

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

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Please type o	r print in ink.		3/44. 011/00100 0111 0100			
NAME OF FILER	(LAST) (FIRST)		(MIDDLE)			
Syed	Sarah	1				
1. Office, A	Agency, or Court					
Agency Na	me (Do not use acronyms)					
• •	a-Contra Costa Transit District					
	pard, Department, District, if applicable	You	ur Position			
Board of	f Directors	В	soard of Directors			
► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)						
Agency: _		Pc	osition:			
2. Jurisdic	ction of Office (Check at least one box)					
State	. ,		ludge, Retired Judge, Pro Tem Judge, or Court Commissioner Statewide Jurisdiction)			
× Multi-Co	ounty Portions of Alameda & Contra Co	osta 🔲 C	County of			
City of			Other			
3. Type of	Statement (Check at least one box)					
☐ Annua	al: The period covered is January 1, 2021, through December 31, 2021.	gh	Leaving Office: Date Left//(Check one circle.)			
-0	The period covered is//	, unougn	The period covered is January 1, 2021, through the date of leaving office. or-			
× Assur	ning Office: Date assumed 12 / 02 / 20		The period covered is/, through the date of leaving office.			
☐ Candi	date: Date of Election ar	nd office sought, if different	t than Part 1:			
1 Schedu	le Summary (must complete) ▶ 7	otal number of nego	o including this cover page.			
	iles attached	otal number of page	is including this cover page			
× Sch	nedule A-1 - Investments - schedule attached		le C - Income, Loans, & Business Positions - schedule attached			
☐ Schedule A-2 - Investments – schedule attached ☐ Schedule D - Income – Gifts – schedule attached						
☐ Sch	nedule B - Real Property - schedule attached	Schedul	le E - Income - Gifts - Travel Payments - schedule attached			
-or-	one - No reportable interests on any sc	hedule				
5. Verificat	<u> </u>					
MAILING ADI		CITY	STATE ZIP CODE			
•	anklin Street	Oakland	CA 94612			
DAYTIME TE	LEPHONE NUMBER	EMAIL ADD				
(510	891-4700	ssyed@	⊉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 containe herein and in any attached schedules is true and complete. I acknowledge this is a public document.						
I certify u	nder penalty of perjury under the laws of the S	State of California that the	e foregoing is true and correct.			
Date Signe	od 01/03/2023 04:06 PM	Signature	Sarah Syed			
Date digite	(month, day, year)	Olyllatule _	(File the originally signed paper statement 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 700	
FAIR POLITICAL PRACTICES COMMISSION	
Name	

Sarah Syed

>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	Τ
	APPLE INC		
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	-
	designs & manufactures smartphones, tablets, PCs, and software		
	FAIR MARKET VALUE	FAIR MARKET VALUE	-
	× \$2,000 - \$10,000	\$2,000 - \$10,000	
	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	X Stock Other	Stock Other(Describe)	
	(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership	C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
<u> </u>	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	\$2,000 - \$10,000	
	\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000	
	NATURE OF INVESTMENT	NATURE OF INVESTMENT	
	Stock Other(Describe)	Stock Other(Describe)	
	Partnership O Income Received of \$0 - \$499	Partnership Income Received of \$0 - \$499	
	Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule	C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
<u>_</u>	NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY	_
	GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS	-
	GENERAL BESCHI TION OF THIS BOSINESS	GENERAL BEGGNII HON OF THIS BOSINESS	
			_
	FAIR MARKET VALUE	FAIR MARKET VALUE	
	\$2,000 - \$10,000	\$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	Partnership () Income Received of \$0 - \$499	
	Income Received of \$500 or More (Report on Schedule C)	☐ Income Received of \$500 or More (Report on Schedule	C)
	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:	
	,		
	ACQUIRED DISPOSES		
	ACQUIRED DISPOSED	ACQUIRED DISPOSED	
Co	omments:		