

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A PUBLIC DOCUMENT

Filed Date: 02/04/2023 09:37 PM
SAN: 011700163-STH-0163

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Shaw Diane

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 ____/____/_____
-or- The period covered is ____/____/_____, through (Check one circle.)
 Assuming Office: Date assumed ____/____/_____. The period covered is January 1, 2022, through the date of leaving office.
-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 EMAIL ADDRESS
(510) 891-4700 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 02/04/2023 09:37 PM Signature Diane Shaw
(month, day, year) (File the originally signed paper statement with your filing official.)

SCHEDULE D
Income – Gifts

Name
Diane Shaw

▶ NAME OF SOURCE *(Not an Acronym)*
Van Scoyoc Associates
 ADDRESS *(Business Address Acceptable)*
800 Maine Ave SW Ste 800, Washington, DC 20024
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Dinner Meeting

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 14 / 22</u>	<u>\$ 72.62</u>	<u>Dinner Meal</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

▶ NAME OF SOURCE *(Not an Acronym)*
Nor Cal Carpenter Union
 ADDRESS *(Business Address Acceptable)*
265 Hegenberger Rd, Suite 200, Oakland, CA 94621
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Group Luncheon

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 09 / 22</u>	<u>\$ 100</u>	<u>Luncheon</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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<u> / / </u>	<u>\$ _____</u>	<u>_____</u>
<u> / / </u>	<u>\$ _____</u>	<u>_____</u>

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

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

Comments: _____