STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST)
WALLACE JOE

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 1

Agency: West Contra Costa Transportation Advisory Comto Position: Regular Member

2. Jurisdiction of Office (Check at least one box)
☐ State
☐ Multi-County Portions of Alameda & Contra Costa
☐ City of

☐ 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, 2015, through December 31, 2015.
☐ -or-
The period covered is __/__/____, through December 31, 2015.
☐ Assuming Office: Date assumed __/__/____

☐ Leaving Office: Date Left __/__/____
☐ -or-
The period covered is __/__/____, through the date of leaving office.

☐ Candidate: Filing year and office sought, if different than Part 1:

4. Schedule Summary (must complete) ▶ Total number of pages including this cover page: 3
Schedules attached
☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☐ Schedule R - Real Property - schedule attached
☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule F - Income - Gifts - Travel Payments - schedule attached

☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS STREET
1600 FRANKLIN STREET
CITY OAKLAND
STATE CA ZIP CODE 94612

DAYTIME TELEPHONE NUMBER (510) 801-7143
E-MAIL ADDRESS jwallace@acstransit.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 4/24/16
Signature jw. wallace

FFPC Form 700 (2015/2016)
FFPC Advice E-mail: advice@ffpc.ca.gov
FFPC Toll-Free Helpline: 866/275-3772 www.ffpc.ca.gov
Agency:
City of Albany Successor Agency Oversight Board
City of Berkeley Successor Agency Oversight Board

Position: Alternate Member
Position: Alternate Member
# SCHEDULE C
## Income, Loans, & Business Positions
(Other than Gifts and Travel Payments)

### 1. INCOME RECEIVED

<table>
<thead>
<tr>
<th>NAME OF SOURCE OF INCOME</th>
<th>GlaxoSmitKline</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>5 Crescent Drive, Philadelphia, PA 19112</td>
</tr>
<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
<td>Pharmaceuticals</td>
</tr>
<tr>
<td>NAME OF SOURCE OF INCOME</td>
<td>None</td>
</tr>
<tr>
<td>ADDRESS (Business Address Acceptable)</td>
<td>5 Crescent Drive, Philadelphia, PA 19112</td>
</tr>
<tr>
<td>BUSINESS ACTIVITY, IF ANY, OF SOURCE</td>
<td>Pharmaceuticals</td>
</tr>
<tr>
<td>Security Services</td>
<td>None</td>
</tr>
<tr>
<td>YOUR BUSINESS POSITION</td>
<td>None</td>
</tr>
</tbody>
</table>

#### 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

- [ ] Other (Describe)

#### Settlement of Avandia Claim (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**

- [ ] %
- [ ] None

**TERM (Months/Years)**

**SECURITY FOR LOAN**

- [ ] None
- [✓] Personal residence

- [ ] Real Property

**Street address**

- [ ] City

- [ ] Guarantor

- [ ] Other (Describe)

**Comments:**