

A Public Document

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Ward Allen	Carole	G.	(510) 464-6095	
MAILING ADDRESS (May use business address)	STREET	CITY	STATE	ZIP CODE
300 Lakeside Drive		Oakland	CA	94612
			OPTIONAL: FAX / E-MAIL ADDRESS	
			(510) 464-6011	

1. Office, Agency, or Court

Name of Office, Agency, or Court:
San Francisco Bay Area Rapid Transit District

Division, Board, District, if applicable:
Board of Directors

Your Position:
Director, District 4

▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

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

State

County of _____

City of _____

Multi-County Alameda, Contra Costa, San Francisco

Other _____

3. Type of Statement (Check at least one box)

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2008, through December 31, 2008.

-or-

The period covered is ____/____/____, through December 31, 2008.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2008, through the date of leaving office.

-or-

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

Candidate Election Year: _____

4. Schedule Summary

▶ Total number of pages including this cover page: 1

▶ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

Schedule E Yes - schedule attached
Income - Gifts - Travel Payments

-or-

No reportable interests on any schedule

5. Verification

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.

Date Signed April 6, 2009
(month, day, year)

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