2025-26 Taxpayer Oversight Committee Application

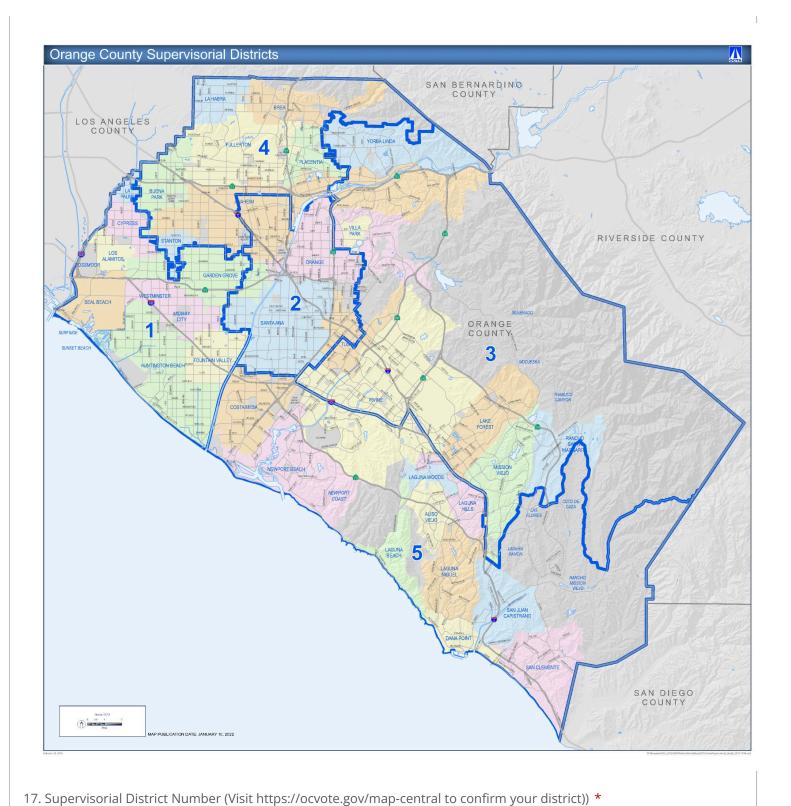
The Taxpayer Oversight Committee (TOC) is an independent committee formed after the passage of Measure M in 1990. The committee upholds the integrity of the measure by monitoring the use of OC Go (formerly Measure M) funds and ensuring that all revenue collected from OC Go is spent on voter-approved transportation projects. We are currently recruiting for districts 1, 3, 4 & 5.

For information on how members are chosen, committee responsibilities, and more please visit: https://www.octa.net/About-OC-Go/Taxpayer-Oversight-Committee/

All applications MUST be received no later than May 4, 2025. For additional information, please call 714-560-5643.

Failure to provide the information requested on this form will result in the denial of your application."

1. First Name *	2. Middle Initial	3. Last Name *
4. Email Address *	5. Cell Phone	6. Home Phone *
4. Email Address "	5. Cell Phone	6. Home Phone "
7. Home Street Address *		
8. City *	9. State *	10. Zip *
C. City	S. State	10.219
11. Business Email Address	12. Business Phon	e
13. Business Street Address		
15. Dusiless Street Address		
14. City	15. State	16. Zip
Click <u>here</u> to confirm your district.		





21. How many years have you lived in Orange County? *
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22. Are you a citizen of the United States? *
○ Yes ○ No
23. Are you a registered voter? *
○ Yes ○ No
24. Have you (or your spouse) or any entity that you either work for or have a financial interest in, received any financial remuneration for goods or services provided by you, or by any entity you work for or have a financial interest in, that was paid for with OC Go revenues, either directly or indirectly, within the past 12 months?
Required *
○ Yes ○ No
25. Do you have any possible conflict of interest with respect to the allocation of OC Go revenues? *
○ Yes ○ No
26. Are you surrently an elected or appointed efficer of any public entity?
26. Are you currently an elected or appointed officer of any public entity? * () Yes () No
27. Are you related to or closely associated with any elected official or public employee? *
○ Yes ○ No
28. Have you ever been convicted of malfeasance in office, or of any felony? *
Yes No
29. As a member of any profession or organization, or as a holder of any office, have you ever been suspended, disbarred, or otherwise disqualified? *
○ Yes ○ No
30. Do you personally have any past or pending issues related to development or transportation in any Orange County
city? *
○ Yes ○ No
31. Have you ever been involved in a lawsuit with OCTA? *
○ Yes ○ No

32. Do you possess research abilities, including complex reading facility and capability to assess and analyze facts? *
○ Yes ○ No
33. Is there any reason that you may be biased and not objective if you are chosen to serve as a member of the Taxpayer Oversight Committee? *
○ Yes ○ No
34. While no specific time commitment is predetermined, are you willing to make a conscientious effort for a period of three years to give membership on this committee a priority and participate as necessary? *
○ Yes ○ No
35. If you are presently active or have been active in the past five years in any organization, please give the organization name, nature of your activities and duties, and appropriate dates. *
36. In what transportation-related activities have you been involved? *
37. What do you know about OC Go/Measure M? *
77. What do you know about o'c comeasure iii
38. What specialized skill or expertise would you bring to the Oversight Committee? *
39. EDUCATIONAL BACKGROUND: *

40. Employment Background Summary *
41. Upload Resume: *
No files uploaded
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42. How did you hear about the TOC? Select all that apply. *
Online LA Times
Online OC Register
Nextdoor
LinkedIn
Westways Magazine
OCTA Website
OCTA Blog E-Blast
Professional Organization (Orange County Business Council, OC Tax, Women's Transportation Seminar, etc)
Recommended by Friend or Family
☐ Facebook
☐ Twitter
☐ Instagram
☐ Other
43. Why do you wish to be considered for membership on the Taxpayer Oversight Committee? *

44. I hereby declare the information provided in this Application for the Taxpayer Oversight Committee is true, correct and complete to the best of my knowledge. I understand that my statements may be verified and I give permission to do so. *
No signature provided
No signature provided