

Application for appointment and background information for City of Stockton Boards, Commissions, and Committees, Submit Date: Jan 10, 2025

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### Profile

Email Address

Maximiliano

First Name

Beas

Last Name

Street Address

Stockton

City

CA

State

Postal Code

### Ethnicity

### Gender

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

District 5

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

### Employer Address

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

Yes  No

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

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Strong Communities Advisory Committee: Submitted

**I have been a resident of Stockton for at least 3 years.**

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Yes  No

Question applies to Strong Communities Advisory Committee, Measure W Oversight Committee

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

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Yes  No

Question applies to Strong Communities Advisory Committee, Measure W Oversight Committee

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

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Yes  No

Question applies to Strong Communities Advisory Committee

**Are you at least 18 years of age?**

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Yes  No

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

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I was born and raised in Stockton, CA. My GOAL is to continue to be a Community Leader and better the lives of our constituents.

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

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Simply in my own family there are dozens of kids and teenagers that always find themselves with nothing to do after school. I know this firsthand because I have 3 teenage kids that live with me, and it is a struggle to keep them busy and out of trouble.

**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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saw it online

**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?**

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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**

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

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None

**Enter Your Initials:**

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MB

**Date Signed**

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01/10/2025

Application for appointment and background information for City of Stockton Boards, Submit Date: Dec 09, 2024  
Commissions, and Committees

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**Profile**

Email Address

**Daniel**  
First Name

**W**  
Middle  
Initial

**Richardson**  
Last Name

Street Address

**Stockton**  
City

**CA**  
State

Postal Code

**Ethnicity**

**Gender**

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

District 4

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

**Employer Address**

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Yes  No

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


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Yes  No

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


---

Yes  No

Question applies to Strong Communities Advisory Committee

**Are you at least 18 years of age?**


---

Yes  No

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


---

I am retired now and have found being involved with City Council to be rewarding. I want to do what I can to support the people of Stockton. To continue to improve the quality of life and the future of Stockton. Being involved with a number of Stockton Police Officers has been informative and I want to be more involved with public safety.

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


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I want to contribute to the future of Stockton. This includes quality of life and safety. I feel it is important to understand how the city spends its tax dollars, and that this is done responsibly.

**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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I was asked if I would be interested in this position by Mario Enriquez. He was recently elected to serve as my District 4 Councilman.

**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?**

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Yes  No

---

**Background Information**

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Upload a Resume

**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

---

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

---

**Submit Application**

**Enter Your Initials:**

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DWR

**Date Signed**

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12-9-24

Application for appointment and background information for City of Stockton Boards, Commissions, and Committees, Submit Date: Jan 09, 2025

**Profile**

Email Address

Richard

First Name

E

Middle Initial

Stoeckl

Last Name

Street Address

Stockton

City

CA

State

Postal Code

**Ethnicity**

**Gender**

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

District 5

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

**Employer Address**

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Yes  No

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


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Strong Communities Advisory Committee: Submitted

**I have been a resident of Stockton for at least 3 years.**


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Yes  No

Question applies to Strong Communities Advisory Committee, Measure W Oversight Committee

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


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Yes  No

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


---

Yes  No

Question applies to Strong Communities Advisory Committee

**Are you at least 18 years of age?**


---

Yes  No

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


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I want to serve my community by putting my heart into action

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


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I am hopeful that my perspective and energy could serve on this committee

**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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Councilmember Brando Villapudua



**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

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## **Background Information**

Upload a Resume

**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

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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:**

NA

**Enter Your Initials:**

R.E.S

**Date Signed**

01/09/2025

Application for appointment and background information for City of Stockton Boards, Submit Date: Dec 16, 2024  
Commissions, and Committees

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**Profile**

Email Address

Natasha  
First Name

Brown  
Last Name

Street Address

Stockton  
City

CA  
State

  
Postal Code

**Ethnicity**

**Gender**

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

District 6

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

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

2099107111

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

Yes  No

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

Strong Communities Advisory Committee: Submitted

Natasha Brown

**I have been a resident of Stockton for at least 3 years.**

Yes  No

Question applies to Strong Communities Advisory Committee, Measure W Oversight Committee

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

Yes  No

Question applies to Strong Communities Advisory Committee, Measure W Oversight Committee

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

Yes  No

Question applies to Strong Communities Advisory Committee

**Are you at least 18 years of age?**

Yes  No

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## **Interests & Experiences**

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

Hi my name Natasha brown I been living in district 6 for 37 years I love my community I thrive and attend to help my community reach its goal I'm very involved in committed to my community

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

I will like to be a member to achieve the goals to work with the community for better safer community's I love what I do in the community with the youth and families I been workin in my community for over 10 years

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

Yes  No

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

City council Jasonlee

**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?**

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Yes  No

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## **Background Information**

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Upload a Resume

**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)**

---

### **Submit Application**

**Enter Your Initials:**

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Nb

**Date Signed**

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12/16/2024