

**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) SECRETARY OF THE DISTRICT			Date Posted: 1/8/21 <small>(Month, Day, Year)</small>
Designated Agency Contact (Name, Title) KATIE YOUNG			
Area Code/Phone Number (925) 229-7303	E-mail kyoung@centralsan.org	Page <u>1</u> of <u>4</u>	

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 / 21</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 / 21</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	▶ Name <u>Williams, David</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 21</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>Lauritzen, Mariah</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 21</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.

<i>Katie Young</i>	Katie Young	Secretary of the District	1/8/21
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

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Public Official Appointments
Continuation Sheet**

1. Agency Name CENTRAL CONTRA COSTA SANITARY DISTRICT	Date Posted: <u>1/8/21</u> <i>(Month, Day, Year)</i>
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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
Finance Committee	▶ Name <u>Pilecki, Tad</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01 / 01 / 21</u> <i>Appt Date</i> ▶ <u>12 months</u> <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>
"	▶ Name <u>McGill, Michael</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01 / 01 / 21</u> <i>Appt Date</i> ▶ <u>12 months</u> <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>
Real Estate, Environmental & Planning Committee	▶ Name <u>McGill, Michael</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01 / 01 / 21</u> <i>Appt Date</i> ▶ <u>12 months</u> <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>
"	▶ Name <u>Hockett, Barbara</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01 / 01 / 21</u> <i>Appt Date</i> ▶ <u>12 months</u> <i>Length of Term</i>	▶ 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"/> _____ <i>Other</i>
BOARD LIAISON TO: Division 1: Clayton, Concord, Martinez, Pacheco, Pleasant Hill	▶ Name <u>Pilecki, Tad</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01 / 01 / 21</u> <i>Appt Date</i> ▶ <u>12 months</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>185</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"/> _____ <i>Other</i>
BOARD LIAISON TO: Division 2: Lafayette, Moraga, Orinda	▶ Name <u>McGill, Michael</u> <i>(Last, First)</i> Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01 / 01 / 21</u> <i>Appt Date</i> ▶ <u>12 months</u> <i>Length of Term</i>	▶ Per Meeting: \$ <u>185</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"/> _____ <i>Other</i>

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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 <u>Williams, David</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 21</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: Division 4: Alamo, Danville, Contra Costa County	▶ Name <u>Hockett, Barbara</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 21</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 type="checkbox"/> \$2,001-\$3,000 <input checked="" type="checkbox"/> \$1,001-\$2,000 <input type="checkbox"/> _____ <small>Other</small>
BOARD LIAISON TO: Division 5: San Ramon	▶ Name <u>Lauritzen, Mariah</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 21</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 <u>Hockett, Barbara</u> <small>(Last, First)</small>	▶ <u>01 / 01 / 21</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>Williams, David</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 21</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: Dublin San Ramon Services District (DSRSD)	▶ Name <u>Hockett, Barbara</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 21</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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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 <u>McGill, Michael</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 21</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: East Bay Regional Parks District (EBRPD)	▶ Name <u>Lauritzen, Mariah</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 21</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 Local Agency Formation Commission (LAFCO)	▶ Name <u>Williams, David</u> <small>(Last, First)</small> Alternate, if any <u>Pilecki, Tad</u> <small>(Last, First)</small>	▶ <u>01 / 01 / 21</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: Mt. View Sanitary District (MVSD)	▶ Name <u>Lauritzen, Mariah</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 21</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: Pleasant Hill Recreation and Park District (PHR&PD)	▶ Name <u>Pilecki, Tad</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 21</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: Valley Water (formerly Santa Clara Valley Water District)	▶ Name <u>Williams, David</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 21</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>

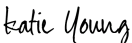
Certificate Of Completion

Envelope Id: 6397862ECB4C4643AE4753C7F9DE03D5	Status: Completed
Subject: Please DocuSign: Form 806-2021	
Source Envelope:	
Document Pages: 4	Signatures: 1
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Disabled	Amelia Berumen
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	5019 Imhoff Place
	Martinez, CA 94553-4392
	aberumen@centralsan.org
	IP Address: 12.86.194.210

Record Tracking

Status: Original	Holder: Amelia Berumen	Location: DocuSign
1/7/2021 5:01:55 PM	aberumen@centralsan.org	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Central Contra Costa Sanitary District	Location: DocuSign

Signer Events

Signer Events	Signature	Timestamp
Katie Young		Sent: 1/7/2021 5:02:57 PM
kyoung@centralsan.org		Viewed: 1/7/2021 5:03:31 PM
Security Level: Email, Account Authentication (None)		Signed: 1/7/2021 5:03:40 PM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 76.102.183.217	

Electronic Record and Signature Disclosure:
 Accepted: 1/7/2021 5:03:31 PM
 ID: d947b39d-9116-4394-b26d-2daa9e02ed8d

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Donna Anderson	COPIED	Sent: 1/7/2021 5:03:41 PM
danderson@centralsan.org		
Assistant to the Secretary of the District		
CCCSD		
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure:		
Accepted: 4/1/2020 3:44:40 PM		
ID: ad9de8b7-3e60-4a57-8d0e-417721805151		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	1/7/2021 5:02:57 PM
Certified Delivered	Security Checked	1/7/2021 5:03:31 PM
Signing Complete	Security Checked	1/7/2021 5:03:40 PM
Completed	Security Checked	1/7/2021 5:03:41 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Carahsoft OBO Central Contra Costa Sanitary District (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign, Inc. (DocuSign) electronic signing system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after signing session and, if you elect to create a DocuSign signer account, you may access them for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Carahsoft OBO Central Contra Costa Sanitary District:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: ataliani@centralsan.org

To advise Carahsoft OBO Central Contra Costa Sanitary District of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at ataliani@centralsan.org and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

To request paper copies from Carahsoft OBO Central Contra Costa Sanitary District

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to ataliani@centralsan.org and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Carahsoft OBO Central Contra Costa Sanitary District

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to ataliani@centralsan.org and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari™ 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files

Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

** These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Carahsoft OBO Central Contra Costa Sanitary District as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Carahsoft OBO Central Contra Costa Sanitary District during the course of my relationship with you.