



A Tradition of Stewardship
A Commitment to Service

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COUNTY OF NAPA
EXECUTIVE OFFICE

County Executive Office

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

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

Nancy Watt
County Executive Officer

November 3, 2014

Brian Campagna

Napa CA 94558

Re: Tobacco Advisory Board


Dear Sergeant Campagna:

The term of your position representing the **Napa County Tobacco Advisory Board** expires on January 31, 2015.

If you wish to request reappointment, please check the boxes below, sign where indicated, and return this letter to the County Executive Office. When the letter has been returned, your name will be forwarded to the Board of Supervisors for consideration for reappointment to another two-year term, as you have been a valued member of the Napa County Tobacco Advisory Board.

If any of the information on your last application for appointment has changed or is 5 years or older please contact the Napa County Executive's Office to obtain a new application, and submit the completed new application when returning this letter.

- Yes, I would like my name, this letter and application forwarded to the Board of Supervisors for possible reappointment to the **Napa County Tobacco Advisory Board** for the term commencing immediately and expiring January 31, 2017.
- I confirm by signing below that all the information on my application is current; or
- Some of the information on my prior application is no longer correct. A new application is attached.


SIGNATURE


DATE

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DEC 20 2010



County Executive Office
1195 Third Street, Room 310
Napa, CA 94559-3082
(707) 253-4421 FAX (707) 253-4176

COUNTY OF NAPA
EXECUTIVE OFFICE

eAFA

APPLICATION FOR APPOINTMENT TO BOARD, COMMISSION, COMMITTEE OR TASK FORCE

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PLEASE TYPE OR PRINT (Complete pages 1 through 3)

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

Tobacco Advisory Board

*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.)*

LOCAL LAW ENFORCEMENT

*Supervisorial District in which you reside:

1

*Full Name

Brian Campagna

Date

12/20/10

*Current Occupation (within the last twelve (12) months):

Police Sergeant Napa Police Department

Current License (Professional or Occupational); Date of issue and/or expiration including status:

N/A

Education/Experience: *(A resume may be attached containing this and any other information that would be helpful to the Board in evaluating your application.)*

B.A. Management St. Mary's College
A.S. Administration of Justice Napa Valley College

Community participation (nature of activity and community location):

Current Napa County TAB member.

Other County Board/Commission/Committee on which you serve/have served:

Napa County TAB

* Denotes Mandatory Entry Required

Application for Appoinment to: (Name of Board, Commission, Committee or Task Force)

Tobacco Advisory Board

Names, addresses and phone numbers of three (3) individuals familiar with your background:

*Name

James Barrett

*Name

Steven Potter

*Address

[Redacted]

*Address

[Redacted]

*City

Napa

*State

CA

*Zip Code

94559

*City

Napa

*State

CA

*Zip Code

94559

*Telephone

[Redacted]

*Telephone

[Redacted]

*Name

Tim Cantillon

*Address

[Redacted]

*City

Napa

*State

CA

*Zip Code

94559

*Telephone

[Redacted]

Name and occupation of spouse within the last 12 months, if married (for Conflict of Interest purposes):

Lynn Campagna OFFICE MANAGER DR. JOHN ZIMMERMAN

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

To assist in the prevention of new smokers in Napa County and assist current smokers in quitting. I currently teach DARE to numerous NVUSD students. I also have contact with the public on a daily basis while at work and have the ability to deliver smoking related information to a wide variety of people in our community.

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

Tobacco Advisory Board

APPLICANTS APPOINTED BY THE BOARD OF SUPERVISORS WILL BE REQUIRED TO TAKE AN OATH OF OFFICE.

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

All applications will be kept on file for one year from the date of application

PERSONAL INFORMATION

The following information is provided in confidence to the extent that it will not be posted on the Internet, 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

Brian Campagna

*e-mail Address

[Redacted]

*Home Address

[Redacted]

*Work Address

[Redacted]

*City

Napa

State

CA

*Zip Code

94559

*City

Napa

State

CA

Zip Code

[Redacted]

*Telephone

[Redacted]

Telephone

[Redacted]

Please Read!