CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) MIDDLE
PEEPLES H. E. Christian

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: See Attachment 1

2. Jurisdiction of Office (Check at least one box)
   ☐ State
   ☐ County of 
   ☑ Multi-County See Attachment 1
   ☐ Judge or Court Commissioner (Statewide Jurisdiction)
   ☐ City of 
   ☐ Other

3. Type of Statement (Check at least one box)
   -or-
   The period covered is / / , through December 31, 2017.
   ☐ Leaving Office: Date Left / / (Check one)
   –or– The period covered is / / , through the date of leaving office.
   –or– The period covered is / / , through the date of leaving office.
   ☐ Assuming Office: Date assumed / / 
   ☐ 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
   ☐ 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
   1600 Franklin Street, 10th Floor
   Oakland CA 94612-2800
   STRIP STREET
   CITY STATE ZIP CODE
   (Business or Agency Address Recommended - Public Document)
   DAYTIME TELEPHONE NUMBER
   E-MAIL ADDRESS 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 27 March 2018
(month, day, year)
Signature

(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  Committee Member
Alameda County Transportation Commission  Alternate Board Member
City of Alameda Successor Agency Oversight Committee  Alternate Board Member
Western Contra Costa Transportation Advisory Committee  Alternate Board Member

Jurisdiction of Offices:

X 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 OF BUSINESS ENTITY
Reychem

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☑ $2,000 - $10,000
☐ $10,001 - $100,000
☐ 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:
/ / 15 ACQUIRED
/ / 15 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
☐ 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:
/ / 15 ACQUIRED
/ / 15 DISPOSED

NAME OF BUSINESS ENTITY
International Business Machines

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE
☑ $2,000 - $10,000
☐ $10,001 - $100,000
☐ 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:
/ / 15 ACQUIRED
/ / 15 DISPOSED

Comments:

FPPC Form 700 (2015/2016) Sch. A-1
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
SCHEDULE B
Interests in Real Property
(Including Rental Income)

ASSESSOR’S PARCEL NUMBER OR STREET ADDRESS
4035, 4035B & 4037 Howe Street

CITY
Oakland, California 94611-5211

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
ACQUIRED  DISPOSED

NATURE OF INTEREST
☒ Ownership/Deed of Trust
☐ Easement
☐ Leasehold
Yrs. remaining
☐ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ $0 - $499
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of $10,000 or more.
☐ None

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE  TERM (Months/Years)
%  ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000
☐ Guarantor, if applicable

*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:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE  TERM (Months/Years)
%  ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD
☐ $500 - $1,000
☐ $1,001 - $10,000
☐ $10,001 - $100,000
☐ OVER $100,000
☐ Guarantor, if applicable

Comments: *This is a triplex. I live in one unit. The other two are rentals that are not occupied.

FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov
## SCHEDULE D
### Income – Gifts

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Business Activity</th>
<th>Date (mm/dd/yyyy)</th>
<th>Value</th>
<th>Description of Gift(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Van Scyoc Associates</td>
<td>800 Maine Ave SW Suite 800, Washington, DC 2002</td>
<td>Lobbying</td>
<td>03/13/17</td>
<td>$80.56</td>
<td>Dinner @ APTA Leg.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proterra</td>
<td>1815 Rollins Road, Burlingame, CA 94010</td>
<td>Bus Manufacturer</td>
<td>06/15/17</td>
<td>$250.00</td>
<td>Am. Lung Fundraiser</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northern California Carpenters Regional Council</td>
<td>265 Hagenburger Road #200, Oakland, CA 94621</td>
<td>Labor Organization</td>
<td>12/08/17</td>
<td>$75.00</td>
<td>&quot;Moose Feed&quot; Lunch</td>
</tr>
</tbody>
</table>

**Comments:**

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**CALIFORNIA FORM 700**
**FAIR POLITICAL PRACTICES COMMISSION**

**Name:** PEEPLES, H. E. Christian
SCHEDULE E
Income – Gifts
Travel Payments, Advances, and Reimbursements

- Mark either the gift or income box.
- Mark the “501(c)(3)” box for a travel payment received from a nonprofit 501(c)(3) organization or the “Speech” box if you made a speech or participated in a panel. These payments are not subject to the gift limit, but may result in a disqualifying conflict of interest.
- For gifts of travel, provide the travel destination.

NAME OF SOURCE (Not an Acronym)
Union International de Transport Public
ADDRESS (Business Address Acceptable)
Rue Sainte-Marie 6
CITY AND STATE
B-1080 Brussel, Belgium
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
International Public Transportation Association
DATE(S): __/__/17 - __/__/17 AMT: $ 570.54
(if gift)
☐ MUST CHECK ONE: ☑ Gift – or- ☐ Income
☒ Made a Speech/Participated in a Panel
☐ Other - Provide Description

If Gift, Provide Travel Destination
Air fare to Montreal, Canada*

NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ___/__/___ - ___/__/___ AMT: $
(if gift)
☐ MUST CHECK ONE: ☐ Gift – or- ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

If Gift, Provide Travel Destination

NAME OF SOURCE (Not an Acronym)
ADDRESS (Business Address Acceptable)
CITY AND STATE
☐ 501 (c)(3) or DESCRIBE BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): ___/__/___ - ___/__/___ AMT: $
(if gift)
☐ MUST CHECK ONE: ☐ Gift – or- ☐ Income
☐ Made a Speech/Participated in a Panel
☐ Other - Provide Description

If Gift, Provide Travel Destination

Comments: *Speaker at a panel on zero emission buses at the UITP conference in Montreal, Canada.