#### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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**COVER PAGE** 

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Ple	ease type or print in ink.			3/111.	
NAME OF FILER (LAST) (FIR		(FIRST)			(MIDDLE)
Υ	oung	Joel			
1.	Office, Agency, or Court				
	Agency Name (Do not use acronyms)				
	Alameda-Contra Costa Transit Distri	ct			
	Division, Board, Department, District, if applicable	9	Your Position	on	
	Board of Directors		Board o	f Directors	
	▶ If filing for multiple positions, list below or on	an attachment. (Do not us	e acronyms)		
	Agency: SEE ATTACHED LIST		Position: _		
<del>2</del> .	Jurisdiction of Office (Check at least	one box)			
	State	,	☐ Judge or	Court Commissioner (State	tewide Jurisdiction)
	Multi-County Portions of Alameda & €	Contra Costa	_	·	
	•		_		
	City of		U Other —		_
3.	Type of Statement (Check at least one	box)			
	Annual: The period covered is January 1, December 31, 2017.	2017, through	Leaving (Check of	Office: Date Left	<i></i>
	The period covered is/ December 31, 2017.	/, through		period covered is January ng office.	1, 2017, through the date of
	Assuming Office: Date assumed/_		○ The p	period covered is/_ate of leaving office.	, through
	Candidate: Date of Election	and office sought,	if different than Pa	ırt 1:	
4. Schedule Summary (must complete) ► Total number of pages including this cover page:5					
	Schedules attached	o, Protarnamoci	or pages mera	ung uns cover pag	·
Schedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business Positio				Positions – schedule attached	
	<b>✗</b> Schedule A-2 - Investments − schedule	attached	Schedule D - Inc	come – Gifts – schedule a	attached
	☐ Schedule B - Real Property – schedule	attached	Schedule E - Inc	come – Gifts – Travel Pay	ments - schedule attached
-(	or-				
	☐ None - No reportable interests on a	any schedule			
5.	Verification				
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Docume	CITY ent)		STATE	ZIP CODE
	1600 Franklin Street	Oaklar	nd	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 contains 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 la	ws of the State of Californ	nia that the forego	ing is true and correct.	
	03/01/2018 05:02 PM	И	ianatura	Electronic S	ubmission
	Date Signed(month, day, year)		ignature	(File the originally signed statement	

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE ATTACHMENT

CALIFORNIA FORM	700				
FAIR POLITICAL PRACTICES COMMISSION					
Name					
Joel Young					

### **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	01/01/17 - 12/31/17

## SCHEDULE A-1 Investments

### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Joel Young

NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
Berkshire Hathaway	Blackstone Group
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Conglomerate	Private Equity Fund
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 <b>X</b> \$10,001 - \$100,000	□ \$2,000 - \$10,000 <b>🔀</b> \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  Stock Other	NATURE OF INVESTMENT
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	(Describe)  Partnership
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 17 , , 17	, , 17 , , 17
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
17	17
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
☐ Partnership ☐ Income Received of \$0 - \$499 ☐ Income Received of \$500 or More (Report on Schedule C)	Partnership Olncome Received of \$0 - \$499 Olncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 17 , , 17	, , 17 , , 17
ACQUIRED DISPOSED	ACQUIRED DISPOSED
5.5. 5522	1
Comments:	

#### **SCHEDULE A-2** Investments, Income, and Assets of Business Entities/Trusts

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name Joel Young

(Ownership Interest is 10% or Greater)

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST			
The Tidrick Law Firm				
Name	Name			
1600 Franklin Street, Suite 300, Oakland Ca 94612				
Address (Business Address Acceptable)	Address (Business Address Acceptable)			
Check one	Check one			
☐ Trust, go to 2  ■ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2			
GENERAL DESCRIPTION OF THIS BUSINESS  Law Firm	GENERAL DESCRIPTION OF THIS BUSINESS			
Law Fillii				
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:			
\$0 - \$1,999 \$2,000 - \$10,000 \$10,000	\$0 - \$1,999 \$2,000 - \$10,000 \$2,000 - \$10,000			
\$2,000 - \$10,000	\$2,000 - \$10,000			
<b>X</b> \$100,001 - \$1,000,000	\$100,001 - \$1,000,000			
Over \$1,000,000	Over \$1,000,000			
NATURE OF INVESTMENT	NATURE OF INVESTMENT			
▼ Partnership	Partnership Sole Proprietorship			
Other	Other			
YOUR BUSINESS POSITION Attorney	YOUR BUSINESS POSITION			
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)			
☐ \$0 - \$499 ☐ \$10,001 - \$100,000 ☐ \$500 - \$1,000 <b>※</b> OVER \$100,000	\$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000			
\$1,001 - \$10,000	\$1,001 - \$10,000			
▶ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF			
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)			
☐ None or 🗶 Names listed below	None or Names listed below			
Lawsuit Settlements				
▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	▶ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR			
LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:	LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:			
INVESTMENT REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY			
INVESTIMENT   REAL PROPERTY				
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or			
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property			
Description of Business Activity or City or Other Procise Legation of Real Property	Description of Business Activity or City or Other Precise Location of Book Property			
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property			
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$\Bigcirc \text{\$\sum_{\text{2},000}} \text{\$\sum_{\text{2}}\$} \text{\$\sum_{\text{2},000}} \text{\$\sum_{\text{2}}\$} \$\su	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:			
\$2,000 - \$10,000 \$10,001 - \$100,000 \$10,001 - \$100,000	\$10,001 - \$100,000/17			
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED			
Over \$1,000,000	Over \$1,000,000			
NATURE OF INTEREST	NATURE OF INTEREST			
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership			
Leasehold Other	Leasehold Other			
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached			
,	•			
Comments:	FPPC Form 700 (2017/2018) Sch. A-2			

## SCHEDULE D Income - Gifts



Name Joel Young

► NAME OF SOURC	E (Not an Acronym)		► NAME OF SOURCE	E (Not an Acrony	vm)		
BALLARD PO	OWER SYSTEM	MS INC.					
ADDRESS (Busines	ADDRESS (Business Address Acceptable)  9000 Glenlyon Parkway, Burnaby BC Canada V5J 5J8			ADDRESS (Business Address Acceptable)			
9000 Glenlyor							
BUSINESS ACTIVITY, IF ANY, OF SOURCE			BUSINESS ACTIVIT	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
Fuel Cell Pow							
DATE (mm/dd/yy)		DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		
02 / 01 / 17	\$80	Dinner		\$	_		
	\$			\$			
	\$			\$	_		
► NAME OF SOURC	E (Not an Acronym)		► NAME OF SOURCE	E (Not an Acrony	vm)		
ADDRESS (Busines	ss Address Acceptab	le)	ADDRESS (Busines	ss Address Accep	otable)		
BUSINESS ACTIVIT	TY, IF ANY, OF SOU	RCE	BUSINESS ACTIVIT	TY, IF ANY, OF S	SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		
	\$			\$	_		
	\$			\$	_		
	\$			\$	_		
► NAME OF SOURC	E (Not an Acronym)		► NAME OF SOURCE	E (Not an Acrony	vm)		
ADDRESS (Busines	ss Address Acceptab	le)	ADDRESS (Busines	ss Address Accep	otable)		
BUSINESS ACTIVIT	TY, IF ANY, OF SOU	RCE	BUSINESS ACTIVIT	ΓΥ, IF ANY, OF S	SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)		
	\$			\$			
	\$			\$	- — — — — — — — — — — — — — — — — — — —		
	\$			\$			
Comments:							