Leaving Office:

Date Left

(Check one circle.)
The period covered is January 1, 2019, through the date of leaving office.

The period covered is ______/_____/_______, through ______/_____/_______.

Annual:
The period covered is January 1, 2019, through December 31, 2019.

The period covered is ______/_____/_______, through ______/_____/_______.

Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner

(Statewide Jurisdiction)

☐ Multi-County Portions of Alameda & Contra Costa

☐ County of _____________________________________________

☐ City of ________________________________________________

Other ________________________________

Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2019, through December 31, 2019.

☐ Leaving Office: Date Left ______/_____/_______

(Check one circle.)
The period covered is January 1, 2019, through the date of leaving office.

☐ 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: ____________________________

Schedule Summary (must complete) ► Total number of pages including this cover page: 5

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

(Business or Agency Address Recommended - Public Document)

1600 Franklin Street

Oakland

CA 94612

DAYTIME TELEPHONE NUMBER

(____)____-_____

( 510 ) 891-4700

EMAIL 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 05/29/2020 01:43 PM

Signature ____________________________

(File the originally signed paper with your filing official.)
## STATEMENT OF ECONOMIC INTERESTS

**COVER PAGE ATTACHMENT**

### EXPANDED STATEMENT LIST

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Division, Board, Department, District</th>
<th>Position or Title</th>
<th>Jurisdiction</th>
<th>Type of Statement</th>
<th>Period Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alameda-Contra Costa Transit District</td>
<td>Bus Rapid Transit Policy Steering Committee</td>
<td>Members of the Bus Rapid Transit Policy Steering Committee</td>
<td>Multi-county Alameda-Contra Costa Transit District</td>
<td>Annual</td>
<td>01/01/19 - 12/31/19</td>
</tr>
</tbody>
</table>
**NAME OF BUSINESS ENTITY**

**Raychem Corporation**

**GENERAL DESCRIPTION OF THIS BUSINESS**

**Connections**

**FAIR MARKET VALUE**

- $2,000 - $10,000
- $10,001 - $100,000
- $100,001 - $1,000,000
- 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:**

- 1/19
- DISPOSED

**NAME OF BUSINESS ENTITY**

**International Flavors & Fragrances, Inc.**

**GENERAL DESCRIPTION OF THIS BUSINESS**

**Flavors & Fragrances**

**FAIR MARKET VALUE**

- $2,000 - $10,000
- $10,001 - $100,000
- $100,001 - $1,000,000
- 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:**

- 1/19
- DISPOSED

**NAME OF BUSINESS ENTITY**

**International Business Machines**

**GENERAL DESCRIPTION OF THIS BUSINESS**

**Computer Manufacturer**

**FAIR MARKET VALUE**

- $2,000 - $10,000
- $10,001 - $100,000
- $100,001 - $1,000,000
- 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:**

- 1/19
- DISPOSED

Comments:
**SCHEDULE B**

**Interests in Real Property**

(Including Rental Income)

<table>
<thead>
<tr>
<th>CITY</th>
<th>FAIR MARKET VALUE</th>
<th>IF APPLICABLE, LIST DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Nature of Interest**
  - Ownership/Deed of Trust
  - Easement
  - Leasehold
  - Other (Yrs. remaining)

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

**Comments:**

* This is a triples. I live in one unit. The other two are rental units that are not occupied.

---

**NAME OF LENDER**

- **Address (Business Address Acceptable)**

- **Business Activity, If Any, Of Lender**

- **Interest Rate**

- **Term (Months/Years)**

---

**HIGHEST BALANCE DURING REPORTING PERIOD**

<table>
<thead>
<tr>
<th>$500 - $1,000</th>
<th>$1,001 - $10,000</th>
<th>OVER $100,000</th>
</tr>
</thead>
</table>

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**Guarantor, if applicable**

---

* You are not required to report loans from a commercial lending institution 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:
## SCHEDULE D
Income – Gifts

### NAME OF SOURCE (Not an Acronym)
**Northern California Carpenters Regional Council**

**ADDRESS (Business Address Acceptable)**
265 Hegenberger Road, Ste. 200, Oakland, California

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**
Labor Union

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 / 13 / 19</td>
<td>$75.00</td>
<td>Moose Feed Lunch</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
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### NAME OF SOURCE (Not an Acronym)

**ADDRESS (Business Address Acceptable)**

**BUSINESS ACTIVITY, IF ANY, OF SOURCE**

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</tbody>
</table>

Comments:

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FPPC Form 700 - Schedule D (2019/2020)
advice@fppc.ca.gov • 866-275-3772 • www.fppc.ca.gov
Page - 15