the motion, which passed unanimously.

MOTION: A patient's case manager complains that the physician did not set up appropriate post-surgical follow-up. The case manager is concerned that appropriate measures to monitor and follow up were not taken. The physician responded that he was surprised and upset to learn of the patient's passing. He did not believe that she was at any increased risk of any post-operative complications. She was kept eight days post operative to make sure the drain could be monitored and removed and was to follow up two weeks after discharge. The physician did not hear from the group home that there were any issues after discharge. The physician remains confident that the patient received appropriate and reasonable care. Review of records reveals appropriate care.

19. CR26-52

At 9:25 a.m. Mr. Ross moved to enter executive session pursuant to 1 405(6)(E) to consult with legal counsel. Dr. Fanjoy seconded the motion, which passed unanimously.

At 9:28 a.m. Mr. Ross moved to come out of executive session. Mr. Jamison seconded the motion, which passed unanimously.

Mr. Jamison moved to dismiss the complaint. Mr. Ross seconded the motion, which passed unanimously.

MOTION: The complainant is not authorized to receive any information about the said patient. The licensee explicitly denies the allegations in the complaint against a staff member as does the individual office staff member who is accused by the complainant. There is no evidence presented or in the records supplied that verifies the complainant's accusation.

20. CR26-54 Dennis S. Simpson, PA

Mr. Ross moved to dismiss the complaint with a letter of guidance. Dr. Fanjoy seconded the motion, which passed unanimously.

MOTION: The Board initiated a complaint based on a Section 2506 mandated report from the physician associate's employer that his clinical privileges were suspended on November 7, 2025. The suspension letter stated that the action was taken based upon the physician associate's alleged refusal to meet administrators regarding a significant patient care issue, and his abrupt cancellation of a scheduled office day of patients which caused disruption to clinical operations and degraded continuity of patient care. The physician associate responded to the Board complaint and explained his reasons for failing to attend the administrator meeting and his reasons for abruptly canceling a scheduled office day of patients. Based on this information and information he volunteered to the Board, the Board requested he undergo a neuropsychiatric evaluation. The evaluation identified no issues or diagnoses relevant to his rendering of medical services.

The guidance is as follows: Even in difficult circumstances, licensees should maintain appropriate professionalism, including maintaining professional communication with other

clinical staff and administration, and ensuring that patient appointments are adequately covered.

21. CR26-63

Mr. Sahrbeck moved to issue a citation for failure to report disciplinary action and to dismiss the complaint upon payment of the fine. Ms. Weinstein seconded the motion, which passed unanimously.

MOTION: In 2025, the licensee surrendered his Oklahoma DEA license to prescribe controlled substances in Oklahoma. He has now said that his rationale for surrendering this license was based on incorrect information. He did not inform BOLIM of this surrender, however, in a timely fashion.

In the licensee's response, he claims that he did not report because he did not view the "surrender" but rather as "retiring." He also reinstated his license with the DEA both in Oklahoma and Florida. He is currently practicing emergency medicine in Florida, including telemedicine with Maine patients. He also indicates that he is not involved in offering testosterone therapy outside of his emergency practice.

22. CR26-71

Dr. Fanjoy moved to investigate further and obtain an outside expert review. Mr. Ross seconded the motion, which passed unanimously.

23. CR26-76

Mr. Sahrbeck moved to dismiss the complaint. Dr. Fanjoy seconded the motion, which passed unanimously.

MOTION: The complainant alleges that they were abused and neglected, but that licensee did not report the abuse or neglect like it should have been. The complainant also alleges that the licensee was part of a Title IV-E Medicaid Maine Care fraud, either willingly or unwillingly.

The licensee states that they only had contact with complainant four times between September 2013 and May 2016, which were three well-child visits and a follow-up. Nothing during these visits amounted to the level of requiring mandated reporting, which the licensee acknowledges understanding as being part of their duties. In the rebuttal, the complainant states that they believe the licensee got some information incorrect in the response (i.e. number of foster homes), but that the licensee would have reported abuse or neglect had they suspected it.

After review of all the information, including the medical records, there is not substantial information to show that the licensee acted in an unprofessional manner.

24. CR26-77

Ms. Weinstein moved to investigate further and issue a letter of guidance. Dr. Fanjoy seconded the motion, which passed unanimously.

25. CR26-48

At 9:54 a.m. Mr. Sahrbeck moved to enter executive session pursuant to 1 M.R.S. § 405(6)(E) to consult with legal counsel. Ms. Weinstein seconded the motion, which passed unanimously.

At 9:59 a.m. Mr. Ross moved to come out of executive session. Mr. Sahrbeck seconded the motion, which passed unanimously.

Mr. Sahrbeck moved to deny the motion to vacate subpoena, reissue the subpoena and require response within thirty days. Ms. Weinstein seconded the motion, which passed unanimously.

26. CR26-86

Dr. Fay-LeBlanc moved to offer a consent agreement to include a five-year probation, inactive status license during initial four weeks of treatment with a recommendation from IOP regarding return to work and going forward and to delegate case reporter approval of return to active status and work with option to defer approval to the Board. Mr. Sahrbeck seconded the motion, which passed unanimously.

27. Intentionally left blank

V. Assessment and Direction

28. AD25-263

Dr. Fanjoy moved to investigate further and request information from the facility regarding any concerns regarding the physician's competence. Mr. Sahrbeck seconded the motion, which passed unanimously.

29. AD26-94

Dr. Fanjoy moved to issue a complaint **(CR26-138)**. Mr. Ross seconded the motion, which passed unanimously.

30. AD26-112

Mr. Sahrbeck moved to issue a complaint **(CR26-139).** Ms. Weinstein seconded the motion, which passed unanimously.

31. Intentionally left blank

32. Intentionally left blank

33. Pending Adjudicatory Hearings and Informal Conferences report

This material was presented for informational purposes. No Board action was required.

34. Consumer Assistance Specialist Feedback

This material was presented for informational purposes. No Board action was required.

VI. Informal Conference (none)

VII. Minutes for Approval

A. May 12, 2026

Ms. Weinstein moved to approve the May 12th meeting minutes. Mr. Jamison seconded the motion, which passed unanimously.

VIII. Consent Agreement Monitoring

A. Monitoring Reports

1. **Albert W. Adams, MD (CR23-34/CR23-43)**
2. **Albert W. Adams, MD (CR25-84)**

Mr. Sahrbeck moved to find Dr. Adams in substantial and material noncompliance with the consent agreement in cases CR23-34 and CR23-43 and the consent agreement in case CR25-84, to suspend his medical license effect 12:01 a.m. on June 13, 2026, and to delegate execution of the disciplinary order to the Board Chair. Mr. Ross seconded the motion, which passed unanimously.

3. **Ramon E. Cheleuitte, MD**

Dr. Fanjoy moved to terminate the consent agreement based on Dr. Cheleuitte's successful completion of the terms. Mr. Ross seconded the motion, which passed unanimously.

4. **Cameron R. Bonney, MD**

The Board reviewed the monitoring report and took no action.

5. **David L. Conner, MD**

Mr. Sahrbeck moved to preliminarily deny Dr. Conner's license renewal application based on noncompliance with the consent agreement. Dr. Fanjoy seconded the motion, which passed unanimously.

6. **Clifford R. Peck, MD**

Mr. Sahrbeck moved to terminate the counseling requirement in the consent agreement based on Dr. Peck's successful completion of those requirements. Ms. Weinstein seconded the motion, which passed unanimously.

7. **Anthony Perrone, MD**

At 11:18 a.m. Ms. Weinstein moved to enter executive session pursuant to 1 M.R.S. § 405(6)(E) to consult with legal counsel. Mr. Ross seconded the motion which passed unanimously.

At 11:30 a.m. Mr. Ross moved to come out of executive session. Dr. Fanjoy seconded the motion, which passed unanimously.

Dr. Fanjoy moved to request additional information to attempt to address Dr. Perrone's ongoing noncompliance with his consent agreement without further disciplinary action. Ms. Weinstein seconded the motion, which passed unanimously.

8. **Farhaad R. Riyaz, MD**
   Mr. Sahrbeck moved to impose a civil penalty of $2,500 to be paid by July 1, 2026, based on Dr. Riyaz's ongoing substantial and material noncompliance with the consent agreement. Mr. Ross seconded the motion, which passed unanimously.

9. **G. Paul Savidge, MD**
   Mr. Ross moved to request that Dr. Savidge focus on completing unsigned charts January 1, 2026, forward, continue to provide the Board with monthly updates regarding the number of unsigned charts, and in the next report from the practice monitor address medical decision making related to the disproportionate number of patients prescribed buprenorphine monoproduct. Dr. Fanjoy seconded the motion, which passed unanimously.

IX. Adjudicatory Hearing (none)

X. Remarks of Chair

A. BOLIM-BOL Workgroup

Dr. Fay-LeBlanc reminded board members that the workgroup will meet in person on June 16th and encouraged attendance. She also encouraged board members not able to attend the meeting to send suggestions or comments to Mr. Terranova to be shared with the workgroup.

XI. Executive Director's Monthly Report

Mr. Terranova discussed PA renewal background checks. Following discussion, the Board directed staff to draft a policy outlining criteria allowing staff to process renewal applications.

XII. Assistant Executive Director's Monthly Report

Ms. Hunt reported that the Administrators in Medicine foundation (AIM) is working on a grant to assist medical boards with accessing services to update documents and meet the federal accessibility requirements. This would allow for Boards to send a set number of documents to a company to make necessary updates. The company will provide a certificate to accompany each document detailing the changes made and to confirm that it meets requirements.

A. Clinical Practice Outside of the United States

As part of the application review process, staff verify that an applicant/licensee has worked clinically within the preceding twenty-four months of application. In some situations, an applicant/licensee has clinically practiced within the last twenty-four months, but practice took place outside of the United States. Board staff request primary source verifications for licensure and/or registration for employment within the last ten years and depending on the country information can be difficult to obtain. Board staff sought guidance in identifying a pathway moving forward. The Board directed staff to draft criteria to be included in Board rule.

XIII. Medical Director's Report (none)

XIV. Remarks of Assistant Attorney General

AAG Willis updated the Board on the status of litigation.

XV. Rulemaking (none)

XVI. Policy Review (none)

XVII. FSMB Material (none)

XVIII. FYI

This material was presented for informational purposes. No Board action was required.

XIX. Other Business (none)

XX. Adjournment 11:57 a.m.
At 11:57 a.m. Mr. Sahrbeck moved to adjourn the meeting. Mr. Ross seconded the motion, which passed unanimously.

Prepared by Maureen S. Lathrop, Administrative Assistant
Board approved: July 14, 2026