



2020 Citizens Redistricting Commission | APPLICATION

Application for Pedro Toledo

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Initial Application

Below is the initial application for the Citizens Redistricting Commission. In this section of the application you will be asked to provide personal information that will assist the Applicant Review Panel in processing your application.

You do not have to complete the entire application at one time. At any point, you can save your application using the "Save Application" button. After the application has been saved, you can return to this site to complete the application using your email and password if you choose to set one. Be sure to submit your initial application on or before August 19, 2019.

All fields with * are required to submit the application.

Identification Information

First Name*:

Pedro

Middle name:

Last Name*:

Toledo

Suffix (Sr., II, Esq., etc.):

Physical Address

City*:

Petaluma

State (if temporarily residing outside of California):

CA

Zip/Postal Code*:

94954

County:

Sonoma

Country (if temporarily residing outside of the United States):

Mailing Address (If different than Physical Address)

City:

State (if temporarily residing outside of California):

Zip/Postal Code:

Country (if temporarily residing outside of the United States):

Gender

Gender*:

- Female Male Nonbinary

Racial or Ethnic Background

Select the circle that best describes your race/ethnicity*

Latino Group

- Cuban
 Mexican/Mexican American
 Puerto Rican
 Other Hispanic/Latino Groups

Pacific Islander Group

- Guamanian or Chamorro
 Hawaiian
 Samoan
 Other Pacific Islander Group

Asian Group

- Asian Indian
 Cambodian
 Chinese
 Filipino
 Japanese
 Korean
 Laotian
 Vietnamese
 Other Asian Group

Other Groups

- Aleut
 American Indian/Native American
 Black/African American
 Eskimo
 White
 Other Racial Group

If other please specify:

The Voters FIRST Act is designed to produce a Citizens Redistricting Commission that is reasonably representative of the state's diversity. This information is required to help the Applicant Review Panel identify a diverse pool of the most qualified applicants. Although your specific date of birth will remain confidential, your age may be calculated from your date of birth and made public.

Economic Status

What was your total household income during the past 12 months?*

- Under \$35,000
 \$35,000 - \$74,999
 \$75,000 - \$124,999
 \$125,000 - \$250,000
 Over \$250,000

Eligibility Information

If you are uncertain about your prior voting registration, voting record, or party affiliation, we suggest that you contact the county clerk or voter registrar in the county in which you resided during the period of time in question. The contact information and address for California's county elections offices can be found at <https://voterstatus.sos.ca.gov/>.

1. Have you been continuously registered to vote in the State of California since July 1, 2015?*

- Yes No

2. With what party are you registered?*

- No Party Preference (Formerly known as Decline to State)
- American Independent Party
- Democratic Party
- Green Party
- Libertarian Party
- Peace and Freedom Party
- Republican Party
- Other

If other, please specify:

3. Has your political party affiliation remained the same since July 1, 2015?

- Yes No

4. Indicate in which of the last three statewide general elections you voted, (check all that apply)*:

- November 2014 (Gubernatorial)
- November 2016 (Presidential)
- November 2018 (Gubernatorial)

Conflicts of Interest

The Voters FIRST Act (Act) is designed to produce a Citizens Redistricting Commission that is independent from legislative influence and, therefore, disqualifies from service any person having a *conflict of interest* as defined by the Act. The information below is required to help the State Auditor and the Applicant Review Panel identify any conflicts of interest you may have.

5. Have you done any of the following **within 10 years of the date you submit this application**:

5a. Have you within 10 years of the date you submit this application been [appointed to](#), elected to, or a [candidate](#) for a California congressional or [state office](#) (*Appointed* means appointed by the Governor, a member of the Legislature, or a member of the State Board of Equalization; or served at the pleasure of the Governor, a member of the Legislature, or a member of the State Board of Equalization)?*

- Yes No

5b. Have you within 10 years of the date you submit this application served as an officer, employee, or [paid consultant](#) of a California [political party](#), or of the [campaign committee](#) of a [candidate](#) for a California congressional or elective [state office](#)?*

- Yes No

5c. Have you within 10 years of the date you submit this application served as an elected or appointed member of a [political party central committee](#) in California?*

- Yes No

5d. Have you within 10 years of the date you submit this application [been a lobbyist registered with the State of California or a California local government](#)?*

Yes No

5e. Have you within 10 years of the date you submit this application [been a registered federal lobbyist](#)?*

Yes No

5f. Have you within 10 years of the date you submit this application [served as a paid California congressional, legislative, or State Board of Equalization staff](#)?*

Yes No

5g. Have you within 10 years of the date you submit this application [contributed \\$2,500 or more to any California congressional, state, or local candidate for elective public office within any single calendar year](#)?(This amount has been adjusted using the [California Consumer Price Index](#).)*

Yes No

6. Are you currently serving as [staff](#), or as a [consultant](#) to the Governor of California, a member of the California Legislature, a California member of Congress, or a member of the State Board of Equalization?*

Yes No

7. Are you currently under contract with the Governor of California, a member of the California Legislature, a California member of Congress, or a member of the State Board of Equalization?*

Yes No

When answering questions 8 and 9, *immediate family* means your parents, step-parents, spouse, registered domestic partner, children, step-children, siblings, step-siblings, parents-in-law, siblings-in-law, and sons- and daughters-in-law with whom you have done the following:

- [Cohabitated with for a period or periods totaling 30 days or more during the past 12 months](#) or
- [Shared ownership of any real or personal property having a total value of \\$1,000 or more during the past 12 months](#) or
- [Provided or received a financial benefit totaling \\$1,000 or more during the past 12 months](#)

8. Do you have an immediate family relationship with the Governor of California, a member of the California Legislature, a California member of Congress, or a member of the State Board of Equalization?*

Yes No

9. Has a member of your immediate family done any of the following **within 10 years of the date you submit this application**:

9a. Has a member of your immediate family within 10 years of the date you submit this application been [appointed to](#), elected to, or a [candidate](#) for a California congressional or [state office](#)? (*Appointed* means appointed by the Governor, a member of the Legislature, or a member of the State Board of Equalization, or served at the pleasure of the Governor, a member of the Legislature, or a member of the State Board of Equalization)?*

Yes No

9b. Has a member of your immediate family within 10 years of the date you submit this application served as an officer, employee, or [paid consultant](#) of a California [political party](#) or of the [campaign committee](#) of a [candidate](#) for a California congressional or elective [state office](#)?*

Yes No

9c. Has a member of your immediate family within 10 years of the date you submit this application served as an elected or appointed member of a [political party central committee](#) in California?*

Yes No

9d. Has a member of your immediate family within 10 years of the date you submit this application [been a lobbyist registered with the State of California or a California local government](#)?*

Yes No

9e. Has a member of your immediate family within 10 years of the date you submit this application [been a registered federal lobbyist](#)?*

Yes No

9f. Has a member of your immediate family within 10 years of the date you submit this application [served as a paid California congressional, legislative, or State Board of Equalization staff?](#)*

Yes No

9g. Has a member of your immediate family within 10 years of the date you submit this application [contributed \\$2,500 or more to any California congressional, state, or local candidate for elective public office within any single calendar year?](#)([This amount has been adjusted using the California Consumer Price Index.](#))*

Yes No

PRIVACY NOTIFICATION AND WAIVER

LEGAL AUTHORITY AND REASON FOR COLLECTION OF PERSONAL INFORMATION

The Voters FIRST Act (Act) and the regulations implementing the Act require that the selection of commissioners for the Citizens Redistricting Commission (Commission) be open to public scrutiny and the press (California Constitution, Article XXI, section 2, subdivision (c); Government Code sections 8252, 11120, 11121, and 11125.1; California Code of Regulations, title 2, sections 60835, 60836, 60842, and 60846). The Act also requires the California State Auditor's Office (State Auditor's Office) to select 60 of the most qualified applicants based upon their voter affiliation; eligibility to serve pursuant to Article XXI of the California Constitution; the absence of any conflicts of interest; relevant analytical skills; ability to be impartial; appreciation for California's diverse demographics and geography; and racial, ethnic, geographic, gender, and economic diversity. To determine each applicant's identity and qualifications to serve on the Commission and to track the demographic information of the applicant pool, this application seeks personal information about applicants that will be provided to the Applicant Review Panel, State Auditor's Office staff, and the public, including members of the press, the Legislature, and the Commission.

CONSEQUENCE OF NOT PROVIDING ALL REQUESTED INFORMATION

Failure to provide all of the requested information will result in your disqualification and the removal of your name from the applicant pool. Thus, if you wish to serve on the Commission, it is mandatory that you submit a response for each item of information requested.

PERMISSION TO USE AND RELEASE PERSONAL INFORMATION

By submitting this application, you acknowledge that the application, all documents submitted in support of your application, including a Statement of Economic Interests (FPPC Form 700) if you are asked to submit one, letters of recommendation, materials generated as a result of any State Auditor's Office or Applicant Review Panel investigation of you, and all public comments and responses to public comments about your application are public records. You agree that the State Auditor's Office shall provide copies of these materials to members of the public and the press, members and staff of the Applicant Review Panel, State Auditor's Office staff, the Legislature, the Commission, and as otherwise compelled by law. You understand that members of the Applicant Review Panel and the public may make public statements about you. You authorize the State Auditor's Office to use the information submitted by and about you as the State Auditor's Office deems necessary to select commissioners, replacement commissioners, or otherwise comply with its legal duties. You also authorize the State Auditor's Office to post all materials related to your application to serve on the Commission on its website and any website authorized by the State Auditor's Office.

VOLUNTARY WAIVER OF PRIVACY RIGHTS AND STATE AUDITOR'S OFFICE LIABILITY

By applying to be a commissioner, you are waiving your privacy and other rights under various state and federal laws including, but not limited to, the Information Practices Act (Cal. Civil Code section 1798 et seq.), and any defamation, invasion of privacy, and negligence claim you may have against the State Auditor's Office and those acting on its behalf. Accordingly, by waiving your privacy rights, you are agreeing to permit the State Auditor's Office to release any and all information submitted by or about you, EXCEPT that the State Auditor's Office will not post on the Internet your date of birth; physical, mailing, and email addresses (excluding the city and county); telephone numbers; the addresses and telephone numbers of your immediate family members; or any materials that the State Auditor's Office deems offensive. At this point in the process, the State Auditor's Office will not collect, and you should not voluntarily submit to the State Auditor's Office, your social security number, driver's license number, financial account numbers, or health information. By submitting your application, you acknowledge and consent to the release of the information you and others are providing related to you and, except as specifically provided above, you are waiving your right to privacy regarding all information relating to you and your application to serve as a commissioner. This waiver authorizes the State Auditor's Office to make public information submitted by or about you for a period of 12 years from the date of your application, even if you are not selected as a commissioner. You are providing this waiver voluntarily, understanding that the State Auditor's Office shall not be legally liable as a result of the release of information submitted by or about you or as the result of comments made about you by others, and that the State Auditor's Office will post on its website or otherwise release publicly. This includes claims of defamation, invasion of privacy, negligence, and any other statutory or common law claims.

WHOM TO CONTACT

You have a right to review personal information the State Auditor's Office maintains about you and to verify its accuracy. Please contact the State Auditor's Office's Information Privacy Officer at (916) 445-0255; 621 Capitol Mall, Suite 1200, Sacramento, California, 95814; if you would like to view or obtain information about the location of your records and the categories of persons who use the information in your records.

Affirmation

I affirm, by entering my initials in the box, that the statements contained in this application are true and correct to the best of my knowledge, and that I have read and understand the Privacy Notification and Waiver.

Initials*: Pt

Submitted At: 07/27/2019 3:52:45PM

Supplemental Application

Congratulations on moving forward to the supplemental application for the Citizens Redistricting Commission (Commission). You must provide an answer to all questions that apply to you. If you miss a question, you will be prompted to answer missing responses before you can submit the application.

You do not have to complete the entire application at one time. At any point, you can save your application using the "Save Application" button. After the application has been saved, you can use your email address and password to return to this site to complete the application. Be sure to submit your supplemental application on or before October 20, 2019.

All fields with * are required to submit the application.

Part 1: Essay Questions:

The response to each of the following essay questions is limited to no more than 3200 characters including spaces (approximately 500 words). The response fields below will allow you to cut and paste text from any word processing program such as Microsoft Word.

1. Please describe why you wish to serve on the Commission and why you think it's important*:

The redistricting process is key to our democracy and a unique strength in our constitutional republic. I wish to serve on the Commission to be part of the impartial process of ensuring all communities have an opportunity to provide input, as well as an opportunity to secure meaningful representation.

Throughout my life and career, as described below, I have been committed to public service. Serving on the Citizens Redistricting Commission for California would provide me with a unique opportunity to serve the citizens of California. I seek to be part of the impartial line drawing process to ensure that geographically and demographically diverse communities across California have an opportunity to effectively participate in the electoral process.

As a young man in the 1950s, my father left his Mexican village to become a Bracero, or guest worker, in the agricultural fields of Sonoma County in pursuit of the American Dream. He worked during a time when uninsured, low-income individuals, and particularly ethnic and cultural minorities, had difficulty accessing affordable health care services.

Later, my father would turn to community clinics to secure health care for our family. As a child, I remember the exam rooms of my childhood community health clinic, La Clinica de la Raza in Oakland, CA, where I reaped the benefits of community clinics as a patient.

I have committed my career to ensuring that all people, regardless of who they are, what they look like, where they came from, or their ability to pay, have access to affordable, high-quality, patient-centered health care. After graduating from Stanford University, I was elected by the clinic patients to serve on the board of directors of La Clinica. After graduating from Cornell Law School, I served as the Director of Government & Community Relations for the Redwood Community Health Coalition, a network of community health centers that serve over 250,000 people in Sonoma, Marin, Napa and Yolo counties. Today, as Chief Administrative Officer of Petaluma Health Center, I work every day to ensure that all people in Southern and Central Sonoma County have access to affordable, high-quality, patient-centered health care.

Over the past 50 years, Community Health Centers increased access to high quality health care to demographically and geographically diverse communities across California. Community Health Centers effectively expand health access to diverse populations because their patient-led board of directors reflects the demographics of their service area. This guarantees that clinic executives like me are overseen by the people who receive medical and dental services at their facilities. Our diverse communities have a voice in determining the direction of the organization that provides their health care.

I work every day to ensure that our diverse community members have a voice in their healthcare and I would like an opportunity to serve the 2020 Citizens Redistricting Commission to ensure that demographically and geographically diverse communities across California have a voice in the electoral process, and have an opportunity to secure meaningful representation.

2. Please explain what it means to be *impartial* and describe your ability to exercise impartiality as set forth in [2CCR §60800](#). Provide examples of times when you had to set aside your personal views in order to achieve a common goal. How will your ability to be impartial assist you if you are selected to be a commissioner? You may include with this description any occupational, academic, volunteer, or other life experiences you have had that demonstrate this ability*:

Impartiality encompasses the ability to set aside personal views to evaluate information with an open mind and make decisions that are fair to all affected, as well as compliant with federal, state, and local laws and regulations. The ability to be impartial is an essential qualification for the commissioner position and as a community leader in statewide and local initiatives, the decisions I make often require impartiality.

When making public policies or decisions on this commission, not everyone will be happy with the final districts, but they must have assurance that the districts were drawn fairly and that appropriate criteria were thoughtfully and legally evaluated and applied by an impartial body.

Through our personal and professional experiences such as education, involvement in community and actions such as donations to social causes and non-profits, we all express our values and principles. The practice of impartiality ensures that while people may have participated in social or personal causes, they can set aside his or her personal views and evaluate the available information with an open mind and make fair decisions.

When I served on executive board for the California Children's Health Initiatives, I worked with my fellow board members to ensure that our limited resources were used to enroll as many low-income children as possible into health care coverage, and that hard-to-reach populations across the state of California had the opportunity to enroll in health coverage. While on the board, I was able to set aside my personal views to evaluate information with an open mind and made efforts to hear from diverse voices from across the state in order to make fair and equitable decisions.

As board chair of Healthy Kids Sonoma County, I worked with our board of directors to ensure that all children in Sonoma County had access to health coverage, and a trusted source of health care. I worked to ensure that all stakeholders (hospitals, clinics, community-based organizations, patients, etc.) had an opportunity to provide input to our strategic goals and important decisions. When evaluating information and data on the allocation of outreach and enrollment resources, I would set aside my personal views and evaluate the information, data, and maps with an open mind, ensure that the board had heard from diverse voices from across our county, in order to make fair decisions.

My background, particularly when making difficult decisions that have a direct impact on person's lives, reinforces the principle of impartiality. Throughout my career, when serving on boards and committees, I have succeeded in being able to set aside my personal views in order to evaluate information with an open mind to make fair decisions and achieve common goals.

3. All commissioners must demonstrate an appreciation for California's diverse demographics and geography as set forth in [2 CCR §60805](#). Please describe your appreciation for California's diversity and provide any occupational, academic, volunteer, or other life experiences you have had that demonstrate this appreciation*:

I was born in Berkeley, raised in the City of Alameda and currently live in Petaluma. For work and recreation, I regularly travel across California's very different geographic regions to experience and appreciate California's diverse demographics, cultures, and communities.

My undergraduate degree from Stanford University was in Anthropology and Comparative Studies in Race and Ethnicity, which exposed me to demographically and geographically diverse communities and increased my knowledge of how we can work together to understand each other and improve cooperation between people of different cultures around the state, the country and the world.

While working as the Director of Community and Government Relations for Redwood Community Health Coalition (RCHC), I worked with and learned from demographically and geographically diverse community leaders from across California. Representing clinics in the counties of Marin, Sonoma, Napa and Yolo, I traveled extensively, visiting underrepresented populations in urban and rural settings. RCHC's network of clinics provides health care services to over 250,000 medically-underserved patients across the region, serving very diverse populations including homeless individuals, business leaders, farmworkers and elected officials, as well as everyone in between. Working with other health networks across the state, I traveled to rural communities in Northern California, the Central Valley, the Bay Area and Southern California to learn from other regional health clinic networks. I was honored to meet patients and community leaders in an effort to share strategies in community outreach, marketing, advocacy, and clinical operations. This helped us to ensure that the diverse medically underserved people in the communities they serve had access to prevention-focus health care.

In my current role as the Chief Administrative Officer at Petaluma Health Center, I work directly with the great diversity of people in our service area. I am charged with ensuring that demographically and geographically diverse patients have a voice in how their health care is delivered, and that they also have an opportunity to serve on our patient-led board of directors.

I have also served as the President of the Hispanic Chamber of Sonoma County where I worked with local businesses, community-based organizations and government agencies to develop opportunities to grow small minority-owned businesses, and to provide professional development opportunities for emerging Latino business leaders.

Serving on the Covered California Marketing, Outreach and Enrollment Assistance Advisory Group, and California Children's Health Initiatives, I worked with stakeholders in my local community and across the state to ensure that as many medically-underserved people enrolled in health insurance, many for the first time in their lives. I worked with certified enrollment workers, met uninsured persons and endeavored to educate and enroll uninsured people from demographically and geographically diverse communities across California. Through this work, I came to have an even greater appreciation for the diverse background of citizens of our state.

4. Please describe the relevant analytical skills (as described in [2 CCR §60827](#)) you possess that you believe make you a strong candidate for the Commission. You may include, but are not limited to, with this description any occupational, academic, volunteer, or other life experiences you have had that demonstrate those skills*:

Over the years, I have been involved in myriad projects that involve gathering and comprehending complicated information, and evaluating and analyzing the validity and significance of complex data and information to make sound decisions.

As a graduate from Cornell Law School, I am trained to read, analyze and apply the law. As the Chief Administrative Officer at Petaluma Health Center, I work to ensure that our organization has the systems and processes to ensure that we are in compliance with federal, state, and local laws and regulations, as well as rules from our accreditation bodies.

I have extensive experience with providing testimony at community and public hearings. I have experience testifying at legislative hearings for health care initiatives in Sacramento and even in teaching groups of community leaders and elected officials about the role of community clinics across the state. As a compliance officer at Petaluma Health Center, I must review complicated data and information and distill the information after reviewing and evaluating the information. I determine what information is critical and pertinent and differentiate it from important but non-essential information.

While at Redwood Community Health Coalition, I was often called upon to conduct policy analysis to distinguish facts from opinion, to distinguish relevant from irrelevant facts, and to assess arguments. Policy briefs and legislative testimony involves the distillation of key facts and the ability to present them in the context of either the law or to make the case for a coherent public policy. Further, I am very comfortable with mathematical and statistical data and mapping, especially as it relates to outreach and enrollment or community engagement.

Much of my work in health care involves analysis of complex data. Often this work requires me to conduct regression analysis, and other statistical tools to improve health outcomes and access to care in a cost-effective manner. After the passage of the Affordable Care Act, my work across California on increasing enrollment required statistical analysis of diverse populations from across the state to target outreach, marketing, and enrollment initiatives.

In 2014, Petaluma Health Center's board of directors launched an effort to open new health clinic sites for people who lacked adequate access to health care. In addition to conducting vigorous discussions with local community leaders and members of the public, I gathered and evaluated community health care data to submit to government agencies and local philanthropists. These analytical tasks were paramount to developing effective business and outreach plans, which allowed us to double the number of people we serve over the last 5 years.

As a federal grant reviewer for the Health Resources and Services Administration, I served on grant review teams that applied complex standards to evaluate federal grant proposals. This process required reading thousands of pages of health care program expansion proposals, evaluating proposals against objective evaluation criteria and building consensus with team members to make fair decisions.

Part 2: General Information

Secondary Education

Did you graduate from high school?*

Yes No

If not, do you possess a GED or equivalent?

Yes No

If you did not complete high school and did not obtain your GED, enter the highest grade you completed:

University or College, Business, Correspondence, Trade, or Service School(s) Attended

Post-Secondary Education

POST-SECONDARY EDUCATION

School Name and Location*: Stanford University
Course of Study/Major*: Anthropology & Comparative Studies in Race and Ethnicity
Diploma, Degree, or Certificate Obtained. If not obtained, state "none"*: BA
Number of Years Attended*: 4
Date completed, if any. If not completed, state N/A*: 2000

Post-Secondary Education

School Name and Location*: Stanford University
Course of Study/Major*: Sociology
Diploma, Degree, or Certificate Obtained. If not obtained, state "none"*: MA
Number of Years Attended*: 1
Date completed, if any. If not completed, state N/A*: 2001

Post-Secondary Education

School Name and Location*: Cornell University Law School
Course of Study/Major*: Law
Diploma, Degree, or Certificate Obtained. If not obtained, state "none"*: JD
Number of Years Attended*: 3
Date completed, if any. If not completed, state N/A*: 2006

Post-Secondary Education

School Name and Location*: Georgetown University
Course of Study/Major*: Masters in Healthcare Services Administration
Diploma, Degree, or Certificate Obtained. If not obtained, state "none"*: Degree Candidate
Number of Years Attended*: 1
Date completed, if any. If not completed, state N/A*: N/A

Employment History

- Begin with your most recent job.
- List each job separately.
- Employment history must include at least the last 10 years. Employment job classifications may include retired, volunteer, not employed outside the home, or not employed. Please account for all of your time during the past 10 years.
- Include all employment history you believe is relevant beyond 10 years.

Employment History

From* (mm/dd/yyyy): 04/15/2014
To* (mm/dd/yyyy): 10/19/2019
Employer Name*: Petaluma Health Center, Inc.

Title/Job Classification (include range or level, if applicable)*: Chief Administrative Officer

Total Worked (years/months)*: 5 years, 6 months

Description of Duties Performed*:

Duties include: oversight and management of strategic planning, organizational and business development, risk management, fund development, federal grants management, community and government relations, quality assurance, compliance with regulatory and accreditation, human resources, and revenue cycle management

Employment History

From* (mm/dd/yyyy): 09/15/2006

To* (mm/dd/yyyy): 04/01/2014

Employer Name*: Redwood Community Health Coalition

Title/Job Classification (include range or level, if applicable)*: Director of Community and Government Relations

Total Worked (years/months)*: 7 years, 6 months

Description of Duties Performed*:

Duties included strategic growth of the organization, public and private sector business development, strategic planning, marketing, community and government relations, fundraising, research and development, advocacy policy development, organizational development, change management, and technical assistance and consult

Activities

Describe the professional, social, political, volunteer, community activities, and causes in which you have been involved or that you have financially supported as discussed in [2 CCR §60847](#). The response to this question is limited to no more than 3200 characters including spaces (approximately 500 words). You may cut and paste text from any word processing program such as Microsoft Word*:

I volunteer on various non-profit boards and advisory committees. Over the years, I have served on the boards of the California Children's Health Initiative, La Clinica de La Raza, the Hispanic Chamber of Sonoma County, the Sonoma County Workforce Investment Board, and the Redwood Empire Food Bank. All of these experiences have allowed me to engage with and learn from California's diverse communities. On occasion, I am asked by government agencies to provide public testimony on policy issues relating to access to health care, health care services, health care coverage, and/or community health centers.

Former Names, Nicknames or Aliases

Have you used or been known by any other names, nicknames, or aliases since you became an adult?*

Yes No

If you have used or were known by another name, nickname, or alias, list each former name, nickname, or alias, the dates you used the other name, nickname, or alias, and the address and county where you resided when you used the other name, nickname, or alias. If you changed your name through a court filing, provide the name of the court that granted your name change:

Criminal History

Have you ever been convicted of a felony by any court?*

Yes No

Voting Information

When you voted in any of the last three statewide general elections (i.e. the elections in November 2014, November 2016, and November 2018), did you vote using a different name or address than those you used on the initial application?*

Yes No

Former Residences

List all of the places you have lived for 30 days or more at one time during the last 10 years (do not include information for where you lived prior to your 18th birthday). This does not include your current residence. If you lived in temporary housing while permanently residing somewhere else, note that with an * in the street address line:

Former Residence

City/State/Zip*: Petaluma
County*: Sonoma
From Date* (mm/yyyy): 07/2017
To Date* (mm/yyyy): 10/2019

Former Residence

City/State/Zip*: Penngrove, CA 94951
County*: California
From Date* (mm/yyyy): 11/2010
To Date* (mm/yyyy): 07/2017

Former Residence

City/State/Zip*: Fairfield, CA 94533
County*: Solano
From Date* (mm/yyyy): 06/2007
To Date* (mm/yyyy): 11/2010

Financial Contributions

List all of the monetary and non-monetary contributions valued at a total of \$250 or more that you have made in any single calendar year during the past two years to any professional, social, political, volunteer, and/or community organization or cause. Begin with your most recent contribution:

Financial Contribution

Date of Contribution, if known*: April 2018
Organization*: Redwood Empire Food Bank
Location*: Santa Rosa
Amount*: 2000

Financial Contribution

Date of Contribution, if known*: April 2019
Organization*: Redwood Empire Food Bank
Location*: Santa Rosa
Amount*: 2000

Financial Contribution

Date of Contribution, if known*: March 2019

Organization*: Redwood Empire Food Bank
Location*: Santa Rosa
Amount*: 1000

Part 3: Family Information

You must provide information about each living family member described in this paragraph. Information about each of your family members is necessary to determine whether you have a conflict of interest that would prohibit you from serving on the Citizens Redistricting Commission. In this part of the application, you must provide information about your living parents, spouse, registered domestic partner (RDP), children, siblings, parents-in-law, siblings-in-law, sons-and daughters-in-law. Step-parents, step-children, and step-siblings count as parents, children, and siblings.

Do you have any immediate family members as described?*

Yes No

Family Member

Relationship Type*: Parent

Name*: Simone Toledo

For this family member, you must state whether within the past 10 years this person has engaged in any of the activities that could cause you to have a conflict of interest under the Voters FIRST Act. The following is a list of those activities:

- Been appointed to, elected to, or a candidate for a California congressional or state office. ("Appointed" means appointed by the Governor, a member of the Legislature, or a member of the State Board of Equalization, or served at the pleasure of the Governor, a member of the Legislature, or a member of the State Board of Equalization.)
- Served as an officer, employee, or paid consultant of a California political party or the campaign committee of a candidate for a California congressional or elective state office.
- Served as an elected or appointed member of a political party central committee operating in California.
- Been a lobbyist registered with the State of California or a California local government.
- Been a registered federal lobbyist.
- Served as paid California congressional, legislative, or State Board of Equalization staff.
- Contributed \$2,500 or more during a calendar year to any California congressional, state, or local candidate for elective public office.

Within the past 10 years, has the family member engaged in any of these activities that could cause you to have a conflict of interest?*

Yes No

If the family member engaged in an activity when did the activity occur?

If the family member engaged in an activity what was the activity?

For each family member you must indicate whether you have a special (bona fide) relationship with that person. You have a special (bona fide) relationship with a family member if during the past 12 months you have ([Guidance for determining Conflicts of Interest](#)):

1. [Cohabitated with that person for a period or periods totaling 30 days or more.](#)
2. [Shared with that person ownership of any real or personal property having a total value of \\$1,000 or more.](#)
3. [Provided to or received from that person a financial benefit totaling \\$1,000 or more.](#)

Do you have a special relationship with this person based on any of the three factors described?*

Yes No

Family Member

Relationship Type*: Sibling

Name*: Rolando Toledo

For this family member, you must state whether within the past 10 years this person has engaged in any of the activities that could cause you to have a conflict of interest under the Voters FIRST Act. The following is a list of those activities:

- Been appointed to, elected to, or a candidate for a California congressional or state office. ("Appointed" means appointed by the Governor, a member of the Legislature, or a member of the State Board of Equalization, or served at the pleasure of the Governor, a member of the Legislature, or a member of the State Board of Equalization.)
- Served as an officer, employee, or paid consultant of a California political party or the campaign committee of a candidate for a California congressional or elective state office.
- Served as an elected or appointed member of a political party central committee operating in California.
- Been a lobbyist registered with the State of California or a California local government.
- Been a registered federal lobbyist.
- Served as paid California congressional, legislative, or State Board of Equalization staff.
- Contributed \$2,500 or more during a calendar year to any California congressional, state, or local candidate for elective public office.

Within the past 10 years, has the family member engaged in any of these activities that could cause you to have a conflict of interest?*

Yes No

If the family member engaged in an activity when did the activity occur?

If the family member engaged in an activity what was the activity?

For each family member you must indicate whether you have a special (bona fide) relationship with that person. You have a special (bona fide) relationship with a family member if during the past 12 months you have ([Guidance for determining Conflicts of Interest](#)):

1. [Cohabitated with that person for a period or periods totaling 30 days or more.](#)
2. [Shared with that person ownership of any real or personal property having a total value of \\$1,000 or more.](#)
3. [Provided to or received from that person a financial benefit totaling \\$1,000 or more.](#)

Do you have a special relationship with this person based on any of the three factors described?*

Yes No

Family Member

Relationship Type*: Brother or Sister in-law: Spouse/RDP of Sibling

Name*: Lilia Vargas Toledo

For this family member, you must state whether within the past 10 years this person has engaged in any of the activities that could cause you to have a conflict of interest under the Voters FIRST Act. The following is a list of those activities:

- Been appointed to, elected to, or a candidate for a California congressional or state office. ("Appointed" means appointed by the Governor, a member of the Legislature, or a member of the State Board of Equalization, or served at the pleasure of the Governor, a member of the Legislature, or a member of the State Board of Equalization.)
- Served as an officer, employee, or paid consultant of a California political party or the campaign committee of a candidate for a California congressional or elective state office.
- Served as an elected or appointed member of a political party central committee operating in California.
- Been a lobbyist registered with the State of California or a California local government.
- Been a registered federal lobbyist.
- Served as paid California congressional, legislative, or State Board of Equalization staff.
- Contributed \$2,500 or more during a calendar year to any California congressional, state, or local candidate for elective public office.

Within the past 10 years, has the family member engaged in any of these activities that could cause you to have a conflict of interest?*

Yes No

If the family member engaged in an activity when did the activity occur?

If the family member engaged in an activity what was the activity?

For each family member you must indicate whether you have a special (bona fide) relationship with that person. You have a special (bona fide) relationship with a family member if during the past 12 months you have ([Guidance for determining Conflicts of Interest](#)):

1. [Cohabitated with that person for a period or periods totaling 30 days or more.](#)
2. [Shared with that person ownership of any real or personal property having a total value of \\$1,000 or more.](#)
3. [Provided to or received from that person a financial benefit totaling \\$1,000 or more.](#)

Do you have a special relationship with this person based on any of the three factors described?*

Yes No

Other Relevant Material

Describe any other relevant information that you consider important that was not otherwise requested in the application. The response to this question is limited to 3200 characters including spaces (approximately 500 words). You may cut and paste text from any word processing program such as Microsoft Word*:

Part 4: Letters of Recommendation

An applicant must submit, or arrange for the submission of, three letters of recommendation from individuals or organizations. A letter of recommendation may be no longer than three pages. [Guidance for letters of recommendation](#). (Note: Any additional recommendations may be submitted as a public comment and public comments are considered by the Applicant Review Panel. However, a public comment submitted about you will not count as a letter of recommendation.)

An applicant's letters of recommendation must be submitted to the California State Auditor's Office (State Auditor's Office) on or before October 20, 2019. All three letters of recommendation must include your applicant identification number, which is **12677**. This identification number is unique to your application and ensures that all of your letters of recommendation are correctly attached to your application file before they are reviewed by the Applicant Review Panel.

Online Submission of Letters of Recommendation

We have provided three links for you to provide to the individuals who will be submitting letters of recommendation on your behalf. Each link may be used for only one letter and will expire upon that letter's submission. Remember to communicate to the individuals writing your letters of recommendation that their letters must include your applicant identification number, as provided above.

Submission of Letters of Recommendation via E-mail, Facsimile, Mail, or Common Carrier

Online submission of letters of recommendation is preferred. You may also submit letters of recommendation via email to shapecaliforniasfuture@auditor.ca.gov, by facsimile to (888) 694-5288, or by U.S. Mail or other common carrier mailed to the address provided below. All letters of recommendation submitted via email, facsimile, U.S. Mail, or other common carrier must include both your application identification number (**12677**) and the letter of recommendation number (**1**, **2**, or **3**). Letters of recommendation sent to the State Auditor's Office that are not received or postmarked by October 20, 2019, will not be considered, and the applicant will not continue on in the application process.

The letters of recommendation must be addressed to the Applicant Review Panel and can be mailed to:

Applicant Review Panel
c/o California State Auditor's Office
621 Capitol Mall, Suite 1200
Sacramento, California, 95814

Part 5: Financial Disclosure Form

If likely to be selected for an interview, you will be required to submit [FPPC Form 700, Statement of Economic Interests](#). [The Fair Political Practices Commission's website has more information about the FPPC Form 700](#). You do not need to submit that form now. You will receive an email at a later date if you will be required to submit this form.

Part 6: PRIVACY NOTIFICATION AND WAIVER

LEGAL AUTHORITY AND REASON FOR COLLECTION OF PERSONAL INFORMATION

The Voters FIRST Act (Act) and the regulations implementing the Act require that the selection of commissioners for the Citizens Redistricting Commission (Commission) be open to public scrutiny and the press (California Constitution, Article XXI, section 2, subdivision (c); Government Code sections 8252, 11120, 11121, and 11125.1; California Code of Regulations, title 2, sections 60835, 60836, 60842, and 60846). The Act also requires the California State Auditor's Office (State Auditor's Office) to select 60 of the most qualified applicants based upon their voter affiliation; eligibility to serve pursuant to Article XXI of the California Constitution; the absence of any conflicts of interest; relevant analytical skills; ability to be impartial; appreciation for California's diverse demographics and geography; and racial, ethnic, geographic, gender, and economic diversity. To determine each applicant's identity and qualifications to serve on the Commission and to track the demographic information of the applicant pool, this application seeks personal information about applicants that will be provided to the Applicant Review Panel, State Auditor's Office staff, and the public, including members of the press, the Legislature, and the Commission.

CONSEQUENCE OF NOT PROVIDING ALL REQUESTED INFORMATION

Failure to provide all of the requested information will result in your disqualification and the removal of your name from the applicant pool. Thus, if you wish to serve on the Commission, it is mandatory that you submit a response for each item of information requested.

PERMISSION TO USE AND RELEASE PERSONAL INFORMATION

By submitting this application, you acknowledge that the application, all documents submitted in support of your application, including a Statement of Economic Interests (FPPC Form 700) if you are asked to submit one, letters of recommendation, materials generated as a result of any State Auditor's Office or Applicant Review Panel investigation of you, and all public comments and responses to public comments about your application are public records. You agree that the State Auditor's Office shall provide copies of these materials to members of the public and the press, members and staff of the Applicant Review Panel, State Auditor's Office staff, the Legislature, the Commission, and as otherwise compelled by law. You understand that members of the Applicant Review Panel and the public may make public statements about you. You authorize the State Auditor's Office to use the information submitted by and about you as the State Auditor's Office deems necessary to select commissioners, replacement commissioners, or otherwise comply with its legal duties. You also authorize the State Auditor's Office to post all materials related to your application to serve on the Commission on its website and any website authorized by the State Auditor's Office.

VOLUNTARY WAIVER OF PRIVACY RIGHTS AND STATE AUDITOR'S OFFICE LIABILITY

By applying to be a commissioner, you are waiving your privacy and other rights under various state and federal laws including, but not limited to, the Information Practices Act (Cal. Civil Code section 1798 et seq.), and any defamation, invasion of privacy, and negligence claim you may have against the State Auditor's Office and those acting on its behalf. Accordingly, by waiving your privacy rights, you are agreeing to permit the State Auditor's Office to release any and all information submitted by or about you, EXCEPT that the State Auditor's Office will not post on the Internet your date of birth; physical, mailing, and email addresses (excluding the city and county); telephone numbers; the addresses and telephone numbers of your immediate family members; or any materials that the State Auditor's Office deems offensive. At this point in the process, the State Auditor's Office will not collect, and you should not voluntarily submit to the State Auditor's Office, your social security number, driver's license number, financial account numbers, or health information. By submitting your application, you acknowledge and consent to the release of the information you and others are providing related to you and, except as specifically provided above, you are waiving your right to privacy regarding all information relating to you and your application to serve as a commissioner. This waiver authorizes the State Auditor's Office to make public information submitted by or about you for a period of 12 years from the date of your application, even if you are not selected as a commissioner. You are providing this waiver voluntarily, understanding that the State Auditor's Office shall not be legally liable as a result of the release of information submitted by or about you or as the result of comments made about you by others, and that the State Auditor's Office will post on its website or otherwise release publicly. This includes claims of defamation, invasion of privacy, negligence, and any other statutory or common law claims.

WHOM TO CONTACT

You have a right to review personal information the State Auditor's Office maintains about you and to verify its accuracy. Please contact the State Auditor's Office's Information Privacy Officer at (916) 445-0255; 621 Capitol Mall, Suite 1200, Sacramento, California, 95814; if you would like to view or obtain information about the location of your records and the categories of persons who use the information in your records.

Affirmation

I affirm, by entering my initials in the box, that the statements contained in this application are true and correct to the best of my knowledge, and that I have read and understand the Privacy Notification and Waiver.

Initials*: PT

Submitted At: 10/20/2019 9:55:36PM

Letters of Recommendation

Letter of Recommendation #1, submitted by Herman Hernandez

How Submitter Knows Applicant: See Attached Letter

[Letter of Recommendation #1 \(PDF\)](#)

Letter of Recommendation #2, submitted by Tina Tvedt Schaible

How Submitter Knows Applicant: See Attached Letter

[Letter of Recommendation #2 \(PDF\)](#)

Letter of Recommendation #3, submitted by Kathryn Powell

How Submitter Knows Applicant: See Attached Letter

[Letter of Recommendation #3 \(PDF\)](#)

Public Comments

[Submit Public Comment for this Applicant](#)

Files

- [Form 700 \(PDF\)](#)
- [Background Check \(PDF\)](#)