

identification, race, ancestry, national origin, color, religion, marital status, age or mental or physical disability in the educational programs or activities which it operates.

**ALAMEDA CITY UNIFIED SCHOOL DISTRICT  
APPLICATION FOR INDEPENDENT CITIZENS' BOND OVERSIGHT COMMITTEE**

(Please Print or Type)

Name: John C. Baum

Address:

[REDACTED]

Home Phone: Work Phone:

[REDACTED]

FAX #: E-Mail:

**Why do you want to serve on the Measure I Independent Citizens' Bond Oversight Committee?**

*I have served on the Measure I CBOC since its inception and maintain an active and close interest in the committee's role in overseeing that bond monies continue to be spent to affect the purpose of the bond subject to the BOE's direction.*

*I believe there is generally value to the community in maintaining continuity on the oversight committee.*

**Do you have any special area of expertise or experience that you think would be helpful to the committee?**

*I am a licensed attorney and have been a partner in a law practice, a background that has acquainted me with general accounting and budget reviews.*

**If you have served on other school district, city or community committees please list and briefly describe your role:**

**I would be able to represent the following constituencies in the District:** (check all that apply)

*I have been an Alameda home owner since about 1997 with two children in AUSD schools (AHS and WMS) and am happy serve in any capacity on the Measure I CBOC.*

*I have served as chair and member on the Franklin Elementary School Site Council.*

☐ **Business Representative** - Active in a business organization representing local business

Organization:

☐ **Senior Citizen Group Representative** - Active member in a senior citizens' organization.

*Organization:*

☐ **Taxpayer Organization Member** - Active in a bona fide taxpayers' association.

*Organization:*

☒ **Parent or Guardian of Child Enrolled in District.**

*Child's Name and School:*

*Child's Name and School:*

☐ **Parent /Guardian of Child Enrolled in District & Active in a Parent-Teacher Organization**

*Child's Name and School:*

*Child's Name and School:*

*Organization:*

☐ **At-Large Community Member** – Resident of the Alameda City Unified School District.

**Please note any additional information you feel should be considered as part of your application:**

1. Are you an employee of the District?\* **NO**
2. Are you a vendor, contractor, or consultant to the school district?\* **NO**
3. Do you have conflicts that would preclude your attending quarterly meetings? **NO**
4. Do you know of any reason, such as a potential conflict of interest, which would adversely affect your ability to serve on the Independent Citizens' Oversight Committee?\* **NO**
5. Are you willing to comply with the ethics code **YES**

(\*Employees, vendors, contractors, and consultants of the Alameda City Unified School District are prohibited by law from being members of the Citizens' Oversight Committee. Employment which could result in becoming a contractor or subcontractor to the district would also be a potential conflict.)

**Signature of Applicant**

**/JOHN C. BAUM/**

All answers and statements in this document are true and complete to the best of my knowledge.

Signature Date 12/22/21

Completed applications must be received in the  
Office of the Chief Business Officer of the Alameda City Unified School District by mailing  
to: 2060 Challenger Drive, Alameda, CA 94501  
Or by emailing: [dkrueger@alamedaunified.org](mailto:dkrueger@alamedaunified.org)

If you have any questions, please call the Alameda City Unified School District at (510) 337-7066

It is the policy of the Alameda City Unified School District not to unlawfully discriminate on the basis of sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, color, religion, marital status, age or mental or physical disability in the educational programs or activities which it operates.