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STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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E-Filed 03/21/2023 14:49:53

Filing ID: 207222934

NAME OF FILER (LAST)	(FIRST)		(MIDDLE)	
McPartland, John L				
I. Office, Agency, or Court				
Agency Name (Do not use acronyms)				
San Francisco Bay Area Rapid Transit District				
Division, Board, Department, District, if applicable	Your Position	Your Position		
Board of Directors - BART Board	Board Meml	Board Member		
► If filing for multiple positions, list below or on an attachment. (I	Do not use acronyms)			
Agency:	Position:	Position:		
2. Jurisdiction of Office (Check at least one box)	ludes Dati	and ludge Dec Tope Iv	dans on Count Commissions	
☐ State	☐ (Statewide J	lurisdiction)	dge, or Court Commissioner	
X Multi-County Alameda, Contra Costa, San Francis	County of _			
City of	Other			
3. Type of Statement (Check at least one box)				
X Annual: The period covered is January 1, 2022 through December 31, 2022.	Leaving Of	ffice: Date Left (Check	one circle)	
The period covered is/, throug December 31, 2022.		The period covered is January 1, 2022 through the date of leaving office.		
Assuming Office: Date assumed/	•	The period covered is, through the date of leaving office.		
Candidate:Date of Election and office s	ought, if different than Part 1:			
4. Schedule Summary (required) ► Total nu	umber of pages including	this cover page	· 1	
Schedules attached	ambor or pages meraamig	y amo octor page		
Schedule A-1 - Investments – schedule attached	Schedule C - Inc	Schedule C - Income, Loans, & Business Positions – schedule attached		
Schedule A-2 - Investments – schedule attached	Schedule D - Inc	☐ Schedule D - Income - Gifts - schedule attached		
Schedule B - Real Property – schedule attached	Schedule E - Inc	ome – Gifts – Travel I	Payments – schedule attached	
-or-				
🗵 None - No reportable interests on any schedule				
5. Verification				
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY	STATE	ZIP CODE	
DANTING TELEPHONE NUMBER	Oakland	CA	94604	
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
I have used all reasonable diligence in preparing this statement. I			owledge the information contained	
herein and in any attached schedules is true and complete. I ack I certify under penalty of perjury under the laws of the State	-			
. y y y p y		,		
Date Signed03/21/2023	Signature John L I	McPartland	atement with your filing official.)	
(month, day, year)	(Fi	ne me ongmany signed paper st	atement with your ming official.)	