



A Tradition of Stewardship
A Commitment to Service

County Executive Office

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

Main: (707) 253-4421
Fax: (707) 253-4176

Minh C. Tran
County Executive Officer

November 5, 2018

Susan Bohrer-Todd

Napa CA 94558

RECEIVED

DEC 10 2018

NAPA COUNTY
EXECUTIVE OFFICE

Re: Napa County Advisory Board on Alcohol and Drug Programs

Dear Ms. Bohrer-Todd:

You have been a valued member of the **Napa County Advisory Board on Alcohol and Drug Programs** representing **Interested Citizen**. The term of your position expires on **January 1, 2019**. If you wish to request reappointment for another three-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 Advisory Board on Alcohol and Drug Programs** for the term commencing immediately and expiring January 1, 2022.

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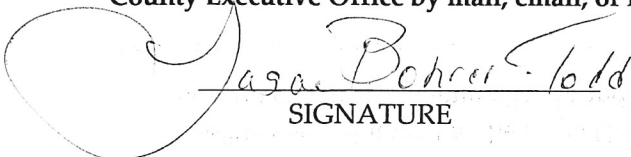
If you have chosen to request reappointment, please check one of the two boxes below regarding your last application.

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- ☒ Some of the information on my last application is no longer current or is five (5) years old or older.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


SIGNATURE


DATE

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Print

**Application for Appointment to Board, Commission, Committee, Task Force or Position -
Submission #638**

Date Submitted: 12/2/2018

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.

Application for Appointment to:

Advisory Board for Alcohol and Drug Programs

Name of Board, Commission, Committee, Task Force or Position.

Category of Membership for Which You Are Applying*

Interested Citizen

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.

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*

Susan E. Bohrer-Todd

Supervisorial District in Which You Reside*

District 5

Home Address***City***

NAPA

State*

CA

Zip*

94558

Phone***Email Address*****Work Address***

n/a

City***State***

Ca

Zip*

94558

Work Phone***Current Occupation***

retired

Within the last 12 months

Current License

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

Education/Experience**Resume**

Attach a resume containing this and any other information that would be helpful to the Board in evaluating your application.

Community Participation

Nature of activity and community location

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

Provide names, addresses and phone numbers of 3 individuals who are familiar with your background.

Reference 1**Name*****Phone***

Address*

City*

Napa

State*

CA

Zip*

94558

.....

Reference 2

Name*

Tiffany Houck

Phone*

Address*

City*

Acampo

State*

CA.

Zip*

95220

.....

Reference 3

Name*

Beth Bently

Phone*

Address*

City*

Napa

State*

CA.

Zip*

94558

Name and occupation of spouse within the last 12 months, if married.

retired

For Conflict of Interest purposes

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

Have actively served on this board for the last 15 years more or less. Have a lifetime of experience in substance abuse issues in friends and family.

Responded

☐ Yes

Completed

☐ Yes

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

☒ Yes☐ No**Electronic Signature Agreement**

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**

Susan E. Bohrer-Todd

Date

12/2/2018

9:30 AM