CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

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DISTRICT SECRETARY'S

riease type of print in ink.			OFFICE				
NAME OF FILER (LAST) (FIRST)			(MIDDLE)				
ORTIZ ELSA							
1. Office, Agency, or Court							
Agency Name (Do not use acronyms)	W. J. H. W. H. W. H. W. H. W.						
• • • • • • • • • • • • • • • • • • • •	ALAMEDA-CONTRA COSTA TRANSIT DISTRICT						
Division, Board, Department, District, if	applicable	Your Position					
BOARD OF DIRECTORS		DIRECTOR-WARD 3					
► If filing for multiple positions list held	r multiple positions, list below or on an attachment. (Do not use acronyms)						
	`	•					
Agency: BRT POLICY STEERI	NG COMMITTEE	Position: COMMITTEE CHAIR					
2. Jurisdiction of Office (Check	at least one box)						
☐ State		☐ Judge or Court Commissioner (S	tatewide Jurisdiction)				
✓ Multi-County Portions of Alame	eda & Contra Costa	County of	·				
City of		Other					
City of		U Other					
3. Type of Statement (Check at le	ast one box)						
✓ Annual: The period covered is Jar	uary 1, 2015, through	Leaving Office: Date Left					
December 31, 2015.		(Check one)					
		 The period covered is Janua leaving office. -or- 	ry 1, 2015, through the date of				
Assuming Office: Date assumed		 The period covered is the date of leaving office. 	, through				
Candidate: Election year	and office sought, if	f different than Part 1:					
4. Schedule Summary (must co	omplete) > Total number	r of pages including this cover pa	nge. 2				
Schedules attached	Total named	or pages moraling and cover page	90.				
Schedule A-1 - Investments – s	chedule A-1 - Investments – schedule attached Schedule C - Income, Loans, & Business						
Schedule A-2 - Investments – se	Schedule A-2 - Investments – schedule attached Schedule D - Income – Gifts – sche						
Schedule B - Real Property – schedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached							
-or-							
☐ None - No reportable interes	ts on any schedule						
i. Verification		entering the department of the control of the contr					
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pub	(in Decument)	STATE	ZIP CODE				
1600 FRANKLIN STREET	OAKLAND	CA	94612				
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS					
(510) 891-7211		eortiz@actransit.org					
I have used all reasonable diligence in pr herein and in any attached schedules is		ewed this statement and to the best of my kr	nowledge the information contained				
I certify under penalty of perjury under	I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.						
Date Signed(month, day, yea	•	Signature (File the originally signed states	sent with your filing official.)				

SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION Name ORTIZ, ELSA

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 712 SANTA RAY AVENUE CITY	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS CITY				
OAKLAND, CA 93619					
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 14 14 14 14 14 15 16 16 16 16 16 16	FAIR MARKET VALUE IF APPLICABLE, LIST DATE; \$2,000 - \$10,000				
NATURE OF INTEREST	NATURE OF INTEREST				
✓ Ownership/Deed of Trust	Ownership/Deed of Trust Easement				
Leasehold Other	Leasehold Cher				
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499				
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000					
\$10,001 - \$100,000 OVER \$100,000					
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None				
	lending institutions made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:				
NAME OF LENDER*	NAME OF LENDER*				
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)				
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER				
INTEREST RATE TERM (Months/Years)	INTEREST RATE TERM (Months/Years)				
%	%				
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD				
\$500 - \$1,000	☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000				
\$10,001 - \$100,000	\$10,001 - \$100,000 OVER \$100,000				
Guarantor, if applicable	Guarantor, if applicable				
Comments:					

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MAR 2 5 2016

DISTRICT SECRETARY'S OFFICE

Comments: _

SCHEDULE B Interests in Real Property (Including Rental Income)



>	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	- ASSESS	OR'S PARCEL NUMBE	R OR STREET ADDRESS					
	712 SANTA RAY AVENUE								
	CITY OAKLAND, CA 93619		CITY						
	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 15,000 15	\$2,00 \$10,0 \$100,	RKET VALUE 0 - \$10,000 01 - \$100,000 001 - \$1,000,000 \$1,000.000	IF APPLICABLE, LIST DATE: /					
	NATURE OF INTEREST	NATURE	OF INTEREST						
	☑ Ownership/Deed of Trust ☐ Easement	Ownership/Deed of Trust Easement Leasehold Other							
	Leasehold Other								
IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None		IF RENTAL PROPERTY, GROSS INCOME RECEIVED \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000 \$10,001 - \$100,000 OVER \$100,000 SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. None							
							-		
	You are not required to report loans from commercial le business on terms available to members of the public v loans received not in a lender's regular course of busin	nout rega	ird to your officia	l status. Personal loans and					
	NAME OF LENDER*	Filer's \	Verification	Xellowy College And Sellow Report And					
ADDRESS (Business Address Acceptable)		Print Name ELSA ORTIZ							
		Office, Agency							
		or Court _	AC Transit F	Board of Directors					
	BUSINESS ACTIVITY, IF ANY, OF LENDER	04-4	T 7 0045/004						
		Statement	□ /yr) /	6 Annual Assuming Leaving Annual Candidate					
None		l have user							
		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.							
					[\$10,001 - \$100,000 OVER \$100,000	Date Signe	od.	03/25/2016
					[Guarantor, if applicable	Date Signe	,w	(mghth, day, year)
-		Filer's Sig	nature(1810					