

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
FILED

Date Initial Filing

Received

Official Use Only

FEB 25 2015

Please type or print in ink.

Linda A. Nemeroff, District Secretary

 NAME OF FILER (LAST) (FIRST) (MIDDLE) Deputy
 WILLIAMS MARK A.
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

DIRECTOR-WARD 4

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: San Leandro Successor Agency Oversight Board

Position: Regular Member

2. Jurisdiction of Office (Check at least one box) State Multi-County Portions of Alameda and Contra Costa City of San Leandro Judge or Court Commissioner (Statewide Jurisdiction) County of _____ Other _____**3. Type of Statement (Check at least one box)** Annual: The period covered is January 1, 2014, through December 31, 2014.

-or-

The period covered is ____/____/____, through December 31, 2014.

 Leaving Office: Date Left ____/____/____ (Check one) The period covered is January 1, 2014, through the date of leaving office. The period covered is ____/____/____, through the date of leaving office. Assuming Office: Date assumed ____/____/____ Candidate: Election year _____ and office sought, if different than Part 1: _____**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

 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 STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)

1600 FRANKLIN STREET

OAKLAND

CA

94612

DAYTIME TELEPHONE NUMBER

(510) 891-7154

E-MAIL ADDRESS

MAWILLIAMS@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

02/25/15

(month, day, year)

Signature

(File the originally signed statement with your filing official.)