

**Agency Report of:
Public Official Appointments**

A Public Document


1. Agency Name CENTRAL CONTRA COSTA SANITARY DISTRICT		California Form 806 <small>For Official Use Only</small>	
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 (925) 229-7303	E-mail kyoung@centralsan.org	Page <u>1</u> of <u>5</u>	Date Posted: <u>04/26/23</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>Lauritzen, Mariah</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 23</u> <small>Appt Date</small> ▶ <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>200</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 / 23</u> <small>Appt Date</small> ▶ <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>200</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>Pilecki, Tad</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 23</u> <small>Appt Date</small> ▶ <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>200</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 / 23</u> <small>Appt Date</small> ▶ <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>200</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.

 _____ <small>Signature of Agency Head or Designee</small>	Katie Young _____ <small>Print Name</small>	Secretary of the District _____ <small>Title</small>	04/26/23 _____ <small>(Month, Day, Year)</small>
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Comment: _____

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

1. Agency Name CENTRAL CONTRA COSTA SANITARY DISTRICT	Date Posted: <u>04/26/23</u> (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
Finance Committee	▶ Name <u>Hockett, Barbara</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 23</u> <small>Appt Date</small> ▶ <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>200</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 / 23</u> <small>Appt Date</small> ▶ <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>200</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>
Real Estate, Environmental & Planning Committee	▶ Name <u>Wedington, Florence</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>04 / 26 / 23</u> <small>Appt Date</small> ▶ <u>8 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>200</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 / 23</u> <small>Appt Date</small> ▶ <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>200</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>
BOARD LIAISON TO: Division 1: Clayton, Concord, Pleasant Hill	▶ Name <u>Pilecki, Tad</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 23</u> <small>Appt Date</small> ▶ <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>200</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 2: Lafayette, Moraga, Orinda	▶ Name <u>McGill, Michael</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 23</u> <small>Appt Date</small> ▶ <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ _____ <u>200</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>

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

1. Agency Name CENTRAL CONTRA COSTA SANITARY DISTRICT	Date Posted: <u>4/26/23</u> <small>(Month, Day, Year)</small>
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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
BOARD LIAISON TO: Division 3: Walnut Creek	▶ Name <u>Wedington, Florence</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>04 / 26 / 23</u> <small>Appt Date</small> ▶ <u>8 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>200</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 / 23</u> <small>Appt Date</small> ▶ <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>200</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: Martinez, Pacheco, San Ramon	▶ Name <u>Lauritzen, Mariah</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 23</u> <small>Appt Date</small> ▶ <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>200</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>Hockett, Barbara</u> <small>(Last, First)</small> Alternate, if any <u>McGill, Michael</u> <small>(Last, First)</small>	▶ <u>01 / 01 / 23</u> <small>Appt Date</small> ▶ <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>200</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>
REPRESENTATIVE TO: Contra Costa Water District (CCWD)	▶ Name <u>Wedington, Florence</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>04 / 26 / 23</u> <small>Appt Date</small> ▶ <u>8 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>200</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>McGill, Michael</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 23</u> <small>Appt Date</small> ▶ <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>200</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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Continuation Sheet**

1. Agency Name
CENTRAL CONTRA COSTA SANITARY DISTRICT

Date Posted: 04/26/23
(Month, Day, Year)

2. Appointments

Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
<p>REPRESENTATIVE TO: East Bay Municipal Utility District (EBMUD)</p>	<p>▶ Name <u>Hockett, Barbara</u> <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ <u>01 / 01 / 23</u> <small>Appt Date</small></p> <p>▶ <u>12 months</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>200</u></p> <p>▶ 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"/> <u> </u> <small>Other</small></p>
<p>REPRESENTATIVE TO: East Bay Regional Parks District (EBRPD)</p>	<p>▶ Name <u>McGill, Michael</u> <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ <u>01 / 01 / 23</u> <small>Appt Date</small></p> <p>▶ <u>12 months</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>200</u></p> <p>▶ 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"/> <u> </u> <small>Other</small></p>
<p>REPRESENTATIVE TO: Contra Costa Local Agency Formation Commission (LAFCO)</p>	<p>▶ Name <u>Pilecki, Tad</u> <small>(Last, First)</small></p> <p>Alternate, if any <u>Hockett, Barbara</u> <small>(Last, First)</small></p>	<p>▶ <u>01 / 01 / 23</u> <small>Appt Date</small></p> <p>▶ <u>12 months</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>200</u></p> <p>▶ 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"/> <u> </u> <small>Other</small></p>
<p>REPRESENTATIVE TO: Mt. View Sanitary District (MVSD)</p>	<p>▶ Name <u>Lauritzen, Mariah</u> <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ <u>01 / 01 / 23</u> <small>Appt Date</small></p> <p>▶ <u>12 months</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>200</u></p> <p>▶ 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"/> <u> </u> <small>Other</small></p>
<p>REPRESENTATIVE TO: Pleasant Hill Recreation and Park District (PHR&PD)</p>	<p>▶ Name <u>Pilecki, Tad</u> <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ <u>01 / 01 / 23</u> <small>Appt Date</small></p> <p>▶ <u>12 months</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>200</u></p> <p>▶ 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"/> <u> </u> <small>Other</small></p>
<p>REPRESENTATIVE TO: Valley Water (formerly Santa Clara Valley Water District)</p>	<p>▶ Name <u>Wedington, Florence</u> <small>(Last, First)</small></p> <p>Alternate, if any _____ <small>(Last, First)</small></p>	<p>▶ <u>04 / 26 / 23</u> <small>Appt Date</small></p> <p>▶ <u>8 months</u> <small>Length of Term</small></p>	<p>▶ Per Meeting: \$ <u>200</u></p> <p>▶ 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"/> <u> </u> <small>Other</small></p>

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Continuation Sheet**

1. Agency Name CENTRAL CONTRA COSTA SANITARY DISTRICT	Date Posted: <u>04/26/23</u> <small>(Month, Day, Year)</small>
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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 <u>Pilecki, Tad</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 23</u> <small>Appt Date</small> <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>200</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: Bay Area Air Quality Management District (BAAQMD)	▶ Name <u>Lauritzen, Mariah</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 23</u> <small>Appt Date</small> <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>200</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>
Diversity, Equity and Inclusion Ad Hoc Committee (Extended)	▶ Name <u>McGill, Michael</u> <small>(Last, First)</small> Alternate, if any _____ <small>(Last, First)</small>	▶ <u>08 / 05 / 21</u> <small>Appt Date</small> <u>12 months</u> <small>Length of Term</small>	▶ Per Meeting: \$ <u>200</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>
" "	▶ 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"/> _____ <small>Other</small>
	▶ 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"/> _____ <small>Other</small>
	▶ 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"/> _____ <small>Other</small>