



A Tradition of Stewardship
A Commitment to Service
September 19, 2025

County Executive Office

1195 Third Street, Suite 310
Napa, CA 94559
www.countyofnapa.org

Main: (707) 253-4580

Neha Hoskins
Clerk of the Board

Mary G. Palmer

Yountville, CA 94599

Re: **Napa County Commission on Aging**

Dear Mary:

You have been a valued member of the **Napa County Commission on Aging** representing Organization Concerned with Older Adults. The term of your position will expire September 30, 2025. If you wish to request reappointment for another 2-year term, please check the following box:

- ☒ Yes, I would like my name, this letter and application forwarded to the Board of Supervisors for possible reappointment to the **Napa County Commission on Aging** for the term commencing immediately and expiring September 30, 2027.

=====

If you have chosen to request reappointment, please check one of the two boxes below regarding your last application.

- ☒ I confirm that all the information on my last application is current.
- ☐ Some of the information on my last application is no longer current or is five (5) years old or older. I will submit a new or revised application.

(To complete a new application form either contact the Napa County Executive Office or go to the following link to complete your application online:

<https://www.countyofnapa.org/1420/Committees-Commissions>

After checking the appropriate box, **sign and date on the lines below and return this letter to the County Executive Office by mail, email, or fax.**

Mary G. Palmer
SIGNATURE

Oct. 30, 2025
DATE

Application for Appointment to Board, Commission, Committee, Task Force or Position

Applicants appointed by the Board of Supervisors will be required to take an oath of office. All applications will be kept on file for one year from the date of application.

Public Records Act

Applications are public records that are subject to disclosure under the California Public Records Act. Information provided by the applicant is not regarded as confidential except for the addresses and phone numbers of references and the applicant's personal information including home and work addresses, phone numbers and email address.

Form 700 Conflict of Interest Code

[California Fair Political Practices Website](#)

Please note that appointees may be required by state law and county conflict of interest code to file financial disclosure statements.

Which Boards would you like to apply for?

Napa Solano Area Agency on Aging Oversight Board: Submitted

Category of Membership for Which You Are Applying

Senior Community Representative

Profile

Mary

First Name

G

Middle Initial

Palmer

Last Name


Email Address


Home Address

Suite or Apt

Yountville

City

CA

State


94599

Postal Code

Which supervisorial district do you reside in? *

☒ District 3

To find your supervisorial district go to <https://www.countyofnapa.org/2051/Find-my-supervisor-and-district> and enter your address.


Primary Phone

n/a	n/a	n/a
Employer	Job Title	Occupation

Education/Experience

BA Dunbarton College of the Holy Cross, Wash., DC M ed Arizona State University, Tempe, AZ
Chairperson, Napa County Commission on Aging Member IHSS Advisory Board

Name and occupation of spouse within the last 12 months, if married. (For conflict of Interest purposes)

Robert L. Pamer, Lawyer

Resume

[Palmer_let.docx](#)

Upload a Resume

[Palmer_let.docx](#)

Letter of Recommendation or Supplemental Attachments

Professional or occupational license, date of issue, and expiration including status

References: Provide names and phone numbers of 3 individuals who are familiar with your background.

Naomi Dreskin-Anderson [REDACTED] Betty Rhodes [REDACTED] Celine Regalia [REDACTED]

Community Participation

Please explain your reasons for wishing to serve and, in your opinion, how you feel you could contribute.

I am very involved with Napa County senior citizens issues. This Board needs representation from Napa County and I feel like I would be a good fit to represent Napa.

Nature of activity and community location

Other County Board/Commission/Committee on Which You Serve/Have Served

Napa County Commission on Aging Advisory Board, Chairman IHSS Advisory Board, member

Public Actions that may impact Credit Rating (List all court or other public administration actions impacting your credit rating within the past ten (10) years)

n/a

Electronic Signature Agreement

I meet the criteria required to serve in this position.

☐ Yes ☐ No

I declare under penalty of perjury that the foregoing is true and correct.

☒ Yes ☐ No

Please Agree with the Following Statement

By checking the "I agree" box below, you agree and acknowledge that 1) your application will not be signed in the sense of a traditional paper document, 2) by signing in this alternate manner, you authorize your electronic signature to be valid and binding upon you to the same force and effect as a handwritten signature, and 3) you may still be required to provide a traditional signature at a later date.

☒ I Agree

Electronic Signature (First M. Last)

Mary G Palmer

Date

12/8/2021