

**Agency Report of:
Public Official Appointments**

A Public Document


1. Agency Name CENTRAL CONTRA COSTA SANITARY DISTRICT			California Form 806 For Official Use Only
Division, Department, or Region (If Applicable)			
Designated Agency Contact (Name, Title) KATIE YOUNG, SECRETARY OF THE DISTRICT			
Area Code/Phone Number (925) 229-7303	E-mail kyoung@centralsan.org	Page <u>1</u> of <u>4</u>	Date Posted: <u>01-08-19</u> <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
Administration Committee	▶ Name <u>Williams, David</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 19</u> <small>Appt Date</small> <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>185</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>
"	▶ Name <u>McGill, Michael</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 19</u> <small>Appt Date</small> <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>185</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>
Engineering & Operations Committee	▶ Name <u>Nejedly, James</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 19</u> <small>Appt Date</small> <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>185</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>
"	▶ Name <u>Pilecki, Tad</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 19</u> <small>Appt Date</small> <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>185</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>

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.

	Katie Young	Secretary of the District	01-08-19
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

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

1. Agency Name CENTRAL CONTRA COSTA SANITARY DISTRICT Date Posted: 01-08-19
(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 <u>Causey, Paul</u> (Last, First) Alternate, if any _____ (Last, First)	▶ <u>01 / 01 / 19</u> Appt Date ▶ <u>12 months</u> Length of Term	▶ Per Meeting: \$ _____ <u>185</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"/> _____ Other
"	▶ Name <u>Nejedly, James</u> (Last, First) Alternate, if any _____ (Last, First)	▶ <u>01 / 01 / 19</u> Appt Date ▶ <u>12 months</u> Length of Term	▶ Per Meeting: \$ _____ <u>185</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"/> _____ Other
Real Estate, Environmental & Planning Committee	▶ Name <u>Pilecki, Tad</u> (Last, First) Alternate, if any _____ (Last, First)	▶ <u>01 / 01 / 19</u> Appt Date ▶ <u>12 months</u> Length of Term	▶ Per Meeting: \$ _____ <u>185</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"/> _____ Other
"	▶ Name <u>McGill, Michael</u> (Last, First) Alternate, if any _____ (Last, First)	▶ <u>01 / 01 / 19</u> Appt Date ▶ <u>12 months</u> Length of Term	▶ Per Meeting: \$ _____ <u>185</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"/> _____ Other
BOARD LIAISON TO: Contra Costa County	▶ Name <u>Nejedly, James</u> (Last, First) Alternate, if any _____ (Last, First)	▶ <u>01 / 01 / 19</u> Appt Date ▶ <u>12 months</u> Length of Term	▶ Per Meeting: \$ _____ <u>185</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
BOARD LIAISON TO: Alamo Danville San Ramon	▶ Name <u>Causey, Paul</u> (Last, First) Alternate, if any _____ (Last, First)	▶ <u>01 / 01 / 19</u> Appt Date ▶ <u>12 months</u> Length of Term	▶ Per Meeting: \$ _____ <u>185</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

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1. Agency Name CENTRAL CONTRA COSTA SANITARY DISTRICT	Date Posted: <u>01-08-19</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
BOARD LIAISON TO: Pleasant Hill	▶ Name <u>McGill, Michael</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 19</u> <small>Appt Date</small> <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>185</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>
BOARD LIAISON TO: Walnut Creek	▶ Name <u>McGill, Michael</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 19</u> <small>Appt Date</small> <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>185</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>
BOARD LIAISON TO: Clayton Concord Martinez Pacheco	▶ Name <u>Pilecki, Tad</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 19</u> <small>Appt Date</small> <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>185</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>
BOARD LIAISON TO: Lafayette Moraga Orinda	▶ Name <u>Williams, David</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 19</u> <small>Appt Date</small> <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>185</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>
REPRESENTATIVE TO: California Special Districts Association (CSDA) - Contra Costa Chapter	▶ Name <u>McGill, Michael</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 19</u> <small>Appt Date</small> <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>185</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>
REPRESENTATIVE TO: Contra Costa Water District (CCWD)	▶ Name <u>Causey, Paul</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 19</u> <small>Appt Date</small> <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>185</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>

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REPRESENTATIVE TO: Dublin San Ramon Services District (DSRSD)	▶ Name <u>McGill, Michael</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01 / 01 / 19</u> <i>Appt Date</i> ▶ <u>12 months</u> <i>Length of Term</i>	▶ Per Meeting: \$ _____ <u>185</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"/> _____ <i>Other</i>
REPRESENTATIVE TO: East Bay Municipal Utility District (EBMUD)	▶ Name <u>McGill, Michael</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01 / 01 / 19</u> <i>Appt Date</i> ▶ <u>12 months</u> <i>Length of Term</i>	▶ Per Meeting: \$ _____ <u>185</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"/> _____ <i>Other</i>
REPRESENTATIVE TO: East Bay Regional Parks District (EBRPD)	▶ Name <u>Nejedly, James</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01 / 01 / 19</u> <i>Appt Date</i> ▶ <u>12 months</u> <i>Length of Term</i>	▶ Per Meeting: \$ _____ <u>185</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"/> _____ <i>Other</i>
REPRESENTATIVE TO: Mt. View Sanitary District (MVSD)	▶ Name <u>Pilecki, Tad</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01 / 01 / 19</u> <i>Appt Date</i> ▶ <u>12 months</u> <i>Length of Term</i>	▶ Per Meeting: \$ _____ <u>185</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"/> _____ <i>Other</i>
REPRESENTATIVE TO: Pleasant Hill Recreation & Park District (PHR&PD)	▶ Name <u>McGill, Michael</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01 / 01 / 19</u> <i>Appt Date</i> ▶ <u>12 months</u> <i>Length of Term</i>	▶ Per Meeting: \$ _____ <u>185</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"/> _____ <i>Other</i>
	▶ Name _____ <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ _____ / _____ / _____ <i>Appt Date</i> ▶ _____ <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>