STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
WILLIAMS MARK A.

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
☐ Judge or Court Commissioner (Statewide Jurisdiction)
☐ Multi-County Portions of Alameda & Contra Costa
☐ County of
☐ City of San Leandro
☐ Other

3. Type of Statement (Check at least one box)
☐ Annual: The period covered is January 1, 2015, through December 31, 2015.
☐ Leaving Office: Date Left ______/_____/______
☐ -or-
The period covered is ______/_____/______, through December 31, 2015.
☐ The period covered is ______/_____/______, through the date of leaving office.
☐ Assuming Office: Date assumed ______/_____/______
☐ -or-
The period covered is ______/_____/______, through the date of leaving office.
☐ Candidate: Election year ______/_____/______ 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 STREET CITY STATE ZIP CODE
1600 FRANKLIN STREET OAKLAND CA 94612
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(510) 891-7154 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.

Date Signed 3/9/14 Signature __________
(month, day, year) (ата the originally signed statement with your filing official)