

**Profile**

Email Address

Stefanie

First Name

M

Middle Initial

Alfaro

Last Name

Street Address

Stockton

City

CA

State

Postal Code

**Ethnicity**

**Gender**

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

District 1

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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Measure W Oversight 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. \***

- Possess decision-making abilities
- Willingness to tolerate/promote change

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

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## Interests & Experiences

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

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Well I'm a single mom of two a high school student and my son who is autistic my focus as a mom and parent has always been there safety and there education. I e been in Stockton since I was 9 years old and Stockton has always been great to me and my family my moms side of the family is from Stockton. When I ran for school board I always made sure I spoke on safety and education and that's what I want to continue to bring to this committee is the safety for Stockton and maintaining our great community diversity that Stockton has. I love to dance sing and watch my 49ers play I'm a big sports person.

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

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We need more Stockton needs more the folks of this measure needs more. I would believe I can bring honest and genuine answers and to think fair for our people of Stockton. And to help Stockton pd and the fire department.

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

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Yes  No

Stefanie M Alfaro

**If yes, please explain.**

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Kiaser patient advisory

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

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Brando villapudia

**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**

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

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Just a chair I have a bad knee.

**Enter Your Initials:**

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**Date Signed**

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07-03-2025

Stefanie M Alfaro