

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

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**MAR 09 2016**  
 DISTRICT SECRETARY'S  
 OFFICE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 WILLIAMS MARK A.

**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 4

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

Agency: San Leandro Successor Agency Oversight Board 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 San Leandro  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.  
 The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: \_\_\_\_\_**

**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 ) 891-7154 mawilliams@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 3/9/16 Signature   
 (month, day, year) (File the originally signed statement with your filing official.)