

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

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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
 Raburn Robert

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

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

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

Agency: Capitol Corridor Joint Powers Agency Position: Member of Governing Body of CCJPA

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

- State
- Multi-County Alameda, Contra Costa, Placer, Sacramento
- City of San Francisco, Santa Clara, Solano, Yolo
- 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, 2015, through December 31, 2015.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2015.
- Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- The period covered is January 1, 2015, through the date of leaving office.
- or-
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

**4. Schedule Summary (must complete) ► Total number of pages including this cover page: 3**

**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

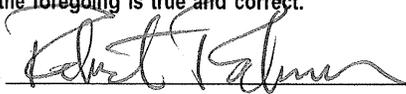
**5. Verification**

MAILING ADDRESS STREET CITY STATE ZIP CODE  
 (Business or Agency Address Recommended - Public Document)  
 300 Lakeside Drive Oakland CA 94612  
 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
 ( 510 ) 530-3444 robert.raburn@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 03/05/2016  
(month, day, year)

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



