

**Agency Report of:  
Public Official Appointments**

**A Public Document**

**1. Agency Name**

City of Hermosa Beach

Division, Department, or Region (If Applicable)

Designated Agency Contact (Name, Title)

Myra Maravilla, City Clerk

Area Code/Phone Number

310-318-0204

E-mail

cityclerk@hermosabeach.gov



California Form **806**

For Official Use Only

Date Posted:

03/11/2024

(Month, Day, Year)

Page 1 of 1

**2. Appointments**

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
South Bay Cities Sanitation District	▶ Name <u>Jackson, Ray</u> <small>(Last, First)</small>  Alternate, if any <u>Massey, Justin</u> <small>(Last, First)</small>	▶ <u>12/12/2023</u> <small>Appt Date</small>  ▶ <u>July, 2024</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>125</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"/> Other
	▶ 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"/> Other
	▶ 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"/> Other
	▶ 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"/> Other

**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.

Signature of Agency Head or Designee

Myra Maravilla  
Print Name

City Clerk  
Title

3/11/2024  
(Month, Day, Year)

Comment: \_\_\_\_\_

**Print**

**Clear**