

COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Young Joel

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: 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 period covered is January 1, 2019, 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: 3

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 02/17/2020 06:52 PM Signature Electronic Submission
(month, day, year) (File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Joel Young</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 C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Joel Young

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
 The Tidrick Law Firm

ADDRESS (Business Address Acceptable)
 1300 Clay Street, Oakland, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Legal Services

YOUR BUSINESS POSITION
 Attorney

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED No Income - Business Position Only
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

INTEREST RATE _____ % None

TERM (Months/Years) _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address _____

 City

Guarantor _____

Other _____
 (Describe)

Comments: _____