

# Agency Report of: Public Official Appointments

A Public Document

<b>1. Agency Name</b> Central Contra Costa Sanitary District			<b>California Form 806</b> For Official Use Only
<b>Division, Department, or Region</b> (If Applicable)  Secretary of the District			
<b>Designated Agency Contact</b> (Name, Title)  Katie Young, Secretary of the District			
<b>Area Code/Phone Number</b> (925) 229-7303	<b>E-mail</b> kyoung@centralsan.org	Page <u>1</u> of <u>1</u>	<b>Date Posted:</b> <u>08/25/21</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
Diversity, Equity and Inclusion  Ad Hoc Committee	▶ 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>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"/> <u>          </u> Other
Diversity, Equity and Inclusion  Ad Hoc Committee	▶ Name <u>Williams, David</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>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"/> <u>          </u> Other
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>  /  /  </u> <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"/> <u>          </u> Other
	▶ Name _____ <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>  /  /  </u> <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"/> <u>          </u> 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.

Katie Young

Signature of Agency Head or Designee

Katie Young

Print Name

Secretary of the District

Title

08/25/21

(Month, Day, Year)

Comment: A new Ad Hoc Committee was formed by the Board and its members appointed by the Board President.