STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

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

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, 2021, through December 31, 2021.
- or -
The period covered is ______/_____/_______, through December 31, 2021.
☐ Leaving Office: Date Left ______/_____/_______
- or -
The period covered is January 1, 2021, through the date of leaving office.
- or -
The period covered is ______/_____/_______ through the date of leaving office.
☐ Assuming Office: Date assumed ______/_____/_______
☐ Candidate: Date of Election ______ and office sought, if different than Part 1:

4. Schedule Summary (must complete) ► Total number of pages including this cover page: 1
Schedules attached
☐ Schedule A-1 - Investments – schedule attached
☐ Schedule A-2 - Investments – schedule attached
☐ Schedule B - Real Property – schedule attached
☐ Schedule C - Income, Loans, & Business Positions – schedule attached
☐ Schedule D - Income – Gifts – schedule attached
☐ Schedule E - Income – Gifts – Travel Payments – schedule attached
- or - ☐ None - No reportable interests on any schedule

5. Verification
MAILING ADDRESS
1600 Franklin Street
Oakland
CA
94612
STREET
CITY
STATE
ZIP CODE
(Business or Agency Address Recommended - Public Document)

DAYTIME TELEPHONE NUMBER
(510) 891-4700
(Do not use acronyms)
EMAIL ADDRESS
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 02/22/2022 02:03 PM Signature Diane Shaw
(month, day, year) (File the originally signed paper statement with your filing official.)