

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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 DISTRICT SECRETARY'S
 OFFICE

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 Your Position
 BOARD OF DIRECTORS 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.
 -or- The period covered is _____, through December 31, 2015.
 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, 2015, through the date of leaving office.
 The period covered is _____, through the date of leaving office.

4. Schedule Summary (must complete)

► Total number of pages including this cover page: _____

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) 891-7154 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 3/9/16
 (month, day, year)

Signature 
 (File the originally signed statement with your filing official.)