

**Agency Report of:  
Public Official Appointments**

**A Public Document**


<b>1. Agency Name</b> CITY OF GARDEN GROVE		<b>California Form 806</b> <small>For Official Use Only</small>	
<b>Division, Department, or Region (If Applicable)</b> CITY MANAGER			
<b>Designated Agency Contact (Name, Title)</b> TERESA POMEROY, CITY CLERK			
<b>Area Code/Phone Number</b> (714) 741-5035	<b>E-mail</b> TERESAP@GGCITY.ORG	Page <u>1</u> of <u>2</u>	<b>Date Posted:</b> 8/16/2023 <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
OC VECTOR CONTROL	▶ Name <u>KLOPFENSTEIN, STEPHANIE</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>12/8/2020</u> <small>Appt Date</small>  ▶ <u>4 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"/> _____ <small>Other</small>
OC SANITATION BOARD	▶ Name <u>KLOPFENSTEIN, STEPHANIE</u> <small>(Last, First)</small>  Alternate, if any <u>O'NEILL, JOHN</u> <small>(Last, First)</small>	▶ <u>8/8/2023</u> <small>Appt Date</small>  ▶ <u>1 YR 6 MOs</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>212.50</u>  ▶ Estimated Annual: <input type="checkbox"/> \$0-\$1,000 <input checked="" type="checkbox"/> \$2,001-\$3,000 <input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small>
OC FIRE AUTHORITY	▶ Name <u>O'NEILL, JOHN</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>1/10/2023</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"/> _____ <small>Other</small>
SOUTHERN CALIFORNIA ASSOCIATION OF GOVERNMENTS (SCAG)	▶ Name <u>NGUYEN, KIM</u> <small>(Last, First)</small>  Alternate, if any <u>TRAN, CINDY</u> <small>(Last, First)</small>	▶ <u>1/10/2023</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"/> _____ <small>Other</small>

**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.*

 <small>Signature of Agency Head or Designee</small>	<u>TERESA POMEROY</u> <small>Print Name</small>	<u>CITY CLERK</u> <small>Title</small>	<u>8/16/2023</u> <small>(Month, Day, Year)</small>
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Comment: PAID OUTSIDE COMMITTEES LISTED ARE BY CITY COUNCIL APPOINTMENTS ONLY.

Print

Clear

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

<b>1. Agency Name</b> CITY OF GARDEN GROVE	<b>Date Posted:</b> <u>8/16/2023</u> <small>(Month, Day, Year)</small>
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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>O'NEILL, JOHN</u> <small>(Last, First)</small>	▶ <u>1/10/2023</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>
SANITARY DISTRICT LIAISON COMMITTEE	▶ Name <u>BRIETIGAM, GEORGE</u> <small>(Last, First)</small>  Alternate, if any <u>TRAN, CINDY</u> <small>(Last, First)</small>	▶ <u>1/10/2023</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>