

**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

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 WALLACE JOE

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
 ALAMEDA-CONTRA COSTA TRANSIT DISTRICT  
 Division, Board, Department, District, if applicable Your Position  
 BOARD OF DIRECTORS DIRECTOR-WARD 1

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

Agency: West Contra Costa Transportation Advisory Comte Position: Regular Member

**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, 2015, through December 31, 2015.  
 -or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2015.  
 **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, 2015, 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: 3**

**Schedules attached**

**Schedule A-1 - Investments** – schedule attached  **Schedule C - Income, Loans, & Business Positions** – schedule attached  
 **Schedule A-2 - Investments** – schedule attached  **Schedule D - Income – Gifts** – schedule attached  
 **Schedule B - Real Property** – 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  
 (Business or Agency Address Recommended - Public Document)  
 1600 FRANKLIN STREET OAKLAND CA 94612  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 510 ) 891-7143 jwallace@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 2/24/16  
(month, day, year)

Signature Joe S. Wallace  
(File the originally signed statement with your filing official.)

FORM 700—Expanded Statement  
JOE L. WALLACE, DIRECTOR, WARD 1  
AC Transit

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**Agency:**

City of Albany Successor Agency Oversight Board

**Position:** Alternate Member

City of Berkeley Successor Agency Oversight Board

**Position:** Alternate Member

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
WALLACE, J.

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
SECURITAS

ADDRESS (Business Address Acceptable)  
7677 Oakport Street, Suite 200, Oakland, CA 94621

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Security Services

YOUR BUSINESS POSITION  
Security Guard

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 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.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
(Describe)

Other \_\_\_\_\_  
(Describe)

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
GlaxoSmithKline

ADDRESS (Business Address Acceptable)  
5 Crescent Drive, Philadelphia, PA 19112

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Pharmaceuticals

YOUR BUSINESS POSITION  
None

GROSS INCOME RECEIVED  
 \$500 - \$1,000       \$1,001 - \$10,000  
 \$10,001 - \$100,000       OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
 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.)

Sale of \_\_\_\_\_  
(Real property, car, boat, etc.)

Loan repayment

Commission or       Rental Income, list each source of \$10,000 or more

\_\_\_\_\_  
(Describe)

Other Settlement of Avandia Claim  
(Describe)

**▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

\* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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:

NAME OF LENDER\* \_\_\_\_\_

ADDRESS (Business Address Acceptable) \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000  
 \$1,001 - \$10,000  
 \$10,001 - \$100,000  
 OVER \$100,000

INTEREST RATE \_\_\_\_\_%       None

TERM (Months/Years) \_\_\_\_\_

SECURITY FOR LOAN  
 None       Personal residence

Real Property \_\_\_\_\_  
Street address

\_\_\_\_\_  
City

Guarantor \_\_\_\_\_

Other \_\_\_\_\_  
(Describe)

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