

**OJAI UNIFIED SCHOOL DISTRICT
APPLICATION TO FILL BOARD OF EDUCATION VACANCIES**

TRUSTEE AREA # 2

DEADLINE: 4 p.m., April 25, 2023

(Please Print Name & Address)

Name: Goldfarb Lynne M
(Last) (First) (Initial)

Business Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Home Address: _____

City: Ojai State: CA Zip: 93023 Phone: _____

Email: _____

Any Former Names Used: _____

Occupation & Employer: Educator UCR Extension

Number of Years Residing in the District: 8 years

Do you have children in the District's school? Yes No What grades are they in? _____ Ages? _____

Have any family members attended District Schools? Yes No Which schools? _____

Dates of attendance? _____

EDUCATIONAL BACKGROUND: (Voluntary. Not Required.)

High School College/University	State	Degree/Units	Year Issued	Major/Minor
Claremont Grad U	CA	Ph.D	2005	Education
Claremont Grad U	CA	Ph.D		
Claremont Grad U	CA	Ph.D		
Claremont Grad U	CA	Ph.D		

LANGUAGE COMPETENCIES:

List language competencies, other than English: Polish

(Please Use Additional Paper, If Needed)

1. Why do you want to be a school Board Member?

I have an extension background in Public Education

2. Please discuss your interest in and commitment to the Ojai Unified School District.

I have served on OEF and am committed to the success of OUSD students.

3. Identify the most significant issues in public education generally and in the Ojai Unified School District specifically. State the ways you believe the District should respond to these issues.

There are currently issues of funding, enrollment, school configuration, and district financial needs. There needs to be expertise in each of these

4. What do you see as the major responsibilities of a Board Member?

Understand OUSD needs, issues, and become knowledgeable regarding the various solutions

5. How does the Board's role differ from that of the Superintendent?

The Superintendent oversees all the fiscal, educational and organizational roles of OUSD. The school board members provided feedback and accountability for the workings of the district.

6. What should be the relationship between Board members and District administration in the handling of school concerns?

Professional and unbiased communications between the Board members and District Administration

7. Please identify and discuss the areas of knowledge or expertise that you would bring to the Board.

School Organizations, District Office Organizations, Teaching and Learning, Special Needs. how to achieve change in school configurations, school budgeting.

8. Have you worked on any school committees or participated in any school activities recently? If so, please list them.

9. List any other community or business activities in which you have participated. Describe your role, and whether your work was as a volunteer or employee.

10. Please describe any expertise or experience you may have in the areas of finance, school finance, fiscal matters, education, or service on public boards.
My Ph.D focused on School Policy and effective change for public school distircts.

11. Please fill out the attached Form 700 and submit with your application.

12. Please review the copy of Board Bylaw 9220. After reading Board Bylaw 9220, do you certify that you will abide by the requirements of Board Bylaw 9220? Yes No

CRIMINAL BACKGROUND INFORMATION:

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please describe the offense(s):

ELIGIBILITY INFORMATION: If you answer no to any of the following questions, you are not eligible to serve as a Board member.

- | Yes | No | |
|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | I am 18 years of age or older. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | I am a resident of the Ojai Unified School District, Trustee Area #4. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | I am a registered voter. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | I am not disqualified to hold this office because of a conviction of any of the crimes listed on page 5 nor am I otherwise disqualified under the California Constitution or statutes from holding public office. |

CERTIFICATION OF QUALIFICATIONS AND WORK COMMITMENT

I understand that upon appointment I would be required to file a Conflict of Interest Statement and take an Oath of Office.

I certify I am 18 years of age or older, a registered voter and that I reside within the Trustee Area #4 of the Ojai Unified School District.

I certify I am not disqualified to hold this office because of a conviction of any of the crimes listed on page 4 and further certify I am not otherwise disqualified under the California Constitution or statutes from holding public office.

I understand a Board Member's responsibility requires attendance at: (1) one or two regular Board meetings each month; (2) special meetings or study sessions when called; and (3) numerous school events. I understand that I will be required to read my Board packet and be prepared to make decisions on complex educational issues.

I understand that this application may be made available to the public in accordance with the Public Records Act.

I understand that my failure to complete this application and return it by **4 pm on April 25, 2023** will result in my ineligibility to be a candidate for provisional appointment to the Board.

I certify that the foregoing information is true and correct under penalty of perjury.

	4/25/2023
_____ Signature	_____ Date

The following is a list of crimes, conviction of which disqualifies a person from holding public office in the State of California.

- *Bribery to procure election or appointment (California Constitution Article VII, § 8(a))*
- *Conviction of bribery, perjury, forgery, malfeasance in office, or other high crimes (California Constitution Article VII, § 8(b))*
- *Bribing executive officer (Penal Code § 67)*
- *Officer asking for or receiving bribes (Penal Code §§ 68, 88)*
- *Receiving gratuity for appointment to office (Penal Code § 74)*
- *Judicial Officer who has asked for or received emoluments, gratuities, rewards, or the fee of a stenographer (Penal Code § 94)*
- *Officers committing bribery or corruption crimes (Penal Code § 98)*
- *Giving or offering bribe to Councilman or Supervisor (Penal Code § 165)*
- *Misappropriation of public funds (Penal Code § 424)*
- *Interference with work or discipline of, or giving certain articles to prisoners (Penal Code § 2772)*
- *Interference with or giving certain articles to convicts (Penal Code § 2790)*
- *Officer making contracts in which he or she is interested (Government Code § 1097)*
- *Members of the Legislature convicted of any crime (Government Code § 9055)*
- *Legislator convicted of misdemeanor for contempt of Legislature (Government Code § 9412)*
- *Corrupting the voting process (Election Code § 18501)*

Please note that in addition to the above restrictions, Government Code § 1126 prohibits any local agency official from engaging "in any employment, activity, or enterprise for compensation which is inconsistent, incompatible, in conflict with, or inimical to his or her duties as a local agency officer or employee or with the duties, functions, or responsibilities of his or her appointing power or the agency by which he or she is employed."

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)

N/A

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

N/A

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

State

Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction)

Multi-County _____

County of _____

City of _____

Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2022, through
December 31, 2022.

Leaving Office: Date Left ____/____/____
(Check one circle.)

-or-

The period covered is ____/____/____, through
December 31, 2022.

The period covered is January 1, 2022, through the date of
leaving office.

-or-

Assuming Office: Date assumed ____/____/____

The period covered is ____/____/____, through
the date of leaving office.

Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (required)

► Total number of pages including this cover page: _____

Schedules attached

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
()

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____
(month, day, year)

Signature _____
(File the originally signed paper statement with your filing official.)

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name

▶ NAME OF BUSINESS ENTITY
N/A

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / /22 / /22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / /22 / /22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / /22 / /22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / /22 / /22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / /22 / /22
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE

\$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT

Stock Other _____
(Describe)

Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:

 / /22 / /22
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name _____

1. BUSINESS ENTITY OR TRUST

Name
Lynne Goldfarb

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	_____ / _____ / <u>22</u> _____ / _____ / <u>22</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$0 - \$1,999	_____ / _____ / <u>22</u> _____ / _____ / <u>22</u>
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$10,001 - \$100,000	
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

None or Names listed below

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	_____ / _____ / <u>22</u> _____ / _____ / <u>22</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	_____ / _____ / <u>22</u> _____ / _____ / <u>22</u>
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

