

COVER PAGE

A PUBLIC DOCUMENT

Filed Date: 03/03/2020 09:08 AM  
SAN: 011700163-STH-0163

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Shaw Diane

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 Board of Directors

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

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

State  Judge, Retired Judge, Pro Tem 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, 2019, through December 31, 2019.  
-or- The period covered is 12 / 07 / 2018, through December 31, 2019.  
 Assuming Office: Date assumed \_\_\_\_\_  
 Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 Leaving Office: Date Left \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Check one circle.)  
 The period covered is January 1, 2019, 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: 2

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 EMAIL ADDRESS  
( 510 ) 891-4700 dshaw@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 03/03/2020 09:08 AM Signature Electronic Submission  
(month, day, year) (File the originally signed paper statement with your filing official.)

**SCHEDULE D**  
**Income – Gifts**

Name

Diane Shaw

▶ NAME OF SOURCE *(Not an Acronym)*  
Steve Palmer  
 ADDRESS *(Business Address Acceptable)*  
VAN SCOYOC ASSOCIATES 800 Maine Avenue, SWSuite 800 Washington, DC 20024  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Dinner

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 19 / 19</u>	<u>\$ 90.00</u>	<u>Dinner</u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>

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 ADDRESS *(Business Address Acceptable)*  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
<u>    /    /    </u>	<u>\$    </u>	<u>    </u>
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Comments: \_\_\_\_\_