

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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•	1 7					
1. Office, Agency,	or Court					
Agency Name (Do no	ot use acronyms)					
Alameda-Contra	Costa Transit District					
Division, Board, Department, District, if applicable		Your Position	Your Position			
Board of Directors		Board of	Board of Directors			
► If filing for multiple	positions, list below or on an attachment.	(Do not use	acronyms)			
A gonove			Docition:			
Agency.						
2. Jurisdiction of	Office (Check at least one box)					
☐ State			 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) 			
➤ Multi-County Por	rtions of Alameda & Contra Costa	<u>a</u>	County of			
City of			Other			
3 Type of Statem	nent (Check at least one box)					
	riod covered is January 1, 2021, through		Leaving	Office: Date Left		
Decem	ber 31, 2021 .		Leaving		ne circle.)	
•	riod covered is/ber 31, 2021 .	., through		period covered is Janua ng office.	ary 1, 2021 , through the	date of
X Assuming Office	e: Date assumed 04 / 15 / 2022		○ The p	period covered is ate of leaving office.		through
Candidate: Date	e of Election and of	ffice sought,	if different than Pa	ırt 1:		
4. Schedule Sumr	mary (must complete) ▶ <i>Total</i>	number	of pages inclu	ding this cover p	age: 5	
Schedules atta	ached					
Schedule A-1	- Investments – schedule attached		Schedule C - Inc	come, Loans, & Busine	ss Positions – schedule	attached
Schedule A-2	- Investments - schedule attached		Schedule D - Inc	come – Gifts – schedul	e attached	
Schedule B -	Real Property - schedule attached		Schedule E - Inc	ome – Gifts – Travel F	Payments – schedule att	ached
N						
	o reportable interests on any sched	ule				
5. Verification						
MAILING ADDRESS (Business or Agency Addre	STREET ss Recommended - Public Document)	CITY		STATE	ZIP CODE	
1600 Franklin Street Oakland			CA	94612		
		EMAIL ADDRESS				
(510)891-47			mmccalley@a			
	nable diligence in preparing this statement. ached schedules is true and complete. I ac				knowledge the information	n contained
I certify under penal	ty of perjury under the laws of the State	of Californ	ia that the forego	ing is true and corre	ct.	
Date Signed	04/21/2022 11:12 AM	e:	gnature	Murphy	McCalley	
Date Signed	(month, day, year)	باد			tatement with your filing official.)	

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Investments must be itemized.

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION Name

Murphy McCalley

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	UBS Group AG F
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
	Finance
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	■ \$2,000 - \$10,000
\$100,001 - \$10,000 \$100,001 - \$1,000,000 Over \$1,000,000	\$10,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other (Describe)	Stock Other (Describe)
Partnership Olncome Received of \$0 - \$499 Olncome Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Apple Inc	BankofAmerica Corp
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Tech company	Finance
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 X \$10,001 - \$100,000
▼ \$100,001 - \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership Olncome Received of \$0 - \$499 Olncome Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Oncome Received of \$500 or More (Report on Schedule C)
Income Received of \$500 of More (Report on Scriedule C)	Income Received of \$500 of More (Report of Scriedule C)
IE ADDIJCADI E LICT DATE.	IF ADDITION FOR LIST DATE.
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Unitedhealth Group Inc.	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Health care insurance	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$2,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Stock Other	NATURE OF INVESTMENT Stock Other
(Describe)	(Describe)
Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	Partnership Oncome Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
· ·	I
Comments:	

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

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Murphy McCalley

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
McCalley Consulting LLC	
Name	Name
25509 S. Gold Ridge Drive, Castro Valley, CA 94552 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	GENERAL DESCRIPTION OF THIS BUSINESS
Financial consulting	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
× \$0 - \$1,999	\$0 - \$1,999
\$2,000 - \$10,000	\$2,000 - \$10,000
\$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 Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Principal	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	\$0 - \$499 \$10,001 - \$100,000
\$500 - \$1,000 OVER \$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 INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)
X None or ☐ Names listed below	None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
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	Check box if additional schedules reporting investments or real property
are attached	are attached

Comments: _

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Name Murphy McCalley

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
2 Windward Hill	5455\57 MacArthur Blvd.
CITY	CITY
Oakland, CA 94618	Oakland, CA 94619
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$100,001 - \$1,000,000 ACQUIRED DISPOSE Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
	\$0 - \$499
\$10,001 - \$100,000 OVER \$100,000	▼ \$10,001 - \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or great interest, list the name of each tenant that is a single source income of \$10,000 or more.	
* You are not required to report loans from a com	Jackie Bowers Maxine Visaya mercial lending institution made in the lender's regular course of
* You are not required to report loans from a combusiness on terms available to members of the loans received not in a lender's regular course of	Jackie Bowers Maxine Visaya mercial lending institution made in the lender's regular course of public without regard to your official status. Personal loans and of business must be disclosed as follows:
* You are not required to report loans from a combusiness on terms available to members of the	Jackie Bowers Maxine Visaya mercial lending institution made in the lender's regular course of public without regard to your official status. Personal loans and
* You are not required to report loans from a combusiness on terms available to members of the loans received not in a lender's regular course of	Jackie Bowers Maxine Visaya mercial lending institution made in the lender's regular course of public without regard to your official status. Personal loans and of business must be disclosed as follows:
* You are not required to report loans from a combusiness on terms available to members of the loans received not in a lender's regular course on the NAME OF LENDER*	Jackie Bowers Maxine Visaya mercial lending institution made in the lender's regular course of public without regard to your official status. Personal loans and of business must be disclosed as follows: NAME OF LENDER*
* You are not required to report loans from a combusiness on terms available to members of the loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable)	Jackie Bowers Maxine Visaya mercial lending institution made in the lender's regular course of public without regard to your official status. Personal loans and of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
* You are not required to report loans from a combusiness on terms available to members of the loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	Jackie Bowers Maxine Visaya mercial lending institution made in the lender's regular course of public without regard to your official status. Personal loans and off business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER
* You are not required to report loans from a combusiness on terms available to members of the loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	Jackie Bowers Maxine Visaya mercial lending institution made in the lender's regular course of public without regard to your official status. Personal loans and of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
* You are not required to report loans from a combusiness on terms available to members of the loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	Jackie Bowers Maxine Visaya mercial lending institution made in the lender's regular course of public without regard to your official status. Personal loans and of business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None
* You are not required to report loans from a combusiness on terms available to members of the loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) ———————————————————————————————————	Jackie Bowers Maxine Visaya mercial lending institution made in the lender's regular course of public without regard to your official status. Personal loans and off business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD
* You are not required to report loans from a combusiness on terms available to members of the loans received not in a lender's regular course of NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	Jackie Bowers Maxine Visaya mercial lending institution made in the lender's regular course of public without regard to your official status. Personal loans and off business must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) Mone HIGHEST BALANCE DURING REPORTING PERIOD \$500 - \$1,000

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION Name Murphy McCalley

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
1950 Upas Street, Unit 201	
CITY	CITY
San Diego	<u> </u>
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold	Leasehold
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
None	None
	I I al lending institution made in the lender's regular course or without regard to your official status. Personal loans and ness must be disclosed as follows:
NAME OF LENDER*	NAME OF LENDER*
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
ABINESS (Business Address Asseptable)	
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)
%	%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$10,001 - \$100,000 OVER \$100,000
	Guarantor, if applicable
Guarantor, if applicable	