

**Profile**

Email Address

Barbara

First Name

King

Last Name

Street Address

Suite or Apt

Stockton

City

CA

State

Postal Code

**Ethnicity**

**Gender**

**What district do you live in? \***

District 2

Primary Phone

Alternate Phone

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

Yes  No

Employer

Job Title

Occupation

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

Yes  No

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

Measure A Citizens' Advisory Committee: Submitted

Question applies to multiple boards

**NOTE: This Board requires membership with one of the following groups. If none, please remove board from your application. Are you knowledgeable, have experience in, or extensive background in any of the following areas? Select all that apply. \***

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Active in community activities significant enough to confirm knowledge of issues and individuals within the community

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**Are you a qualified elector of the City of Stockton?**

Yes  No

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## **Interests & Experiences**

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

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My interest lies in expanding local economic opportunity, improving public safety and fostering transparent governance. My daily work experience directly aligns with the demand of local governance. I have highly transferable skills in budget management, crisis de-escalation, and community advocacy.

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

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Serving the City Council will be a unique opportunity to directly shape Stockton future.

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

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Yes  No

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

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At a city council meeting

**City Council Policy 3.03 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?**

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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?**

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Yes  No

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**Background Information**

**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?**

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Yes  No

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

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**Submit Application**

**Enter Your Initials:**

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BK

**Date Signed**

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