

**Agency Report of:  
Public Official Appointments**

**A Public Document**

|  |  |                           |  |
|--|--|---------------------------|--|
| <b>1. Agency Name</b><br>City of Signal Hill                               |  |                           | <b>California Form 806</b><br>For Official Use Only            |
| Division, Department, or Region <i>(If Applicable)</i><br><br>City Council |  |                           |  |
| Designated Agency Contact <i>(Name, Title)</i><br><br>Kim Boles            |  |                           |  |
| Area Code/Phone Number<br>562-989-7305                                     | E-mail<br>cityclerk@cityofsignalhill.org | Page <u>1</u> of <u>3</u> | Date Posted:<br>1/17/2023<br><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  |
|-------------------------------|---|---|--|
| Sanitation District No. 3     | ▶ Name <u>Hansen, Tina L.</u><br><small>(Last, First)</small>           | ▶ <u>1 / 10 / 23</u><br><small>Appt Date</small>    | ▶ Per Meeting: \$ <u>125.00</u>  |
|                               | Alternate, if any <u>Woods, Lori Y.</u><br><small>(Last, First)</small> | ▶ <u>12 Months</u><br><small>Length of Term</small> | ▶ Estimated Annual:<br><input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>                          |
| Sanitation District No. 29    | ▶ Name <u>Copeland, Robert D.</u><br><small>(Last, First)</small>       | ▶ <u>1 / 10 / 23</u><br><small>Appt Date</small>    | ▶ Per Meeting: \$ <u>125.00</u>  |
|                               | Alternate, if any _____<br><small>(Last, First)</small>                 | ▶ <u>12 Months</u><br><small>Length of Term</small> | ▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>125.00</u><br><small>Other</small> |
| Sanitation District No. 29    | ▶ Name <u>Jones, Keir</u><br><small>(Last, First)</small>               | ▶ <u>1 / 10 / 23</u><br><small>Appt Date</small>    | ▶ Per Meeting: \$ <u>125.00</u>  |
|                               | Alternate, if any _____<br><small>(Last, First)</small>                 | ▶ <u>12 Months</u><br><small>Length of Term</small> | ▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>Other</u>                          |
| Sanitation District No. 29    | ▶ Name <u>Wilson, Edward H.J</u><br><small>(Last, First)</small>        | ▶ <u>1 / 10 / 23</u><br><small>Appt Date</small>    | ▶ Per Meeting: \$ <u>125.00</u>  |
|                               | Alternate, if any _____<br><small>(Last, First)</small>                 | ▶ <u>12 Months</u><br><small>Length of Term</small> | ▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input checked="" 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.*

|   |  |  |  |
|---|--|--|--|
| <b>Kim Boles</b><br><small>Digitally signed by Kim Boles<br/>DN: cn=Kim Boles, o=City of Signal Hill, ou=Signal Hill, email=KimBoles@cityofsignalhill.org, c=US<br/>Date: 2023.01.17 11:23:23 -0800</small> | Kim Boles<br><small>Print Name</small> | Exec Asst/ Deputy City Clerk<br><small>Title</small> | 1/17/2023<br><small>(Month, Day, Year)</small> |
| <small>Signature of Agency Head or Designee</small>   |  |  |  |

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

**Print**      **Clear**

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

|  |   |
|--|---|
| <b>1. Agency Name</b><br>City of Signal Hill | <b>Date Posted:</b> <u>1/17/2023</u><br><small>(Month, Day, Year)</small> |
|--|---|

| Agency Boards and Commissions | Name of Appointed Person  | Appt Date and Length of Term  | Per Meeting/Annual Salary/Stipend   |
|-------------------------------|---|---|---|
| Sanitation District No. 29    | ▶ Name <u>Hansen, Tina L.</u><br><small>(Last, First)</small><br><br>Alternate, if any _____<br><small>(Last, First)</small>                  | ▶ <u>1 / 10 / 23</u><br><small>Appt Date</small><br><br><u>12 Months</u><br><small>Length of Term</small> | ▶ Per Meeting: \$ <u>125.00</u><br><br>▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>                    </u> Other |
| Sanitation District No. 29    | ▶ Name <u>Woods, Lori Y.</u><br><small>(Last, First)</small><br><br>Alternate, if any _____<br><small>(Last, First)</small>                   | ▶ <u>1 / 10 / 23</u><br><small>Appt Date</small><br><br><u>12 Months</u><br><small>Length of Term</small> | ▶ Per Meeting: \$ <u>125.00</u><br><br>▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>                    </u> Other |
| Gateway Cities COG            | ▶ Name <u>Wilson, Edward H.J.</u><br><small>(Last, First)</small><br><br>Alternate, if any <u>Jones, Keir</u><br><small>(Last, First)</small> | ▶ <u>1 / 10 / 23</u><br><small>Appt Date</small><br><br><u>12 Months</u><br><small>Length of Term</small> | ▶ Per Meeting: \$ <u>125.00</u><br><br>▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>                    </u> Other |
| SCAG Energy & Environ         | ▶ Name <u>Copeland, Robert D.</u><br><small>(Last, First)</small><br><br>Alternate, if any _____<br><small>(Last, First)</small>              | ▶ <u>1 / 10 / 23</u><br><small>Appt Date</small><br><br><u>12 Months</u><br><small>Length of Term</small> | ▶ Per Meeting: \$ <u>120.00</u><br><br>▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>                    </u> Other |
| SCAG Energy & Environ         | ▶ Name <u>Wilson, Edward H.J</u><br><small>(Last, First)</small><br><br>Alternate, if any _____<br><small>(Last, First)</small>               | ▶ <u>1 / 10 / 23</u><br><small>Appt Date</small><br><br><u>12 Months</u><br><small>Length of Term</small> | ▶ Per Meeting: \$ <u>120.00</u><br><br>▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>                    </u> Other |
| SCAG Audit Committee          | ▶ Name <u>Wilson, Edward H.J</u><br><small>(Last, First)</small><br><br>Alternate, if any _____<br><small>(Last, First)</small>               | ▶ <u>1 / 10 / 23</u><br><small>Appt Date</small><br><br><u>12 Months</u><br><small>Length of Term</small> | ▶ Per Meeting: \$ <u>120.00</u><br><br>▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> <u>                    </u> Other |

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| <b>1. Agency Name</b><br>City of Signal Hill | <b>Date Posted:</b> <u>1/17/23</u><br>(Month, Day, Year) |
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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   |
|-------------------------------|--|---|---|
| SCAG General Assembly         | ▶ Name <u>Hansen, Tina L.</u><br><small>(Last, First)</small><br><br>Alternate, if any _____<br><small>(Last, First)</small>             | ▶ <u>1 / 10 / 23</u><br><small>Appt Date</small><br><br>▶ <u>12 Months</u><br><small>Length of Term</small> | ▶ Per Meeting: \$ <u>120.00</u><br><br>▶ Estimated Annual:<br><input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other |
| California JPIA               | ▶ Name <u>Jones, Keir</u><br><small>(Last, First)</small><br><br>Alternate, if any <u>Woods, Lori Y.</u><br><small>(Last, First)</small> | ▶ <u>1 / 10 / 23</u><br><small>Appt Date</small><br><br>▶ <u>12 Months</u><br><small>Length of Term</small> | ▶ Per Meeting: \$ <u>100</u><br><br>▶ Estimated Annual:<br><input checked="" type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other    |
| Vector Control District       | ▶ Name <u>Copeland, Robert D.</u><br><small>(Last, First)</small><br><br>Alternate, if any _____<br><small>(Last, First)</small>         | ▶ <u>1 / 10 / 23</u><br><small>Appt Date</small><br><br>▶ <u>12 Months</u><br><small>Length of Term</small> | ▶ Per Meeting: \$ <u>100.00</u><br><br>▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other |
|                               | ▶ Name _____<br><small>(Last, First)</small><br><br>Alternate, if any _____<br><small>(Last, First)</small>                              | ▶ _____<br><small>Appt Date</small><br><br>▶ _____<br><small>Length of Term</small>                         | ▶ Per Meeting: \$ _____<br><br>▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other                    |
|                               | ▶ Name _____<br><small>(Last, First)</small><br><br>Alternate, if any _____<br><small>(Last, First)</small>                              | ▶ _____<br><small>Appt Date</small><br><br>▶ _____<br><small>Length of Term</small>                         | ▶ Per Meeting: \$ _____<br><br>▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other                    |
|                               | ▶ Name _____<br><small>(Last, First)</small><br><br>Alternate, if any _____<br><small>(Last, First)</small>                              | ▶ _____<br><small>Appt Date</small><br><br>▶ _____<br><small>Length of Term</small>                         | ▶ Per Meeting: \$ _____<br><br>▶ Estimated Annual:<br><input type="checkbox"/> \$0-\$1,000 <input type="checkbox"/> \$2,001-\$3,000<br><input type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> Other                    |