

## Application Form

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### Profile

[REDACTED]

Email Address

*This Document and its contents may be subject to the California Public Records Act, and as such may therefore be subject to public disclosure unless otherwise exempt under the act.*

Rosetta

First Name

Middle  
Initial

Bachand

Last Name

[REDACTED]

Street Address

[REDACTED]

Suite or Apt

Stockton

City

CA

State

[REDACTED]

Postal Code

[REDACTED]

Ethnicity

[REDACTED]

Gender

If selected "Other," please specify.

District 4

What district do you live in?

2

I declare under penalty of  
disqualification/termination that I have been a  
resident at the above address for years/months?

[REDACTED]

Primary Phone

[REDACTED]

Alternate Phone

The City of Stockton uses email as the preferred method of communication regarding your application. Is this acceptable to you?

☒ Yes ☐ No

If you have checked "No", please identify how you prefer to be contacted:

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Employer

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Job Title

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Occupation

## Employer Address

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**Are you currently serving on a City of Stockton Board, Commission, or Committee?**

☐ Yes ☐ No

**If yes, please list**

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**Which Boards would you like to apply for?**

California Correctional Health Care Services Citizens Advisory Committee

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## Interests & Experiences

**Please tell us about yourself and why you want to serve.**

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**Please state the reason you would like to be a member of this board/commission.**

Have you served on an advisory group before?

---

☐ Yes ☐ No

If yes, please explain.

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How did you hear about the position?

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City Council Policy 100-2 states that Commissioners are required to attend meetings on a regular basis. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member?

---

☐ Yes ☐ No

Do you or immediate family members have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group?

---

☐ Yes ☐ No

If yes, please explain

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---

## Background Information

Please upload a resume or cv with the names, addresses, and dates of employers for the last five (5) years.

---

Upload a Resume

## INFORMATION REGARDING CONFLICT OF INTEREST AND FILING OF STATEMENTS OF ECONOMIC INTERESTS

State and local law requires that you abstain from participation in decisions that may affect your financial interests, including sources of income and interest in real property or investments. In addition, if appointed you may be required to fill out a disclosure statement that identifies certain of your financial interests beginning with the immediate 12 month period prior to your appointment.

In accordance with Government Code Sections 87300 – 87313 and the City of Stockton's Conflict of Interest Code, this Board/Commission/Committee may be designated to file Statements of Economic Interests. If you are appointed to this Board/Commission/Committee, you may be required to file statements disclosing certain types of information so that the public can be made aware of potential conflicts of interest. The types of disclosure are:

- Investments
- Interests in Real Property (other than your residence)
- Interests in Real Property Held by a Business Entity or Trust
- Investments Held by a Business Entity or Trust Income (other than loans and gifts)
- Income – Travel Payments, Advances, Reimbursements
- Income Gifts
- Business Positions
- Commission Income Received by Brokers, Agents, and Salespersons
- Income and Loans to a Business Entity or Trust Income from Rental Property

If you have any questions regarding disclosure requirements, please contact the City Clerk's Office at (209) 937-8458.

**Based on your best judgment, does this Commission make decisions that may affect any sources of income, interests in real property, or investments of you or your spouse?**

---

☐ Yes ☐ No

If yes, Identify any organizations, associations, corporations, or entities by which you are employed or associated that might be affected by decisions of this board or commission and the positions you hold.

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**Voter Registration (Questions appear if required)**

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**Please identify any specialized accommodations needed for equal participation:**

---

**I DECLARE, UNDER PENALTY OF DISQUALIFICATION AND TERMINATION, THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

---

Enter Your Initials:

## Application Form

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### Profile

[REDACTED]

Email Address

*This Document and its contents may be subject to the California Public Records Act, and as such may therefore be subject to public disclosure unless otherwise exempt under the act.*

**Marcie**

First Name

Middle  
Initial

**Bayne**

Last Name

[REDACTED]

Street Address

[REDACTED]

Suite or Apt

**Stockton**

City

**CA**

State

[REDACTED]

Postal Code

[REDACTED]

Ethnicity

[REDACTED]

Gender

If selected "Other," please specify.

**District 4**

What district do you live in?

**3 Years 6 Mo**

I declare under penalty of  
disqualification/termination that I have been a  
resident at the above address for years/months?

[REDACTED]

Primary Phone

[REDACTED]


Alternate Phone

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☒ Yes ☐ No

If you have checked "No", please identify how you prefer to be contacted:

---



---

Employer


---



---

Job Title

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---

Occupation

## Employer Address

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**Are you currently serving on a City of Stockton Board, Commission, or Committee?**

☐ Yes ☐ No

**If yes, please list**

---

**Which Boards would you like to apply for?**

California Correctional Health Care Services Citizens Advisory Committee, Charter Review Advisory Commission, Measure A Citizens' Advisory Committee

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## Interests & Experiences

**Please tell us about yourself and why you want to serve.**

---

**Please state the reason you would like to be a member of this board/commission.**

Have you served on an advisory group before?

☐ Yes ☐ No

If yes, please explain.

How did you hear about the position?

City Council Policy 100-2 states that Commissioners are required to attend meetings on a regular basis. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member?

☒ Yes ☐ No

Do you or immediate family members have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group?

☐ Yes ☒ No

If yes, please explain

---

## Background Information

Please upload a resume or cv with the names, addresses, and dates of employers for the last five (5)



years.

[Marcie\\_Bayne\\_Resume.pdf](#)

Upload a Resume

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☐ Yes ☐ No

If yes, Identify any organizations, associations, corporations, or entities by which you are employed or associated that might be affected by decisions of this board or commission and the positions you hold.

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**Voter Registration (Questions appear if required)**

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## Submit Application

Please identify any specialized accommodations needed for equal participation:

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**I DECLARE, UNDER PENALTY OF DISQUALIFICATION AND TERMINATION, THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

Signature on Original Application

Enter Your Initials:

## Application Form

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### Profile

[REDACTED]

Email Address

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Lecia

First Name

Middle  
Initial

Harrison

Last Name

[REDACTED]

Street Address

[REDACTED]

Suite or Apt

Stockton

City

CA

State

[REDACTED]

Postal Code

[REDACTED]

Ethnicity

[REDACTED]

Gender

If selected "Other," please specify.

District 2

What district do you live in?

4.8 Years

I declare under penalty of  
disqualification/termination that I have been a  
resident at the above address for years/months?

[REDACTED]

Primary Phone

[REDACTED]

Alternate Phone

The City of Stockton uses email as the preferred method of communication regarding your application. Is this acceptable to you?

☒ Yes ☐ No

If you have checked "No", please identify how you prefer to be contacted:

[REDACTED]

Employer

[REDACTED]

Job Title

[REDACTED]

Occupation

## Employer Address

[REDACTED]

## Are you currently serving on a City of Stockton Board, Commission, or Committee?

☒ Yes ☐ No

## If yes, please list

Charter Review Advisory Commission

## Which Boards would you like to apply for?

California Correctional Health Care Services Citizens Advisory Committee, Charter Review Advisory Commission, San Joaquin County Commission on Aging

## Interests & Experiences

Please tell us about yourself and why you want to serve.

Please state the reason you would like to be a member of this board/commission.

I would like to become active in my Community and its policies. I believe my analytical skills and ability to work with a variety of personalities are a good match for this committee. I am able to participate on this committee without bias or a personal agenda. I would like to see the charter evolve into a document that is clear and concise in meaning so it can be enforced without confusion now and in the future.

Have you served on an advisory group before?

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☒ Yes ☐ No

If yes, please explain.

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Currently serving on the Charter Review Advisory Commission

How did you hear about the position?

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Record Newspaper

City Council Policy 100-2 states that Commissioners are required to attend meetings on a regular basis. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member?

---

☒ Yes ☐ No

Do you or immediate family members have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group?

---

☐ Yes ☒ No

If yes, please explain

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## Background Information

Please upload a resume or cv with the names, addresses, and dates of employers for the last five (5)

years.

[Lecia\\_Harrison\\_Resume.pdf](#)

Upload a Resume

#### **INFORMATION REGARDING CONFLICT OF INTEREST AND FILING OF STATEMENTS OF ECONOMIC INTERESTS**

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- Business Positions
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**Based on your best judgment, does this Commission make decisions that may affect any sources of income, interests in real property, or investments of you or your spouse?**

☐ Yes ☐ No

If yes, Identify any organizations, associations, corporations, or entities by which you are employed or associated that might be affected by decisions of this board or commission and the positions you hold.

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**Voter Registration (Questions appear if required)**

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## Submit Application

Please identify any specialized accommodations needed for equal participation:

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**I DECLARE, UNDER PENALTY OF DISQUALIFICATION AND TERMINATION, THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

LCH

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Enter Your Initials:

## Application Form

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### Profile

[REDACTED]

Email Address

*This Document and its contents may be subject to the California Public Records Act, and as such may therefore be subject to public disclosure unless otherwise exempt under the act.*

Thomas

First Name

P.

Middle  
Initial

Palacioz

Last Name

[REDACTED]

Street Address

[REDACTED]

Suite or Apt

Stockton

City

CA

State

[REDACTED]

Postal Code

[REDACTED]

Ethnicity

[REDACTED]

Gender

If selected "Other," please specify.

District 5

What district do you live in?

14 Years

I declare under penalty of  
disqualification/termination that I have been a  
resident at the above address for years/months?

[REDACTED]

Primary Phone

[REDACTED]

Alternate Phone

The City of Stockton uses email as the preferred method of communication regarding your application. Is this acceptable to you?

☒ Yes ☐ No



If you have checked "No", please identify how you prefer to be contacted:

[REDACTED]

Employer

[REDACTED]

Job Title

[REDACTED]

Occupation

## Employer Address

[REDACTED]

**Are you currently serving on a City of Stockton Board, Commission, or Committee?**

☐ Yes ☒ No

**If yes, please list**

**Which Boards would you like to apply for?**

California Correctional Health Care Services Citizens Advisory Committee

## Interests & Experiences

**Please tell us about yourself and why you want to serve.**

As a retired correctional worker from Stockton I recognize both the value and impact the new medical center will have on Stockton.

**Please state the reason you would like to be a member of this board/commission.**

Have you served on an advisory group before?

---

☒ Yes ☐ No

If yes, please explain.

---

SJCO Substance Abuse Advisory Board

How did you hear about the position?

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City Council Policy 100-2 states that Commissioners are required to attend meetings on a regular basis. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member?

---

☒ Yes ☐ No

Do you or immediate family members have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group?

---

☐ Yes ☒ No

If yes, please explain

---

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## Background Information

Please upload a resume or cv with the names, addresses, and dates of employers for the last five (5) years.

[Thomas\\_Palacioz\\_Paper\\_Application.pdf](#)

Upload a Resume

## INFORMATION REGARDING CONFLICT OF INTEREST AND FILING OF STATEMENTS OF ECONOMIC INTERESTS

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**Based on your best judgment, does this Commission make decisions that may affect any sources of income, interests in real property, or investments of you or your spouse?**

☐ Yes ☒ No

If yes, Identify any organizations, associations, corporations, or entities by which you are employed or associated that might be affected by decisions of this board or commission and the positions you hold.

---

**Voter Registration (Questions appear if required)**

---

**Please identify any specialized accommodations needed for equal participation:**

---

**I DECLARE, UNDER PENALTY OF DISQUALIFICATION AND TERMINATION, THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

**Signature on Original Application**

Enter Your Initials:

## Application Form

---

### Profile

[REDACTED]

Email Address

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Garland

First Name

Middle  
Initial

Smith

Last Name

[REDACTED]

Street Address

[REDACTED]

Suite or Apt

Stockton

City

CA

State

[REDACTED]

Postal Code

[REDACTED]

Ethnicity

[REDACTED]

Gender

If selected "Other," please specify.

District 1

What district do you live in?

10 years

I declare under penalty of  
disqualification/termination that I have been a  
resident at the above address for years/months?

[REDACTED]

Primary Phone

[REDACTED]

Alternate Phone

The City of Stockton uses email as the preferred method of communication regarding your application. Is this acceptable to you?

☒ Yes ☐ No

If you have checked "No", please identify how you prefer to be contacted:

---



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Employer


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Job Title

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Occupation

## Employer Address

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**Are you currently serving on a City of Stockton Board, Commission, or Committee?**

☐ Yes ☒ No

**If yes, please list**

---

**Which Boards would you like to apply for?**

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California Correctional Health Care Services Citizens Advisory Committee

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## Interests & Experiences

**Please tell us about yourself and why you want to serve.**

---

**Please state the reason you would like to be a member of this board/commission.**

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As a Stockton resident and business owner in Stockton, I want to be able to educate our community about the very important aspects of the state prison hospital and the program it offers.

Have you served on an advisory group before?

---

☐ Yes ☒ No

If yes, please explain.

---

How did you hear about the position?

---

City Council Policy 100-2 states that Commissioners are required to attend meetings on a regular basis. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member?

---

☒ Yes ☐ No

Do you or immediate family members have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group?

---

☒ Yes ☐ No

If yes, please explain

---

I am a licensed therapist who works with sex offenders on probation or parole. I do not receive any funding from any government entity but I do receive referrals from the County Probation Office. Some clients are former CDCR inmates.

---

## Background Information

Please upload a resume or cv with the names, addresses, and dates of employers for the last five (5) years.

[Garland\\_Smith\\_Resume.pdf](#)

Upload a Resume

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**Based on your best judgment, does this Commission make decisions that may affect any sources of income, interests in real property, or investments of you or your spouse?**

☐ Yes ☐ No

If yes, Identify any organizations, associations, corporations, or entities by which you are employed or associated that might be affected by decisions of this board or commission and the positions you hold.

---

**Voter Registration (Questions appear if required)**

---



**Please identify any specialized accommodations needed for equal participation:**

---

**I DECLARE, UNDER PENALTY OF DISQUALIFICATION AND TERMINATION, THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

**Signature on Original Application**

Enter Your Initials:

## Application Form

---

### Profile

[REDACTED]

Email Address

*This Document and its contents may be subject to the California Public Records Act, and as such may therefore be subject to public disclosure unless otherwise exempt under the act.*

Joseph

First Name

E

Middle  
Initial

Dittmann

Last Name

[REDACTED]

Street Address

[REDACTED]

Suite or Apt

Stockton

City

CA

State

[REDACTED]

Postal Code

[REDACTED]

Ethnicity

[REDACTED]

Gender

If selected "Other," please specify.

District 2

What district do you live in?

7yrs/3mos

I declare under penalty of  
disqualification/termination that I have been a  
resident at the above address for years/months?

[REDACTED]

Primary Phone

[REDACTED]


Alternate Phone

The City of Stockton uses email as the preferred method of communication regarding your application. Is this acceptable to you?

☒ Yes ☐ No

If you have checked "No", please identify how you prefer to be contacted:

---



---

Employer


---



---

Job Title

---



---

Occupation

## Employer Address

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## Are you currently serving on a City of Stockton Board, Commission, or Committee?

☐ Yes ☒ No

If yes, please list

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## Which Boards would you like to apply for?

California Correctional Health Care Services Citizens Advisory Committee, Measure W Oversight Committee

Question applies to Measure W Oversight Committee.

## Do you reside within Stockton's geographic boundary?

☒ Yes ☐ No

Question applies to Measure W Oversight Committee.

## Are you at least 28 years of age?

☒ Yes ☐ No

Question applies to Measure W Oversight Committee.

## Are you an employee of any vendor, contractor or consultant doing business with the City of Stockton?

---

☐ Yes ☒ No

---

**Interests & Experiences**

**Please tell us about yourself and why you want to serve.**

---

Institutional Supervision I Eleven years experience as a Correctional Officer at CSP-Sacramento and Folsom Prison. I Various assignments include General Population Cell Block Control, Administrative Segregation Control, Prison Laundry Security, Visiting Officer. Parole Supervision I Fourteen years experience as a Parole agent. I 2002 Parole Agent of the Year I Developed and implemented Parolee Orientation program in San Joaquin County. I Developed and implemented the Police and Corrections Team (PACT). I Served on the San Joaquin County Drug Court Oversight Committee. I Served on the San Joaquin County Proposition 36 Implementation/Oversight Committee. I Served as Chairman of the San Joaquin County Drug and Alcohol Program Advisory Board. I Currently Vice President of the New Directions Drug and Alcohol Program Board of Directors. I Currently Chairman of the San Joaquin Valley Goodwill Board of Directors.

**Please state the reason you would like to be a member of this board/commission.**

---

I am very deeply concerned with public safety in this community. My background in Law Enforcement should make me uniquely qualified to provide knowledgeable input to the Measure W oversight committee. As noted above, I have extensive experience in related local committees and organizations.

**Have you served on an advisory group before?**

---

☒ Yes ☐ No

**If yes, please explain.**

---

-Drug Court Oversight Committee -Proposition 36 Implementation/Oversight Committee -Chairman, San Joaquin County Drug/Alcohol Program Advisory Board

**How did you hear about the position?**

---

Stockton Record

**City Council Policy 100-2 states that Commissioners are required to attend meetings on a regular basis. If appointed, will you be able to attend meetings regularly and devote the time necessary to fulfill your duties as a member?**

---

☒ Yes ☐ No

**Do you or immediate family members have any relationship (professional, financial, other) that may present a potential conflict of interest for this advisory group?**

---

☐ Yes ☒ No

**If yes, please explain**

---

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## Background Information

Please upload a resume or cv with the names, addresses, and dates of employers for the last five (5) years.

[Joseph\\_Dittmann\\_Resume.PDF](#)

Upload a Resume

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(209) 937-8458.

## Attachment A

**Based on your best judgment, does this Commission make decisions that may affect any sources of income, interests in real property, or investments of you or your spouse?**

---

☐ Yes ☒ No

If yes, Identify any organizations, associations, corporations, or entities by which you are employed or associated that might be affected by decisions of this board or commission and the positions you hold.

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### **Voter Registration (Questions appear if required)**

---

### **Submit Application**

**Please identify any specialized accommodations needed for equal participation:**

---

N/A

**I DECLARE, UNDER PENALTY OF DISQUALIFICATION AND TERMINATION, THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

**J. E. D.**

Enter Your Initials: