CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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DISTRICT SECRETARY'S
OFFICE

NA	ME OF FILER (LAST)	(FIRST)		(MIDDLE)
Y	oung	Joel		Benjamin
1.	Office, Agency, or Cour	t		
	Agency Name (Do not use acro	nyms)		
	Alameda Contra Costa T	ransit Agency		
	Division, Board, Department, Dis	trict, if applicable	Your Position	=======================================
	Board of Directors		Director	
	Agency:		Position:	
2,	Jurisdiction of Office	Check at least one box)	<u>, </u>	
	☐ State	,	☐ Judge or Court Commissione	er (Statewide Jurisdiction)
	Multi-County	Contra Costa	•	
			<u>. </u>	
	City or		Otner	
3.	Type of Statement (Chec	ck at least one box)		
	Annual: The period covered December 31, 201		Leaving Office: Date Left (Check one)	
	-or- The period covere- December 31, 201	d is/ throug 6.	h	anuary 1, 2016, through the date of
	☐ Assuming Office: Date as:	sumed		e. , through
Candidate: Election year and office sought, if different than Part 1:				
4.	Schedule Summary (m	ust complete) ► Total numb	per of pages including this cove	r page: <u>3</u>
	☐ Schedule A-2 - Investme☐ Schedule B - Real Properties		Schedule D - Income - Gifts - sche	
-1	Or-	arry - scriedule attached	Jonedule L - Income - Onts - Trav	er r dyments – schedule attached
		interests on any schedule		
5.	Verification			
	MAILING ADDRESS STRE (Business or Agency Address Recommen		STATE	ZIP CODE
	1600 Franklin Street	Oakla	ind CA	94612
	DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS	
	(510) 289-2248		jyoung@actransit.org	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information of herein and in any attached schedules is true and complete. I acknowledge this is a public document.				
	I certify under penalty of perju	ry under the laws of the State of Cali	fornia that the foregoing is true and co	orrect.
		26/2017	Morne	1/esson
	Date Signed	th, day, year)	Signature(File the originally signed	d statement with you ming official.)
	•			

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION				
Mame Yimes, J.				

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY			
Berkshire Hathaway	Blackstone Group LLP			
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
Conglomerate	Private Equity Fund			
FAIR MARKET VALUE	FAIR MARKET VALUE			
	□ \$2,000 - \$10,000 ≥ \$10,001 - \$100,000			
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000			
NATURE OF INVESTMENT	NATURE OF INVESTMENT			
X Stock Other (Describe)	Stock Other (Describe)			
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)			
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
ACQUIRED DISPOSED	ACQUIRED DISPOSED			
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY			
Fortress Investment Group	Moodys Investor Services			
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
Private Equity Fund	Rating Agency			
FAIR MARKET VALUE	FAIR MARKET VALUE			
☐ \$2,000 - \$10,000 × \$10,001 - \$100,000	\$2,000 - \$10,000 × \$10,001 - \$100,000			
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000			
NATURE OF INVESTMENT	NATURE OF INVESTMENT			
X Stock Other				
(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)			
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
ACQUIRED DISPOSED	ACQUIRED DISPOSED			
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY			
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS			
FAIR MARKET VALUE	FAIR MARKET VALUE			
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000			
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000			
NATURE OF INVESTMENT	NATURE OF INVESTMENT			
Stock Other	Stock Other (Pessibe)			
(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)			
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:			
<u> </u>	<u> </u>			
ACQUIRED DISPOSED	ACQUIRED DISPOSED			
Comments:				

SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Yours, J

1. INCOME RECEIVED	► 1. INCOME RECEIVED
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME
Tidrick Law Firm	
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
2039 Shattuck Avenue, #308	
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
Legal Services	
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION
Attorney	
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Only
\$500 - \$1,000 \$1,001 - \$10,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
S10,001 - \$100,000 X OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED
Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)
Sale of	☐ Sale of
(Real property, car, boat, etc.)	(Real property, car, boal, etc.)
Loan repayment	Loan repayment
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more
(Describe)	(Describe)
Other (Describe)	Other(Describe)
▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERI	IOD
retail installment or credit card transaction, made in the members of the public without regard to your official sta regular course of business must be disclosed as follows:	
NAME OF LENDER*	INTEREST RATE TERM (Months/Years)
ADDRESS (Business Address Acceptable)	% None
	SECURITY FOR LOAN
BUSINESS ACTIVITY, IF ANY, OF LENDER	☐ None ☐ Personal residence
	Real Property
HIGHEST BALANCE DURING REPORTING PERIOD	Street address
\$500 - \$1,000	<u> </u>
\$1,001 - \$10,000	City
\$10,001 - \$100,000	Guarantor
_	
OVER \$100,000	Other
	(
Comments:	