

**COVER PAGE**

*A PUBLIC DOCUMENT*

Filed Date: 03/02/2020 11:03 AM  
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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Ortiz Elsa

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
Alameda-Contra Costa Transit District  
Division, Board, Department, District, if applicable Your Position  
Board of Directors Board of Directors

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

Agency: SEE ATTACHED LIST 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, 2019, through December 31, 2019.  **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
*(Check one circle.)*  
*-or-*  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, 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 (must complete) ► Total number of pages including this cover page: 4**

**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

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 03/02/2020 11:03 AM Signature Electronic Submission  
*(month, day, year) (File the originally signed paper statement with your filing official.)*

# STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE ATTACHMENT

<b>CALIFORNIA FORM</b> <b>700</b> <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Elsa Ortiz</u>

### EXPANDED STATEMENT LIST

Agency Name	Division, Board, Department, District	Position or Title	Jurisdiction	Type of Statement	Period Covered
Alameda-Contra Costa Transit District	Bus Rapid Transit Policy Steering Committee	Members of the Bus Rapid Transit Policy Steering Committee	Multi-county Alameda-Contra Costa Transit District	Annual	01/01/19 - 12/31/19



**SCHEDULE D**  
**Income – Gifts**

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

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03 / 19 / 19</u>	<u>\$ 90.25</u>	<u>Dinner</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>

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