

## Profile

Email Address

Phillip

First Name

R

Middle  
Initial

Herrera

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

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

Yes  No

Phillip R Herrera

## Which Boards would you like to apply for?

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Community Development 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. \***

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

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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 and want to be part of making our great city better.

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

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As a former tax auditor, current business owner, and consultant to the Governor's Office of Business and Economic Development I believe my experience would be an excellent fit for the Measure W committee

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

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- Yes  No

**If yes, please explain.**

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Measure W, California Life Sciences Association; Miracle Mile Improvement District Board Member

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

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fellow stocktonian

**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**

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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)**

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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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PRH

**Date Signed**

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12/26/2025