

AMENDMENT

COVER PAGE

Filed Date: 02/15/2023 05:25 PM  
SAN: 011700163-STH-0163

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
McCalley Murphy

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, 2022, through December 31, 2022.  Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)
- or- The period covered is 04 / 16 / 2022, through December 31, 2022.  The period covered is January 1, 2022, through the date of leaving office.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  -or- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate: Date of Election \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (required)

► 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 E-MAIL ADDRESS  
( 510 ) 891-4700 mmccalley@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 02/15/2023 05:25 PM Signature Murphy McCalley  
(month, day, year) (File the originally signed paper statement with your filing official.)

# SCHEDULE D Income – Gifts

▶ NAME OF SOURCE *(Not an Acronym)*  
Acumen Transit

ADDRESS *(Business Address Acceptable)*  
7770 Pardee Lane, Suite 200

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
engineering

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10 / 14 / 22</u>	<u>\$ 107</u>	<u>Charity Golf Outing</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_

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>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE *(Not an Acronym)*  
 \_\_\_\_\_

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>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

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BUSINESS ACTIVITY, IF ANY, OF SOURCE  
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<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

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<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

**Filer's Verification**

Print Name Murphy McCalley

Office, Agency or Court Alameda-Contra Costa Transit District

Statement Type  2022/2023 Annual  Assuming  Leaving  
 \_\_\_\_\_ Annual  Candidate  
(yr)

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 02/15/2023 05:25 PM  
(month, day, year)

Filer's Signature Murphy McCalley

Comments: \_\_\_\_\_