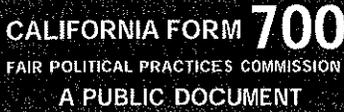


Date Received  
MAR 2 2013  
Official Use Only

DISTRICT SECRETARY'S  
OFFICE



STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
MURRAY GAIL

1. Office, Agency, or Court

Agency Name  
SAN FRANCISCO BAY AREA TRANSIT DISTRICT  
Division, Board, Department, District, if applicable  
DISTRICT 1  
Your Position  
DIRECTOR

► If filing for multiple positions, list below or on an attachment.

Agency: CAPITOL CORRIDOR JPA Position: DIRECTOR

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 YOLO, SACRAMENTO, SOLANO, SANTA CLARA, PLACER  Other \_\_\_\_\_

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

Annual: The period covered is January 1, 2012, through December 31, 2012.  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.  
 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, 2012, 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: 8

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)  
300 LAKESIDE DR. OAKLAND CA 94604  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)  
(510) 464-6095 boardofdirectors@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 March 22, 2013 Signature Gail Murray  
(month, day, year) (File the originally signed statement with your filing official.)

**SCHEDULE A-1  
Investments**

**Stocks, Bonds, and Other Interests**  
(Ownership Interest is Less Than 10%)

*Do not attach brokerage or financial statements.*

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>GAIL MURRAY</u>
---

▶ NAME OF BUSINESS ENTITY  
SEE ATTACHMENT

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

---

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

---

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

---

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

---

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

---

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
 ACQUIRED                  DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

---

FAIR MARKET VALUE  
 \$2,000 - \$10,000       \$10,001 - \$100,000  
 \$100,001 - \$1,000,000       Over \$1,000,000

NATURE OF INVESTMENT  
 Stock       Other \_\_\_\_\_ (Describe)  
 Partnership       Income Received of \$0 - \$499  
                                   Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:  
 \_\_\_\_/\_\_\_\_/12      \_\_\_\_/\_\_\_\_/12  
 ACQUIRED                  DISPOSED

Comments: \_\_\_\_\_

SCHEDULE A-1 - INVESTMENTS

2012	Name of Business Entity	General Description of Business Activity	Nature of Investment	Fair Market Value	Acquired	Disposed
			Stock	\$2,000 - 10,000	\$10,001 - 100,000	\$100,001 - 1,000,000
	AKAMAI TECHNOLOGY	Technology	X			5/11/2012
	APPLE INC.	Technology	X		X	
	APPLE INC. Option	Technology		X		2/22/2012
	APPLE INC. Option	Technology		X		7/13/2012
	ARCELORMITTAL	Industrial	X			2/22/2012
	ARCELORMITTAL	Industrial		X		5/4/2012
	ARMOUR RESIDENTIAL REIT	Financial		X		12/3/2012
	CARRIZO OIL & GAS	Energy	X			
	CATERPILLAR INC	Industrial	X			1/10/2012
	CELGENE	Health Care	X			5/4/2012
	CHESSAPEAKE ENERGY	Energy	X			
	CHEVRON CORP	Energy	X			
	CLEAN ENERGY	Energy	X			
	COCA COLA	Consumer	X			
	COMPUTER SCIENCE	Technology		X		10/19/2012
	ENBRIDGE ENERGY	Energy		X		12/3/2012
	EXXONMOBIL	Energy	X			
	FACEBOOK	Technology	X			5/17/2012
	FAMILY DOLLAR STORE	Consumer		X		
	FORD MOTOR CREDIT	Financial		X		12/20/2012
	FREEMONT MCMORAN	Financial	X			
	GENERAL ELECTRIC CAPITAL	Industrial		X		
	GENERAL MOTORS	Industrial	X			
	GOLDMAN SACHS	Financial		X		
	GOOGLE INC	Technology	X			
	HASBRO	Consumer	X			
	IBM	Technology	X			
	JOHNSON & JOHNSON	Health Care	X			
	McDONALDS	Consumer	X			
	MORGAN STANLEY	Financial		X		
	MORGAN STANLEY TRUST 6.6	Financial		X		
	MOTOROLA MOBILITY	Technology	X			3/4/2012
	NXP SEMICONDUCTOR	Technology	X			7/16/2012
	ORACLE	Technology	X			
	PALO ALTO NETWORK	Technology	X			12/27/2012
	PEPSI SR NOTE	Consumer		X		
	POTASH	Basic Materials	X			5/18/2012
	SAFEWAY INC	Consumer		X		6/27/2012
	SAFEWAY INC SR. NOTE	Consumer		X		12/1/2012
	SCHWAB CAP TRUST	Financial		X		9/31/2012
	SUNCOR ENERGY INC	Energy	X			
	TARGET CORP	Consumer	X			
	TEVA PHARMACEUTICAL	Health Care	X			5/16/2012
	VALE	Basic Materials	X			
	VERIZON	Telecommunications	X			10/16/2012
	WAL-MART	Consumer	X			
	WELLS FARGO	Financial	X			10/10/2012

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
 (Ownership Interest is 10% or Greater)

Name  
GAIL MURRAY

**1. BUSINESS ENTITY OR TRUST**

Name GAIL MURRAY CONSULTING  
 Address (Business Address Acceptable) 3535 CASSENA DR., WALNUT CREEK, CA 94598  
 Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY  
CONSULTING

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
 ACQUIRED 1/12 DISPOSED 1/12

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  Other

YOUR BUSINESS POSITION PRESIDENT

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499  \$10,001 - \$100,000  
 \$500 - \$1,000  OVER \$100,000  
 \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None  
NELSON NYGAARD CONSULTING ASSOC.

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT  REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
 ACQUIRED 12 DISPOSED 12

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership

Leasehold \_\_\_\_\_ Yrs. remaining  Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

**1. BUSINESS ENTITY OR TRUST**

Name JAMES A. + GAIL MURRAY REVOCABLE TRUST  
 Address (Business Address Acceptable) 3535 CASSENA DR., WALNUT CREEK, CA 94598  
 Check one  
 Trust, go to 2  Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
 ACQUIRED 12 DISPOSED 12

NATURE OF INVESTMENT  
 Partnership  Sole Proprietorship  Other

YOUR BUSINESS POSITION \_\_\_\_\_

**2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)**

\$0 - \$499  \$10,001 - \$100,000  OVER \$100,000  
 \$500 - \$1,000  
 \$1,001 - \$10,000

**3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)**

None  
SEE ATTACHED

**4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST**

Check one box:  
 INVESTMENT  REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
 ACQUIRED 12 DISPOSED 12

NATURE OF INTEREST  
 Property Ownership/Deed of Trust  Stock  Partnership

Leasehold \_\_\_\_\_ Yrs. remaining  Other \_\_\_\_\_

Check box if additional schedules reporting investments or real property are attached

Comments: \_\_\_\_\_

GAIL MURRAY

SCHEDULE A-2 TRUST

2012		General Description of Business Activity		Nature of Investment		Fair Market Value			Acquired	Disposed
1 Name of Business Entity	James A & Gail Murray Revocable Trust			Stock	Other	\$2,000 - 10,000	\$10,001 - 100,000	\$100,001 - 1,000,000	Acquired	Disposed
2 Gross income received	\$10,001 - \$100,000									
3 Income over \$10,000	not applicable									
4 Investments										
<b>Name of Business Entity</b>		<b>General Description of Business Activity</b>		<b>Nature of Investment</b>					<b>Acquired</b>	<b>Disposed</b>
ATLAS PIPELINE PARTNERS		Energy		MLP					12/4/2012	
BARCLAYS BANK		Financial	X	Preferred Stock			X			
CATERPILLER		Industrial	X				X		7/19/2012	
CHARLES SCHWAB		Financial		Bond			X		1/24/2012	
ENBRIDGE		Energy		MLP			X		3/6/2012	
JP MORGAN CHASE		Financial	X				X		2/3/2012	
JP MORGAN CHASE - FRONTLINE LTD COM		Industrial	X	Bond			X		2/23/2012	5/10/2012
NATIONAL OIL WELL - VARCO		Industrial	X			X				
NESTLE		Consumer	X				X		12/19/2012	
PNC FINANCIAL CORP		Financial	X	Preferred Stock			X		7/25/2012	
RANGE RESOURCES		Energy	X				X		4/20/2012	
SHIP FINANCE INTERNATIONAL		Industrial	X			X				
US BANCORP		Financial	X	Preferred Stock			X		1/18/2012	
WALT DISNEY CO.		Consumer	X				X			



## SCHEDULE D Income - Gifts

Name  
Gail Murray

▶ NAME OF SOURCE (Not an Acronym)  
BEDELL FRAZIER INVESTMENT COUNSELING

ADDRESS (Business Address Acceptable)  
200 PRINALE AVE, #555, WALNUT CREEK, CA 94596

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
INVESTMENT COUNSELING

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4/27/12</u>	<u>\$ 124</u>	<u>baseball tickets</u>
<u>  /  /  </u>	<u>  </u>	<u>  </u>
<u>  /  /  </u>	<u>  </u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>  </u>	<u>  </u>
<u>  /  /  </u>	<u>  </u>	<u>  </u>
<u>  /  /  </u>	<u>  </u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>  </u>	<u>  </u>
<u>  /  /  </u>	<u>  </u>	<u>  </u>
<u>  /  /  </u>	<u>  </u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>  </u>	<u>  </u>
<u>  /  /  </u>	<u>  </u>	<u>  </u>
<u>  /  /  </u>	<u>  </u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>  </u>	<u>  </u>
<u>  /  /  </u>	<u>  </u>	<u>  </u>
<u>  /  /  </u>	<u>  </u>	<u>  </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>  </u>	<u>  </u>
<u>  /  /  </u>	<u>  </u>	<u>  </u>
<u>  /  /  </u>	<u>  </u>	<u>  </u>

Comments: \_\_\_\_\_

**SCHEDULE E**  
**Income - Gifts**  
**Travel Payments, Advances,**  
**and Reimbursements**

Name  
GAIL MURRAY

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)  
L'orde des urbanistes du quebec  
 ADDRESS (Business Address Acceptable)  
85 St. Paul St. West, Ste. 410, Montreal  
 CITY AND STATE Quebec, CN  
Planners' association  
 BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): 12/5/12, 12/8/13 AMT: \$ 1,497  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description  
air fare & hotel

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE  501 (c)(3)

DATE(S): \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ AMT: \$\_\_\_\_  
 (If gift)

TYPE OF PAYMENT: (must check one)  Gift  Income

Made a Speech/Participated in a Panel  
 Other - Provide Description

Comments: \_\_\_\_\_