

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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DISTRICT SECRETARY'S OFFICE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
 DAVIS JEFF S.

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

DIRECTOR-WARD 5

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

Agency: City of Newark Successor Agency Oversight Board

Position: Regular Member

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

State

Multi-County Portions of Alameda and Contra Costa

City of NEWARK

Judge or Court Commissioner (Statewide Jurisdiction)

County of _____

Other _____

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

Annual: The period covered is January 1, 2014, through December 31, 2014.

-or-

The period covered is _____, through December 31, 2014.

Leaving Office: Date Left ____/____/____
 (Check one)

The period covered is January 1, 2014, through the date of leaving office.

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

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

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
 (Business or Agency Address Recommended - Public Document)

1600 FRANKLIN STREET

OAKLAND

CA

94612

DAYTIME TELEPHONE NUMBER

(510) 789-6871

E-MAIL ADDRESS

JSDAVIS@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 2/25/2015
 (month, day, year)

Signature [Signature]
 (File the originally signed statement with your filing official.)

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name DAVIS, JEFF

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 FILICE INSURANCE

ADDRESS (Business Address Acceptable)
 738 NORTH FIRST STREET

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 SUPPLEMENTAL HEALTH INSURANCE

YOUR BUSINESS POSITION
 SALES REPRESENTATIVE

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

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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)

▶ 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 TERM (Months/Years)

_____ % None _____

SECURITY FOR LOAN

None Personal residence

Real Property _____

 Street address

_____ City

Guarantor _____

Other _____
 (Describe)

Comments: _____