

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A PUBLIC DOCUMENT

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FEB 22 2024

Please type or print in ink.

NAME OF FILER (LAST) Duffy (FIRST) Bevan (MIDDLE) Doyle DISTRICT SECRETARY'S OFFICE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Bay Area Rapid Transit District

Division, Board, Department, District, if applicable

Board of Directors

Your Position

Director, District 9

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

Agency: See Attachment

Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

State

San Francisco, Alameda, Contra Costa

Multi-County

City of \_\_\_\_\_

Judge, Retired Judge, Pro Tem 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, 2023, through December 31, 2023.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2023.

Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one circle.)

The period covered is January 1, 2023, through the date of leaving office.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_

Candidate: Date of Election \_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary (required)

► Total number of pages including this cover page: 2

Schedules attached

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  
Oakland CA 94612

DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

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 2-22-24  
(month, day, year)

Signature Bevan Duffy  
(File the originally signed paper statement with your filing official.)

Form 700  
Bevan Duffly

1. Capitol Corridor Joint Powers Agency  
Member  
Multi-County, San Francisco, Alameda, Contra Costa
2. Department of Homelessness and  
Supportive Housing  
City and County of San Francisco  
Homelessness Oversight Commission  
Commissioner