



ADVISORY GROUP NAME:

**CITIZEN INVESTMENT
OVERSIGHT COMMITTEE**
RECEIVED

CITY OF OCEANSIDE

Application for
ADVISORY GROUP

01/01/2026

OCEANSIDE
CITY CLERK'S OFFICE

This application is defined as a public record under the Public Records Act. Completion and submission of this application are required for consideration of appointment to a City advisory group. This application must be submitted no later than the deadline established by the City Clerk for each advisory group application period. For the majority of advisory groups, you must be a resident of the City of Oceanside.

Please be advised that the advisory group for which you are applying may require filing a Statement of Economic Interest if you are appointed. Background checks are completed by the Oceanside Police Department on all applicants. Applications are kept in an active file in the City Clerk's Office for a period of one (1) year and are submitted to the City Council when vacancies arise, unless a written request is received from the applicant to withdraw their application.

PLEASE RETURN COMPLETED APPLICATIONS TO:

Mail: City Clerk Department
300 North Coast Highway
Oceanside, CA 92054

Email: boardsandcommissions@oceansideca.org

APPLICANT'S NAME: Joseph T Gallagher
(Please print – no nicknames)

HOME ADDRESS: [REDACTED]
(Street)
Oceanside [REDACTED]
(City) (Zip Code) (Phone Number)

E-MAIL ADDRESS: [REDACTED]

CURRENT EMPLOYER: Retired, Department of the Navy
(Company Name)
Defense Health Agency
(Company address)
Camp Pendleton 92055-5191 [REDACTED]
(City) (Zip Code) (Phone Number)

POSITION TITLE: Deputy Director for Administration / Operations Officer

DRIVER'S LICENSE: [REDACTED]
(State) (Number) (Date of Birth)

I have been an Oceanside resident for 46 years. New applicant Request reappointment

What are your main areas of interest in Oceanside City government?

All areas of our city government are of interest to me, but in this case of reapplication for appointment, my primary interest is the Citizen Investment Oversight Committee (CIOC).

What relevant experience or education can you bring to this advisory group?

I am a current member of the CIOC with significant experience on that committee.

What community organizations and associations do you belong to?

I am on the board of the Oceanside Coastal Neighborhood Association (OCNA) and a current member of the CIOC.

Are you serving or have you served on any Oceanside advisory groups? If yes, please indicate dates of service.

I served on the Oceanside Beach Task Force and spent 19 years on the Oceanside Integrated Waste Commission.

Are you related to, employed by, or affiliated in any way with any current member of this advisory group? If yes, please list member name(s).

No.

Meetings times are established by a majority of each advisory group (day and/or evening meetings, Monday-Friday). Are there any days and/or times you are not available for meetings?

No.

What additional comments do you have to assist in evaluating your qualifications for appointment to an advisory group?

My service currently with the CIOC and my past service with the Oceanside BTF and IWC.

It is the policy of the City of Oceanside that no qualified disabled person will be denied the opportunity to participate as a member of any advisory commission. Appropriate arrangements will be made to accommodate individuals as needed.

BACKGROUND INVESTIGATION RELEASE	
<p>To Whom It May Concern: I am an applicant for a position with a city advisory commission. I desire and request the City Manager of the City of Oceanside, Chief of Police and/or his/her agents, employee or lawful representative(s) to use the information in this application for the purpose of conducting a background check to verify that I meet the qualifications to serve on an advisory board. By signing this form, I acknowledge and agree that the results of the background check may be shared with appropriate city personnel responsible for making a decision on this application.</p> <p>I understand this will serve to disclose any record of arrests to which I have been the subject that resulted in conviction.</p> <p>I agree to hold the City of Oceanside, its officers, agents, or lawfully delegated representatives, harmless from any action(s), or damages whatsoever or at all, which may result from the record's check and/or obtaining access to any other documentation which pertains to meeting the qualifications for an advisory board.</p>	
<p>APPLICANT'S INITIALS JTG</p> <p style="font-size: small;">SIGNED BY: JOSEPH T. GALLAGHER</p>	<p>DATE 01-01-2026</p>

If filing electronically, I affirm that the information I have entered is true and this mark is to be considered my Legal Signature.

eSigned via GovCS.com

Joseph T. Gallagher

Applicant's Sign... by: @35d4a270235c48008c049b62396c

01-01-2026

Date Submitted

Although not required, you may attach to this application any additional materials that may be considered for appointment (i.e., resumes, letters of recommendation).

Thank you for your willingness to serve your community. The City appreciates your commitment.

OFFICIAL USE ONLY

OPD Background Check

Signature *Kate Morgan*



ADVISORY GROUP NAME:

**CITIZEN INVESTMENT
OVERSIGHT COMMITTEE
RECEIVED**

CITY OF OCEANSIDE

SEP 05 2025

Application for
ADVISORY GROUP

OCEANSIDE CITY CLERK

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PLEASE RETURN COMPLETED APPLICATIONS TO:

Mail: City Clerk Department
300 North Coast Highway
Oceanside, CA 92054

Email: boardsandcommissions@oceansideca.org

APPLICANT'S NAME: Kristopher R Kagan
(Please print - no nicknames)

HOME ADDRESS: [REDACTED]
(Street)
Oceanside 92057 [REDACTED]
(City) (Zip Code) (Phone Number)

E-MAIL ADDRESS: [REDACTED]

CURRENT EMPLOYER: Market Catalysts, LLC
(Company Name)
[REDACTED]
(Company address)
Oceanside 92057 [REDACTED]
(City) (Zip Code) (Phone Number)

POSITION TITLE: Founder

DRIVER'S LICENSE: [REDACTED]
(State) (Number) (Date of Birth)

I have been an Oceanside resident for 8 years. New applicant Request reappointment

What are your main areas of interest in Oceanside City government?

If you aren't movement forward your moving backward. Progress doesn't happen over night but it does start. Smart Growth is growth that impacts the whole community in a positive way

What relevant experience or education can you bring to this advisory group?

Founder of Market Catalysts, LLC, which is a investment research site

What community organizations and associations do you belong to?

Citizen Investment Oversight Committee (this committe)

Are you serving or have you served on any Oceanside advisory groups? If yes, please indicate dates of service.

I am currently on the Citizen Investment Oversight Committee (2021-2025)

Are you related to, employed by, or affiliated in any way with any current member of this advisory group? If yes, please list member name(s).

no

Meetings times are established by a majority of each advisory group (day and/or evening meetings, Monday-Friday). Are there any days and/or times you are not available for meetings?

not at this time

What additional comments do you have to assist in evaluating your qualifications for appointment to an advisory group?

I have enjoyed serving on the committe and would like to continue serving

It is the policy of the City of Oceanside that no qualified disabled person will be denied the opportunity to participate as a member of any advisory commission. Appropriate arrangements will be made to accommodate individuals as needed.

BACKGROUND INVESTIGATION RELEASE	
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APPLICANT'S INITIALS KK	DATE 9/3/2025

If filing electronically, I affirm that the information I have entered is true and this mark is to be considered my Legal Signature.

Kristopher R Kagan

Applicant's Signature

9/3/2025

Date Submitted

Although not required, you may attach to this application any additional materials that may be considered for appointment (i.e., resumes, letters of recommendation).

Thank you for your willingness to serve your community. The City appreciates your commitment.

OFFICIAL USE ONLY



OPD Background Check

Signature

Kate Morgan



ADVISORY GROUP NAME:

**CITIZEN INVESTMENT
OVERSIGHT COMMITTEE**

CITY OF OCEANSIDE

Application for ADVISORY GROUP

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APPLICANT'S NAME: Douglas Knudson
(Please print - no nicknames)

HOME ADDRESS: [REDACTED]
(Street address)
Oceanside [REDACTED]
(City) (Zip Code) (Phone Number)

E-MAIL ADDRESS: [REDACTED]

CURRENT EMPLOYER: Energysolutions (SONGS decommissioning)
(Company Name)
299 S. Main St
(Company address)
Salt Lake 84111 865-481-6918
(City) (Zip) (Phone Number)

POSITION TITLE: Program Manager

DRIVER'S LICENSE AND DATE OF BIRTH: [REDACTED]
(State) (Number) (Date of Birth)

I have been an Oceanside resident for 32 years. New applicant Request reappointment

RECEIVED

SEP 08 2025

OCEANSIDE CITY CLERK

What are your main areas of interest in Oceanside City government?

Help keep the City on track financially.

What relevant experience or education can you bring to this advisory group?

40 years self management of my 401K account building considerable financial resources

What community organizations and associations do you belong to?

None

Are you serving or have you served on any Oceanside advisory groups (Please indicate dates of service)

Yes, Citizen Investment Oversight Committee. Since 04/25.

Are you related to, employed by, or affiliated in any way with any current member of this advisory group or any City of Oceanside employee? if so, what is that person's name?

No

Meetings times are established by a majority of each advisory group (day and/or evening meetings, Monday-Friday). Are there any days and/or times you are not available for meetings?

None

What additional comments do you have to assist in evaluating your qualifications for appointment to an advisory group?

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Oceanside City Clerk's Office
300 North Coast Highway
Oceanside, CA 92054

OR E-MAIL A COMPLETED APPLICATION TO:

boardsandcommissions@oceansideca.org

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BACKGROUND INVESTIGATION RELEASE

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APPLICANT'S INITIALS

DK

DATE

09/08/2025

- If filing electronically, I affirm that the information I have entered is true and this mark is to be considered my Legal Signature.


Applicant's Signature

09/08/2025

Date Submitted

Thank you for your willingness to serve your community. The City appreciates your commitment.

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OPD Background Check

Signature Kate Morgan 3003



ADVISORY GROUP NAME:

CITIZEN INVESTMENT
OVERSIGHT COMMITTEE
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CITY OF OCEANSIDE

FEB 24 2026

Application for
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OCEANSIDE CITY CLERK

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Mail: City Clerk Department
300 North Coast Highway
Oceanside, CA 92054

Email: boardsandcommissions@oceansideca.org

APPLICANT'S NAME: Kenneth Rodriguez
(Please print – no nicknames)

HOME ADDRESS: [REDACTED]
(Street)

OCEANSIDE [REDACTED]
(City) (Zip Code) (Phone Number)

E-MAIL ADDRESS: [REDACTED]

CURRENT EMPLOYER: Quan Insurance
(Company Name)

1767 16th Street
(Company address)

Oakland 94607 5106538880
(City) (Zip Code) (Phone Number)

POSITION TITLE: Insurance Broker

DRIVER'S LICENSE: [REDACTED]
(State) (Number) (Date of Birth)

I have been an Oceanside resident for 3 years. New applicant Request reappointment

What are your main areas of interest in Oceanside City government?

Treasury, Planning division, and anywhere the city needs me.

What relevant experience or education can you bring to this advisory group?

I was a risk and compliance officer for 10 years at my previous company in the financial industry.

What community organizations and associations do you belong to?

I am a board member at Main Street Oceanside and a member of the Oceanside Chamber of Commerce

Are you serving or have you served on any Oceanside advisory groups? If yes, please indicate dates of service.

Main Street Oceanside board member since 2025.

Are you related to, employed by, or affiliated in any way with any current member of this advisory group? If yes, please list member name(s).

No

Meetings times are established by a majority of each advisory group (day and/or evening meetings, Monday-Friday). Are there any days and/or times you are not available for meetings?

No

What additional comments do you have to assist in evaluating your qualifications for appointment to an advisory group?

Happy to serve the community and understand we are stewards of city resources during our time here.

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<p>APPLICANT'S INITIALS</p> <p style="text-align: center;">KR</p> <p style="text-align: center; font-size: small;">SIGNED BY: KENNETH RODRIGUEZ</p>	<p>DATE</p> <p style="text-align: center;">02-24-2026</p>

If filing electronically, I affirm that the information I have entered is true and this mark is to be considered my Legal Signature.

eSigned via GovOS.com

Applicant's Sign. ... ID: @35d4a2702275c48806cd490e298dc

Kenneth Rodriguez

02-24-2026

Date Submitted

Although not required, you may attach to this application any additional materials that may be considered for appointment (i.e., resumes, letters of recommendation).

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OPD Background Check

Signature *Kate Morgan*