Agency Report of:
Public Official Appointments

A Public Document

1. Agency Name

CENTRAL CONTRA COSTA SANITARY DISTRICT

Division, Department, or Region *(If Applicable)*

SECRETARY OF THE DISTRICT

Designated Agency Contact *(Name, Title)*

Katie Young, Secretary of the District

Area Code/Phone Number	E-mail
(925) 229-7303	kyoung@centralsan.org

California Form 806

For Official Use Only

Date Posted: 06/18/25 *(Month, Day, Year)*

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Administration Committee	Name: Hockett, Barbara *(Last, First)* Alternate, if any: *(Last, First)*	01 / 01 / 25 *Appt Date* 12 months *Length of Term*	*Per Meeting:* $ 230 *Estimated Annual:* ☐ $0-$1,000 ☒ $2,001-$3,000 ☐ $1,001-$2,000 ☐ *Other*
"	Name: Kuznik, Jean *(Last, First)* Alternate, if any: *(Last, First)*	01 / 01 / 25 *Appt Date* 12 months *Length of Term*	*Per Meeting:* $ 230 *Estimated Annual:* ☐ $0-$1,000 ☒ $2,001-$3,000 ☐ $1,001-$2,000 ☐ *Other*
Engineering & Operations Committee	Name: Wedington, Florence *(Last, First)* Alternate, if any: *(Last, First)*	01 / 01 / 25 *Appt Date* 12 months *Length of Term*	*Per Meeting:* $ 230 *Estimated Annual:* ☐ $0-$1,000 ☒ $2,001-$3,000 ☐ $1,001-$2,000 ☐ *Other*
"	Name: Kuznik, Jean *(Last, First)* Alternate, if any: *(Last, First)*	01 / 01 / 25 *Appt Date* 12 months *Length of Term*	*Per Meeting:* $ 230 *Estimated Annual:* ☐ $0-$1,000 ☒ $2,001-$3,000 ☐ $1,001-$2,000 ☐ *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	Katie Young *Print Name*	Secretary of the District *Title*	06/17/25 *(Month, Day, Year)*

Comment:

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Continuation Sheet

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CENTRAL CONTRA COSTA SANITARY DISTRICT

Date Posted: 06/18/25 *(Month, Day, Year)*

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Finance Committee	Name: Pilecki, Tad *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: 01 / 01 / 25 Length of Term: 12 months	Per Meeting: $ 230 Estimated Annual: ☐ $0-$1,000 ☒ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
"	Name: McGill, Michael *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: 01 / 01 / 25 Length of Term: 12 months	Per Meeting: $ 230 Estimated Annual: ☐ $0-$1,000 ☒ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
Real Estate, Environmental & Planning Committee	Name: Hockett, Barbara *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: 01 / 01 / 25 Length of Term: 12 months	Per Meeting: $ 230 Estimated Annual: ☐ $0-$1,000 ☒ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
"	Name: Pilecki, Tad *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: 01 / 01 / 25 Length of Term: 12 months	Per Meeting: $ 230 Estimated Annual: ☐ $0-$1,000 ☒ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
BOARD LIAISON TO: Division 1: Clayton, Concord, Martinez, Pacheco, Pleasant Hill	Name: Pilecki, Tad *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: 01 / 01 / 25 Length of Term: 12 months	Per Meeting: $ 230 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ Other
BOARD LIAISON TO: Division 2: Lafayette, Moraga, Orinda	Name: McGill, Michael *(Last, First)* Alternate, if any: *(Last, First)*	Appt Date: 01 / 01 / 25 Length of Term: 12 months	Per Meeting: $ 230 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ Other

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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
BOARD LIAISON TO: Division 3: Walnut Creek	Name: Wedington, Florence *(Last, First)* Alternate, if any: _____ *(Last, First)*	01 / 01 / 25 *Appt Date* 12 months *Length of Term*	Per Meeting: $ 230 Estimated Annual: ☐ $0-$1,000 ☒ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
BOARD LIAISON TO: Division 4: Alamo, Danville, Contra Costa County	Name: Hockett, Barbara *(Last, First)* Alternate, if any: _____ *(Last, First)*	01 / 01 / 25 *Appt Date* 12 months *Length of Term*	Per Meeting: $ 230 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ _____ *Other*
BOARD LIAISON TO: Division 5: San Ramon	Name: Kuznik, Jean *(Last, First)* Alternate, if any: _____ *(Last, First)*	01 / 01 / 25 *Appt Date* 12 months *Length of Term*	Per Meeting: $ 230 Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
REPRESENTATIVE TO: California Special Districts Association (CSDA) - Contra Costa Chapter	Name: McGill, Michael *(Last, First)* Alternate, if any: Wedington, Florence *(Last, First)*	01 / 01 / 25 *Appt Date* 12 months *Length of Term*	Per Meeting: $ 230 Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☒ $1,001-$2,000 ☐ _____ *Other*
REPRESENTATIVE TO: Contra Costa Water District (CCWD)	Name: Wedington, Florence *(Last, First)* Alternate, if any: _____ *(Last, First)*	01 / 01 / 25 *Appt Date* 12 months *Length of Term*	Per Meeting: $ 230 Estimated Annual: ☐ $0-$1,000 ☒ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*
REPRESENTATIVE TO: Dublin San Ramon Services District (DSRSD)	Name: Hockett, Barbara *(Last, First)* Alternate, if any: _____ *(Last, First)*	01 / 01 / 25 *Appt Date* 12 months *Length of Term*	Per Meeting: $ 230 Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ _____ *Other*

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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
REPRESENTATIVE TO: East Bay Municipal Utility District (EBMUD)	Name: Hockett, Barbara (Last, First) Alternate, if any: (Last, First)	01 / 01 / 25 (Appt Date) 12 months (Length of Term)	Per Meeting: $ 230 Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
REPRESENTATIVE TO: East Bay Regional Parks District (EBRPD)	Name: Kuznik, Jean (Last, First) Alternate, if any: (Last, First)	01 / 01 / 25 (Appt Date) 12 months (Length of Term)	Per Meeting: $ 230 Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
REPRESENTATIVE TO: Contra Costa Local Agency Formation Commission (LAFCO)	Name: Kuznik, Jean (Last, First) Alternate, if any: Pilecki, Tad (Last, First)	01 / 01 / 25 (Appt Date) 12 months (Length of Term)	Per Meeting: $ 230 Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
REPRESENTATIVE TO: Mt. View Sanitary District (MVSD)	Name: Wedington, Florence (Last, First) Alternate, if any: (Last, First)	01 / 01 / 25 (Appt Date) 12 months (Length of Term)	Per Meeting: $ 230 Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
REPRESENTATIVE TO: Pleasant Hill Recreation and Park District (PHR&PD)	Name: Pilecki, Tad (Last, First) Alternate, if any: (Last, First)	01 / 01 / 25 (Appt Date) 12 months (Length of Term)	Per Meeting: $ 230 Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
REPRESENTATIVE TO: Valley Water (formerly Santa Clara Valley Water District)	Name: McGill, Michael (Last, First) Alternate, if any: (Last, First)	01 / 01 / 25 (Appt Date) 12 months (Length of Term)	Per Meeting: $ 230 Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other

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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
REPRESENTATIVE TO: State Water Resources Control Board (SWRCB)	Name: Hockett, Barbara (Last, First) Alternate, if any: (Last, First)	Appt Date: 01 / 01 / 25 Length of Term: 12 months	Per Meeting: $ 230 Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
REPRESENTATIVE TO: Bay Area Air Quality Management District (BAAQMD)	Name: Pilecki, Tad (Last, First) Alternate, if any: (Last, First)	Appt Date: 01 / 01 / 25 Length of Term: 12 months	Per Meeting: $ 230 Estimated Annual: ☒ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
	Name: (Last, First) Alternate, if any: (Last, First)	Appt Date: / / Length of Term:	Per Meeting: $ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
" "	Name: (Last, First) Alternate, if any: (Last, First)	Appt Date: / / Length of Term:	Per Meeting: $ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
	Name: (Last, First) Alternate, if any: (Last, First)	Appt Date: / / Length of Term:	Per Meeting: $ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other
	Name: (Last, First) Alternate, if any: (Last, First)	Appt Date: / / Length of Term:	Per Meeting: $ Estimated Annual: ☐ $0-$1,000 ☐ $2,001-$3,000 ☐ $1,001-$2,000 ☐ Other