

**Agency Report of:  
Public Official Appointments**

**A Public Document**

<b>1. Agency Name</b> CENTRAL CONTRA COSTA SANITARY DISTRICT		Page <u>1</u> of <u>4</u>	<b>California Form 806</b> For Official Use Only
Division, Department, or Region (If Applicable)			Date Posted: <u>01-12-18</u> <small>(Month, Day, Year)</small>
Designated Agency Contact (Name, Title) DONNA M. ANDERSON, ACTING SECRETARY OF THE DISTRICT			
Area Code/Phone Number (925) 229-7315	E-mail danderson@centralsan.org		

**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>McGill, Michael</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 18</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 type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>\$3,145</u> <small>Other</small>
"	▶ Name <u>Williams, David</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 18</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 type="checkbox"/> \$1,001-\$2,000 <input checked="" type="checkbox"/> <u>\$3,145</u> <small>Other</small>
Engineering & Operations Committee	▶ Name <u>Causey, Paul</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 18</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 / 18</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.*

Donna M. Anderson  
Signature of Agency Head or Designee

Donna M. Anderson  
Print Name

Acting Secretary of the District  
Title

01-12-18  
(Month, Day, Year)

Comment: \_\_\_\_\_

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

<b>1. Agency Name</b> CENTRAL CONTRA COSTA SANITARY DISTRICT	Date Posted: <u>01-12-18</u> <i>(Month, Day, Year)</i>
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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
Finance Committee	▶ Name <u>Nejedly, James</u> <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01 / 01 / 18</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"/> Other
"	▶ Name <u>Pilecki, Tad</u> <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01 / 01 / 18</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"/> Other
Real Estate, Environmental & Planning Committee	▶ Name <u>Causey, Paul</u> <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01 / 01 / 18</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"/> Other
"	▶ Name <u>Nejedly, James</u> <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01 / 01 / 18</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"/> Other
BOARD LIAISON TO: Contra Costa County	▶ Name <u>Nejedly, James</u> <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01 / 01 / 18</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"/> Other
BOARD LIAISON TO: Alamo Danville San Ramon	▶ Name <u>Causey, Paul</u> <i>(Last, First)</i>  Alternate, if any _____ <i>(Last, First)</i>	▶ <u>01 / 01 / 18</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"/> Other



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Agency Boards and Commissions	Name of Appointed Person	Appt Date and Length of Term	Per Meeting/Annual Salary/Stipend
<b>REPRESENTATIVE TO:</b>  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 / 18</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>
<b>REPRESENTATIVE TO:</b>  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 / 18</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>
<b>REPRESENTATIVE TO:</b>  East Bay Regional Parks District (EBRPD)	▶ Name <u>Nejedly, James</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 18</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>
<b>REPRESENTATIVE TO:</b>  Mt. View Sanitary District (MVSD)	▶ Name <u>Pilecki, Tad</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 18</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>
<b>REPRESENTATIVE TO:</b>  National Association of Clean Water Agencies (NACWA)	▶ Name <u>Causey, Paul</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 18</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>
<b>REPRESENTATIVE TO:</b>  Pleasant Hill Recreation & Park District (PHR&PD)	▶ Name <u>McGill, Michael</u> <small>(Last, First)</small>  Alternate, if any _____ <small>(Last, First)</small>	▶ <u>01 / 01 / 18</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>