

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) DISTRICT SECRETARY'S OFFICE
McPartland John

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
San Francisco Bay Area Rapid Transit District
Division, Board, Department, District, if applicable Board of Directors
Your Position Director

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

Agency: _____ Position: _____

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

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County San Francisco, Alameda, Contra Costa County of _____
 City of _____ Other _____

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

Annual: The period covered is January 1, 2017, through December 31, 2017.
-or- The period covered is ____/____/____, through December 31, 2017.
 Assuming Office: Date assumed ____/____/____
 Candidate: Date of Election _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left ____/____/____ (Check one)
 The period covered is January 1, 2017, through the date of leaving office.
-or-
 The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

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)
300 Lakeside Drive, 23rd floor Oakland CA 94612
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(510) 915-7972 jmcpartland@bart.gov

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 02/10/18
(month, day, year)

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