STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

NAME OF FILER (LAST) (FIRST) (MIDDLE) WILLIAMS

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 4

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)
Agency: San Leandro 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 San Leandro

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.
☐ Assuming Office: Date assumed / / 
☐ 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.
☐ Candidate: Election year and office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

☐ Schedule A-1 - Investments - schedule attached
☐ Schedule A-2 - Investments - schedule attached
☐ Schedule B - Real Property - schedule attached
- or-
☐ None - No reportable interests on any schedule

☐ Schedule C - Income, Loans, & Business Positions - schedule attached
☐ Schedule D - Income - Gifts - schedule attached
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

Total number of pages including this cover page:

5. Verification

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

DAYTIME TELEPHONE NUMBER (510) 891-7154 E-MAIL ADDRESS MAWILLIAMS@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.

Data Signed /2/15 Signature
(month, day, year) (File the originally signed statement with your filing official)

FPPC Form 700 (2014/2015)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov