

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

APR - 3 2017

Please type or print in ink.

Uma A. Nemanoff, District Secretary

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
PEEPLER, H. E. Christian Deputy

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  
At-Large Director

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See Attachment 1. Position:

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

State Judge or Court Commissioner (Statewide Jurisdiction)  
Multi-County See Attachment 1. 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.  
Assuming Office: Date assumed  
Candidate: Election year and office sought, if different than Part 1:  
Leaving Office: Date Left (Check one)  
The period covered is January 1, 2016, through the date of leaving office.  
-or- The period covered is through the date of leaving office.

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  
Schedule C - Income, Loans, & Business Positions - schedule attached  
Schedule D - Income - Gifts - schedule attached  
Schedule E - Income - Gifts - Travel Payments - schedule attached  
-or-  
None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
1600 Franklin Street, Oakland California 94611-5211  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 510 ) 891-7151 cpeeples@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 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 04/02/2017 Signature H. E. Christian Peoples  
(month, day, year) (File the originally signed statement with your filing official.)

ATTACHMENT 1

If filing for multiple positions, list below or on an attachment:

Alameda-Contra Costa Transit District Bus Rapid Transit Policy Advisory Committee	Alternate Committee Member
Alameda County Transportation Commission	Alternate Board Member
City of Alameda Successor Agency Oversight Committee	Alternate Board Member
City of Albany Successor Agency Oversight Committee	Board Member
City of Oakland Successor Agency Oversight Committee	Alternate Board Member
Contra Costa Transportation Authority	Ex-Officio Board Member
Transbay Terminal Joint Powers Authority	Alternate Board Member
Western Contra Costa Transportation Advisory Committee	Alternate Board Member

Jurisdiction of Offices:

Multi-County: Alameda, Contra Costa, San Francisco, San Mateo, Santa Clara

# SCHEDULE A-1 Investments

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)  
*Do not attach brokerage or financial statements.*

Name  
Peeples, H. E. Christian

▶ NAME OF BUSINESS ENTITY  
Raychem

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
     /      / 16           /      / 16  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
     /      / 16           /      / 16  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
International Flavors & Fragrances, Inc.,

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
     /      / 16           /      / 16  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
     /      / 16           /      / 16  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
International Businss Machines

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
     /      / 16           /      / 16  
 ACQUIRED                      DISPOSED

▶ NAME OF BUSINESS ENTITY  
\_\_\_\_\_

GENERAL DESCRIPTION OF THIS BUSINESS  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_  
(Describe)  
 Partnership     Income Received of \$0 - \$499  
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IF APPLICABLE, LIST DATE:  
     /      / 16           /      / 16  
 ACQUIRED                      DISPOSED

Comments: \_\_\_\_\_



**SCHEDULE D**  
**Income – Gifts**

Name  
 Peeples, H. E. Christian

▶ NAME OF SOURCE *(Not an Acronym)*  
 Van Sciyoc Associates

ADDRESS *(Business Address Acceptable)*  
 101 Constitution Ave NW #600w, Washington, DC 20

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Lobbying

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 14 / 16	\$ 162.00	Dinner @ APTA Leg.
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ P /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE *(Not an Acronym)*

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: \_\_\_\_\_