STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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

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

☐ State
☐ Multi-County Portions of Alameda & Contra Costa
☐ County of __________________________
☐ City of __________________________
☐ Other __________________________

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


☐ Leaving Office: Date Left ______/_____/______

☐ The period covered is ______/_____/______, through December 31, 2017.

☐ Assuming Office: Date assumed ______/_____/______

☐ The period covered is ______/_____/______, through the date of leaving office.

☐ Candidate: Date of Election ______/_____/______ and office sought, if different than Part 1: __________________________

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

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

- or -

☐ None - No reportable interests on any schedule

5. Verification

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 ____________

Signature ________________

Electronic Submission

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

510-891-4700

Ortiz Elsa

4

03/05/2018 12:18 PM
## EXPANDED STATEMENT LIST

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Division, Board, Department, District</th>
<th>Position or Title</th>
<th>Jurisdiction</th>
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<th>Period Covered</th>
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</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>01/01/17 - 12/31/17</td>
</tr>
</tbody>
</table>
### SCHEDULE B

**Interests in Real Property**

(Including Rental Income)

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**NAME OF LENDER**

* Elsa Ortiz  

**ADDRESS**

712 SANTA REY AVENUE  

OAKLAND

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**FAIR MARKET VALUE**

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

**IF APPLICABLE, LIST DATE:**

- / / 17  
- / / 17

**IF RENTAL PROPERTY, GROSS INCOME RECEIVED**

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

**FAIR MARKET VALUE**

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

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**NATURE OF INTEREST**

- Ownership/Deed of Trust
- Easement
- Leasehold
  - Yrs. remaining
  - Other

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- Ownership/Deed of Trust
- Easement
- Leasehold
  - Yrs. remaining
  - Other

**COMMENTS:**

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* 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:

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**NAME OF LENDER**

**ADDRESS (Business Address Acceptable)**

**BUSINESS ACTIVITY, IF ANY, OF LENDER**

**INTEREST RATE**

- %
- None

**TERM (Months/Years)**

**HIGHEST BALANCE DURING REPORTING PERIOD**

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

**Guarantor, if applicable**

---

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

**Guarantor, if applicable**

---

Comments:
### NAME OF SOURCE (Not an Acronym)
VanScoyoc ASSOCIATES

**ADDRESS (Business Address Acceptable)**
800 Maine Ave SW, Ste 800, 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>
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<tr>
<td>06/20/17</td>
<td>$80.56</td>
<td>DINNER</td>
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**Comments:**

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**FPPC Form 700 (2017/2018) Sch. D**
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov