



County Executive Office 1195 Third Street, Room 310 Napa, CA 94559-3082 (707) 253-4421 FAX (707) 253-4176 APPLICATION FOR APPOINTMENT TO BOARD, COMMISSION, COMMITTEE OR TASK FORCE

NOV 2 1 2016

NAPA COUNTY EXECUTIVE OFFICEFA

A Tradition of Stewardship A Commitment to Service

## PLEASE TYPE OR PRINT (Complete pages 1 through 3)

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

PLEASE NOTE THAT APPOINTEES MAY BE REQUIRED BY STATE LAW AND COUNTY CONFLICT OF INTEREST CODE TO FILE FINANCIAL DISCLOSURE STATEMENTS.

| FINANCIAL DISCLOSURE STATEMENTS   | TOTAL SOLUTION INVIENCES CODE TO FILE   |  |  |
|---|---|--|--|
| For information about Form 700 Conflict of Interest Code click on the   | is link Committee List of Form 700 Filers   |  |  |
| *Application for Appointment to: (Name of Board, Commission, Com  |   |  |  |
|   | nt District Governing Committee   |  |  |
| *Category of membership for which you are applying: (This information can be found on the news release announcing the opening. You may apply for more than one category if more than one position is open.) | *Supervisorial District in which you reside:                                      |  |  |
| Rep. of Lodging Business  | 5 - Belia Ramos   |  |  |
| *Full Name:   | *Date:  |  |  |
| John Evans  | 11/21/2016  |  |  |
| *Current Occupation: (within the last twelve (12) months)   |   |  |  |
| General Manager, Silverado Resort and Spa   |   |  |  |
| , i   |   |  |  |
| *Current License: (Professional or Occupational, date of issue and/o  |   |  |  |
| Certified Hotel Administrator (CHA)   | r expiration including status)  |  |  |
| CHA)  |   |  |  |
| t- 1 /-   |   |  |  |
| Education/Experience: (A resume may be attached containing this and any othe  | r information that would be helpful to the Board in evaluating your application.) |  |  |
| Bachelor of Arts in Organizational Management   |   |  |  |
|   |   |  |  |
|   |   |  |  |
|   |   |  |  |
| Community Participation: (Nature of activity and community location   | )   |  |  |
| Adopt-a-school - Vintage High School  |   |  |  |
| Queen of the Valley Hospital<br>Boys & Girls Club   |   |  |  |
| Safeway Open  |   |  |  |
| Other County Board/Commission/Committee on which you serve/ha   | ve served:  |  |  |
| Napa Chamber of Commerce - Board of Directors, Chair-Elect  |   |  |  |
| Napa Chamber of Commerce - Legislative Action Committee   |   |  |  |
| Visit Napa Valley - Board of Directors  |   |  |  |
| Visit Napa Valley Lodging Committee   |   |  |  |

| *Application for Appointment  | to: (Name of Boar    | d, Commission, Com      | mittee or Task Force)            |            |            |
|-------------------------------|----------------------|-------------------------|----------------------------------|------------|------------|
| Napa Tourism Improvemer       | nt District Governi  | ng Committee            |                                  |            |            |
| Names, addresses and phone    | e number of three    | (3) individuals familia | ar with your background:         |            |            |
| *Name:                        |                      |                         | *Name:                           |            |            |
| Tim Wall                      |                      | Ken Leister             |                                  |            |            |
| *Address:                     |                      | *Address:               |                                  |            |            |
|                               |                      |                         |                                  |            |            |
| *City:                        | *State:              | *Zip Code:              | *City:                           | *State:    | *Zip Code: |
| Napa                          | CA                   | 94558                   | Napa                             | CA         | 94558      |
| *Telephone:                   |                      |                         | *Telephone:                      |            |            |
|                               |                      |                         |                                  |            |            |
| *Name:                        |                      |                         | -                                |            |            |
| Clay Gregory                  |                      |                         |                                  |            |            |
| 'Address:                     |                      |                         |                                  |            |            |
| Address.                      |                      |                         |                                  |            |            |
| _                             |                      |                         |                                  |            |            |
| City:                         | *State:              | *Zip Code:              |                                  |            |            |
| Napa                          | CA                   | 94559                   |                                  |            |            |
| Telephone:                    | 2                    |                         |                                  |            |            |
|                               |                      |                         |                                  |            |            |
| Name and occupation of spou   | se within the last 1 | 2 months, if married    | (For Conflict of Interest purpos | ses):      |            |
| Deborah Evans, Sales & Mark   |                      |                         |                                  |            |            |
| Please explain your reasons f | or wishing to serv   | e and, in your opinion  | n, how you feel you could conti  | ribute:    |            |
|                               |                      |                         | f our Valley and the commun      |            |            |
|                               |                      |                         | , s.c. codii                     | , sciarge. |            |
|                               |                      |                         |                                  |            |            |
|                               |                      |                         |                                  |            |            |

\*Application for Appointment to: (Name of Board, Commission, Committee or Task Force)

Napa Tourism Improvement District Governing Committee

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.

## PERSONAL INFORMATION

The following information is provided in confidence, but may be used by the Board of Supervisors when making the appointment, or be used by the Committee/Commission/Board/Task Force following appointment for purposes of communicating with the appointee.

| *Full Name:    |                    | *email Address: |                    |
|----------------|--------------------|-----------------|--------------------|
| John Evans     |                    |                 |                    |
| *Home Address: |                    | *Work Address:  |                    |
| *City:         | *State: *Zip Code: | *City:          | *State: *Zip Code: |
| *Telephone:    |                    | *Telephone:     |                    |