

**COVER PAGE**

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Ortiz Elsa

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
Alameda-Contra Costa Transit District  
Division, Board, Department, District, if applicable Your Position  
Board of Directors Board of Directors

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: SEE ATTACHED LIST Position:

**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  Other

**3. Type of Statement (Check at least one box)**

**Annual:** The period covered is January 1, 2016, through December 31, 2016.  
-or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2016.  
 **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
 **Candidate:** Election year \_\_\_\_ and office sought, if different than Part 1: \_\_\_\_  
 **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)  
 The period covered is January 1, 2016, through the date of leaving office.  
-or-  
 The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 4**

**Schedules attached**

**Schedule A-1 - Investments** – schedule attached  **Schedule C - Income, Loans, & Business Positions** – schedule attached  
 **Schedule A-2 - Investments** – schedule attached  **Schedule D - Income – Gifts** – schedule attached  
 **Schedule B - Real Property** – 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  
(Business or Agency Address Recommended - Public Document)  
1600 Franklin Street Oakland CA 94612  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 510 ) 891-4700

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 03/17/2017 08:47 AM Signature Electronic Submission  
(month, day, year) (File the originally signed statement with your filing official.)

# STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE ATTACHMENT

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION
Name Elsa Ortiz

### EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Alameda-Contra Costa Transit District	Board of Directors	Members of the Bus Rapid Transit Policy Steering Committee	Multi-county Portions of Alameda & Contra Costa	Annual	01/01/16 - 12/31/16



**SCHEDULE D**  
**Income – Gifts**

▶ NAME OF SOURCE *(Not an Acronym)*  
 VAN SCOYOC ASSOCIATES  
 ADDRESS *(Business Address Acceptable)*  
 101 Constitution Ave. NW, Suite 600 West, Washington, DC  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 LEGISLATIVE ADVOCACY

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 14 / 16	\$ 162.00	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_  
 ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_  
 ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_  
 ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_  
 ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_  
 ADDRESS *(Business Address Acceptable)*  
 \_\_\_\_\_  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_