



A Tradition of Stewardship  
A Commitment to Service

County Executive Office

1195 Third Street, Suite 310  
Napa, CA 94559  
[www.countyofnapa.org](http://www.countyofnapa.org)

Main: (707) 253-4580

**Neha Hoskins**  
Clerk of the Board

September 18, 2023

Mary Palmer

[Redacted address line]

Yountville, CA 94599

Via: [Redacted]

Re: **Napa County Commission on Aging**

Dear Mary:

You have been a valued member of the **Napa County Commission on Aging** representing Organization Concerned w/Older Adults. The term of your position will expire September 30, 2023. 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, 2025.

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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Some of the information on my last application is no longer current or is five (5) years old or older.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

Sept. 28, 2023  
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 \_\_\_\_\_ G \_\_\_\_\_ Palmer \_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Home Address Suite or Apt

Yountville \_\_\_\_\_ CA \_\_\_\_\_ 94599  
City State 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

Employer

n/a

Job Title

n/a

Occupation

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## 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

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## 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]

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## 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

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## 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