NAME OF FILER (LAST) (FIRST) (MIDDLE)
Ortiz Elsa

1. Office, Agency, or Court
Agency Name (Do not use acronyms)
Alameda-Contra Costa Transit District
Division, Board, Department, District, if applicable
Board of Directors
Your Position
Board of Directors

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: SEE ATTACHED LIST

2. Jurisdiction of Office (Check at least one box)

☐ State
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County Portions of Alameda & Contra Costa
☐ County of ________________________
☐ City of ________________________
☐ Other ________________________

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2016, through December 31, 2016.
- or-
The period covered is ___/___/_______ through December 31, 2016.

☐ Leaving Office: Date Left ___/___/_______
► (Check one)
- or-
The period covered is January 1, 2016, through the date of leaving office.
- or-
The period covered is ___/___/_______, through the date of leaving office.

☐ Assuming Office: Date assumed ___/___/_______

☐ Candidate: Election year ____________ and office sought, if different than Part 1: ________________________

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 4

Schedules attached
☐ Schedule A-1 - Investments – schedule attached
☐ Schedule A-2 - Investments – schedule attached
☒ Schedule B - Real Property – schedule attached

- or-
☐ Schedule C - Income, Loans, & Business Positions – schedule attached
☒ Schedule D - Income – Gifts – schedule attached
☐ Schedule E - Income – Gifts – Travel Payments – schedule attached

☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
1600 Franklin Street Oakland CA 94612
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
( 510 ) 891-4700

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/17/2017 08:47 AM Signature __________________________
(month, day, year) (File the originally signed statement with your filing official.)

Ortiz Elsa
Alameda-Contra Costa Transit District Board of Directors Board of Directors

☐ None - No reportable interests on any schedule

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### EXPANDED STATEMENT LIST

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Division, Board, Department, District</th>
<th>Position or Title</th>
<th>Jurisdiction</th>
<th>Type of Statement</th>
<th>Period Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda-Contra Costa Transit District</td>
<td>Board of Directors</td>
<td>Members of the Bus Rapid Transit Policy Steering Committee</td>
<td>Multi-county Portions of Alameda &amp; Contra Costa</td>
<td>Annual</td>
<td>01/01/16 - 12/31/16</td>
</tr>
</tbody>
</table>
## SCHEDULE B

### Interests in Real Property

(Including Rental Income)

<table>
<thead>
<tr>
<th>ASSESSOR’S PARCEL NUMBER OR STREET ADDRESS</th>
<th>ASSESSOR’S PARCEL NUMBER OR STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>712 SANTA REY AVENUE</td>
<td></td>
</tr>
</tbody>
</table>

**CITY**

**FAIR MARKET VALUE**

- $2,000 - $10,000
- $10,001 - $100,000
- $100,001 - $1,000,000
- Over $1,000,000

**IF APPLICABLE, LIST DATE:**

- / / 16 ACQUIRED
- / / 16 DISPOSED

**NATURE OF INTEREST**

- Ownership/Deed of Trust
- Easement
- Leasehold
  - Years remaining
- Other

**IF RENTAL PROPERTY, GROSS INCOME RECEIVED**

- $0 - $499
- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000

**SOURCES OF RENTAL INCOME:** If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.

- None

---

**Guarantor, if applicable**

*You are not required to report loans from commercial lending institutions made in the lender’s regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender’s regular course of business must be disclosed as follows:*

<table>
<thead>
<tr>
<th>NAME OF LENDER*</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
</tr>
<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF LENDER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTEREST RATE</th>
<th>TERM (Months/Years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>None</td>
</tr>
</tbody>
</table>

**HIGHEST BALANCE DURING REPORTING PERIOD**

- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000
- Guarantor, if applicable

---

**NAME OF LENDER***

| ADDRESS (Business Address Acceptable) |
| BUSINESS ACTIVITY, IF ANY, OF LENDER |

<table>
<thead>
<tr>
<th>INTEREST RATE</th>
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</thead>
<tbody>
<tr>
<td>%</td>
<td>None</td>
</tr>
</tbody>
</table>

**HIGHEST BALANCE DURING REPORTING PERIOD**

- $500 - $1,000
- $1,001 - $10,000
- $10,001 - $100,000
- OVER $100,000
- Guarantor, if applicable

---

**Comments:**
### Income – Gifts

**VAN SCOYOC ASSOCIATES**

**ADDRESS (Business Address Acceptable)**

101 Constitution Ave. NW, Suite 600 West, Washington, DC

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

**LEGISLATIVE ADVOCACY**

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>03 / 14 / 16</td>
<td>$162.00</td>
<td>Dinner</td>
</tr>
</tbody>
</table>

**NAME OF SOURCE (Not an Acronym)**

**ADDRESS (Business Address Acceptable)**

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

**NAME OF SOURCE (Not an Acronym)**

**ADDRESS (Business Address Acceptable)**

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**ADDRESS (Business Address Acceptable)**

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

### Comments:

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**FPPC Form 700 (2016/2017) Sch. D**

FPPC Advice Email: advice@fppc.ca.gov

FPPC Toll-Free Helpline: 866/275-3772  www.fppc.ca.gov