

Agency Report of: Public Official Appointments

A Public Document

1. Agency Name CITY OF GARDEN GROVE		California Form 806	For Official Use Only
Division, Department, or Region (If Applicable) CITY MANAGER			
Designated Agency Contact (Name, Title) LIZABETH VASQUEZ, CITY CLERK			
Area Code/Phone Number (714) 741-5040	E-mail CITYCLERK@GGCITY.ORG	Page <u>1</u> of <u>2</u>	Date Posted: 2/28/2025 <small>(Month, Day, Year)</small>

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
ORANGE COUNTY FIRE AUTHORITY (OCFA)	▶ Name <u>BRIETIGAM, GEORGE</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/14/2025</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
ORANGE COUNTY SANITATION DISTRICT	▶ Name <u>KLOPFENSTEIN, STEPHANIE</u> <small>(Last, First)</small> Alternate, if any <u>TRAN, CINDY</u> <small>(Last, First)</small>	▶ <u>1/14/2025</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>315.00</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>\$3780</u> <small>Other</small>
ORANGE COUNTY MOSQUITO AND VECTOR CONTROL DISTRICT	▶ Name <u>ARESTEGUI, ARIANA</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/14/2025</u> <small>Appt Date</small> ▶ <u>4 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100</u> ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS (SCAG)	▶ Name <u>TRAN, CINDY</u> <small>(Last, First)</small> Alternate, if any <u>ARESTEGUI, ARIANA</u> <small>(Last, First)</small>	▶ <u>1/14/2025</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>N/A</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>

3. Verification

I have read and understand FPPC Regulation 18702.5. I have verified that the appointment and information identified above is true to the best of my information and belief.

_____ Lizabeth Vasquez _____ City Clerk _____ 2/28/25
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: OUTSIDE COMMITTEES LISTED ARE BY CITY COUNCIL APPOINTMENT ONLY.

Print

Clear

**Agency Report of:
Public Official Appointments
Continuation Sheet**

1. Agency Name CITY OF GARDEN GROVE	Date Posted: <u>2/28/2025</u> <small>(Month, Day, Year)</small>
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2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
WEST ORANGE COUNTY WATER BOARD	▶ Name <u>BRIETIGAM, GEORGE</u> <small>(Last, First)</small> Alternate, if any <u>NGUYEN, PHILLIP</u> <small>(Last, First)</small>	▶ <u>1/14/2025</u> <small>Appt Date</small> ▶ <u>2 YEARS</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>100.00</u> ▶ Estimated Annual: <input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>
	▶ Name _____ <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ _____ <small>Appt Date</small> ▶ _____ <small>Length of Term</small>	▶ Per Meeting: \$ _____ ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>