

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

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NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Allen, Debora			

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

San Francisco Bay Area Rapid Transit

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: *SEE ATTACHED FOR ADDITIONAL POSITIONS

Position: _____

2. Jurisdiction of Office (Check at least one box) State Multi-County Contra Costa, Alameda, San Francisco City of _____ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
(Statewide Jurisdiction) County of _____ Other _____**3. Type of Statement (Check at least one box)** **Annual:** The period covered is January 1, 2020 through
December 31, 2020

-or-

The period covered is ____/____/____, through
December 31, 2020 **Assuming Office:** Date assumed ____/____/____ **Leaving Office:** Date Left ____/____/____
(Check one circle) The period covered is January 1, 2020 through the date of
leaving office. The period covered is ____/____/____, through the date
of leaving office. **Candidate:** Date of Election _____ and office sought, if different than Part 1: _____**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 7****Schedules attached** **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
<i>(Business or Agency Address Recommended - Public Document)</i>				
300 Lakeside Drive	P.O. Box 12688	Oakland	CA	94604-2688
DAYTIME TELEPHONE NUMBER	E-MAIL ADDRESS			
(510) 464-6095	debora.allen@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 04/10/2021
(month, day, year)Signature Debora Allen
(File the originally signed paper statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
Expanded Statement Attachment

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Debra Allen

* This table lists all positions including the primary position listed in the Office, Agency, or Court section of the Cover Page.

Agency	Division/Board/Dept/District	Position	Type of Statement
Contra Costa Transportation Authority	Authority Board	Contra Costa Transportation Authority Board Ex-Officio Representative	Annual 1/1/2020 - 12/31/2020
San Francisco Bay Area Rapid Transit	Board of Directors	Director	Annual 1/1/2020 - 12/31/2020
Capitol Corridor JPA	Board of Directors	Director	Annual 1/1/2020 - 12/31/2020
Pleasant Hill BART Station Leasing	Board of Directors	Director	Annual 1/1/2020 - 12/31/2020

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name Allen, Debora

▶ 1. BUSINESS ENTITY OR TRUST

Quoin, Inc.

Name
P.O. Box 856
Clayton, CA 94517

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS			
Consulting			
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:		
<input checked="" type="checkbox"/> \$0 - \$1,999	___/___/20	___/___/20	
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED	
<input type="checkbox"/> \$10,001 - \$100,000			
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			
NATURE OF INVESTMENT			
<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input checked="" type="checkbox"/> Corporation	
<small>Other</small>			
YOUR BUSINESS POSITION <u>Principal/CEO</u>			

▶ 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 or Names listed below

East County Glass & Window, Inc.

▶ 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:		
<input type="checkbox"/> \$2,000 - \$10,000	___/___/20	___/___/20	
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED	
<input type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			
NATURE OF INTEREST			
<input type="checkbox"/> Property Ownership/Deed of Trust	<input type="checkbox"/> Stock	<input type="checkbox"/> Partnership	
<small>Other</small>			
<input type="checkbox"/> Leasehold	_____ Yrs. remaining	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached			

▶ 1. BUSINESS ENTITY OR TRUST

Blue Heron Properties, LLC

Name
P.O. Box 856
Clayton, CA 94517

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS			
Real Estate Investment			
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:		
<input type="checkbox"/> \$0 - \$1,999	___/___/20	___/___/20	
<input type="checkbox"/> \$2,000 - \$10,000	ACQUIRED	DISPOSED	
<input type="checkbox"/> \$10,001 - \$100,000			
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			
NATURE OF INVESTMENT			
<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship	<input checked="" type="checkbox"/> LLC	
<small>Other</small>			
YOUR BUSINESS POSITION <u>Member</u>			

▶ 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 or Names listed below

Salsa 4 All Seasons

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

Check one box:
 INVESTMENT REAL PROPERTY

085184018

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

Pittsburg, CA

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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:		
<input type="checkbox"/> \$2,000 - \$10,000	___/___/20	___/___/20	
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED	
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000			
<input type="checkbox"/> Over \$1,000,000			
NATURE OF INTEREST			
<input checked="" type="checkbox"/> Property Ownership/Deed of Trust	<input type="checkbox"/> Stock	<input type="checkbox"/> Partnership	
<small>Other</small>			
<input type="checkbox"/> Leasehold	_____ Yrs. remaining	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached			

Comments: _____

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM **700**

FAIR POLITICAL PRACTICES COMMISSION

Name _____

Allen, Debora

▶ 1. BUSINESS ENTITY OR TRUST

East County Glass& Window, Inc.

Name
441 E TENTH STREET
PITTSBURG, CA 94565

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

Glass & Window Contractor

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999		
<input type="checkbox"/> \$2,000 - \$10,000	____/____/20	____/____/20
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input checked="" type="checkbox"/> Over \$1,000,000		

NATURE OF INVESTMENT

Partnership Sole Proprietorship Corporation

Other _____

YOUR BUSINESS POSITION VP/CFO

▶ 1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable)

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF THIS BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999		
<input type="checkbox"/> \$2,000 - \$10,000	____/____/20	____/____/20
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED	DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000		
<input type="checkbox"/> Over \$1,000,000		

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

\$500 - \$1,000 OVER \$100,000

\$1,001 - \$10,000

▶ 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 or Names listed below

Contra Costa County

Storefront Systems

Kelly & Son

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

None or Names listed below

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

Check one box:
 INVESTMENT REAL PROPERTY

0851850362,0851850107,0851850073

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

Pittsburg, CA

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

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$2,000 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	____/____/20	____/____/20
<input checked="" type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED	DISPOSED
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold 3 Other _____

Yrs. remaining

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

<input type="checkbox"/> \$2,000 - \$10,000		
<input type="checkbox"/> \$10,001 - \$100,000	____/____/20	____/____/20
<input type="checkbox"/> \$100,001 - \$1,000,000	ACQUIRED	DISPOSED
<input type="checkbox"/> Over \$1,000,000		

NATURE OF INTEREST

Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____

Yrs. remaining

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

Comments: _____

Additional Single Sources of Income of \$10,000 or more for East County Glass& Window, Inc.

QSI
Energy Remodeling
Bluerock
Big Bang
FF Dev
Jerry's home services
SAJO
Unicorn Riders
Toll Brothers
Greystar
C&S, Inc.
Cornell
DCI
LaMachia Grp
MCRT
WLB

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 0851850362, 0851850107, 0851850073,
 CITY
 Pittsburg

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

ACQUIRED: ___/___/20 DISPOSED: ___/___/20

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
 East County Glass & Window, Inc.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
 0851840074, 0851840066
 CITY
 Pittsburg

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

ACQUIRED: ___/___/20 DISPOSED: ___/___/20

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
 West Coast Auto Body

* You are not required to report loans from a commercial lending institution made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF LENDER

 INTEREST RATE TERM (Months/Years)
 _____% None _____
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF LENDER

 INTEREST RATE TERM (Months/Years)
 _____% None _____
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

