

**STATEMENT OF ECONOMIC INTERESTS**  
**COVER PAGE**

**RECEIVED**  
 Date Initial Filing  
 Received  
 Official Use Only  
**MAR 19 2015**  
**DISTRICT SECRETARY'S OFFICE**

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
McPARTLAND JOHN LYNN

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
BAY AREA RAPID TRANSIT  
 Division, Board, Department, District, if applicable Your Position  
BOARD OF DIRECTORS 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 ALAMEDA/CONTRACOSTA/SAN FRANCISCO County of \_\_\_\_\_  
 City of \_\_\_\_\_  Other \_\_\_\_\_

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

**Annual:** The period covered is January 1, 2014, through December 31, 2014.  
 -or- The period covered is \_\_\_\_\_, through December 31, 2014.  
 **Assuming Office:** Date assumed \_\_\_\_\_  
 **Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  
 **Leaving Office:** Date Left \_\_\_\_\_ (Check one)  
 The period covered is January 1, 2014, through the date of leaving office.  
 The period covered is \_\_\_\_\_, through the date of leaving office.

**4. Schedule Summary**

Check applicable schedules or "None." ► Total number of pages including this cover page: 1

**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  
 (Business or Agency Address Recommended - Public Document)  
20047 MEADOWLARK DR CASTRO VALLEY CA 94546  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
(510) 915-7972 JOHN@MCPARTLANDS.NET  
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 3/8/15 Signature John McPartland  
 (month, day, year) (File the originally signed statement with your filing official.)