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.

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

The period covered is ______/_____/______, through December 31, 2019.

Assuming Office: Date assumed ______/_____/______

Candidate: Date of Election ___________ and office sought, if different than Part 1: ___________________________

Type of Statement (Check at least one box)

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

- or -

☐ Leaving Office: Date Left ______/_____/______

☐ The period covered is January 1, 2019, through the date of
leaving office.

- or -

☐ The period covered is ______/_____/______ through
the date of leaving office.

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 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
Oakland
CA 94612

STREET

CITY

STATE

ZIP CODE

DAYTIME TELEPHONE NUMBER
( 510 ) 891-4700

EMAIL ADDRESS

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 05/22/2020 03:21 PM

Signature ________________________

Electronic Submission (File the originally signed paper statement with your filing official.)
**SCHEDULE C**

**Incomes, Loans, & Business Positions**

*(Other than Gifts and Travel Payments)*

<table>
<thead>
<tr>
<th>Name</th>
<th>Mark Williams</th>
</tr>
</thead>
</table>

**1. INCOME RECEIVED**

**NAME OF SOURCE OF INCOME**

**Alameda County**

**ADDRESS (Business Address Acceptable)**

1221 Oak Street, Room 145, Oakland CA

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

**YOUR BUSINESS POSITION**

**Communications Coordinator**

**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
- 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)

**2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

*You are not required to report loans from a commercial lending institution, 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 Other (Describe)

**Comments:**

---

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## SCHEDULE D
Income – Gifts

### NAME OF SOURCE (Not an Acronym)

#### Steve Palmer, Van Scoyoc Associates

**ADDRESS (Business Address Acceptable)**

800 Maine Avenue, SW Ste 800, DC 20024

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

APTA Legislative Conf.

<table>
<thead>
<tr>
<th>DATE (mm/dd/yy)</th>
<th>VALUE</th>
<th>DESCRIPTION OF GIFT(S)</th>
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<tbody>
<tr>
<td>03 / 19 / 19</td>
<td>$103.14</td>
<td>Group dinner</td>
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**ADDRESS (Business Address Acceptable)**

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Comments:

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