

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

A PUBLIC DOCUMENT

DISTRICT SECRETARY'S

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
San Francisco Bay Area Rapid Transit
Division, Board, Department, District, if applicable Your Position
Board of Directors District 4

► 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 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)
 Multi-County Alameda Contra Costa, Placer, Sacramento County of _____
 City of _____ and San Francisco, Santa Clara, Solano, Yolo Other _____

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

Annual: The period covered is January 1, 2019, through December 31, 2019. Leaving Office: Date Left ____/____/_____
-or- (Check one circle.)
The period covered is ____/____/_____, through The period covered is January 1, 2019, through the date of leaving office.
 Assuming Office: Date assumed ____/____/_____. -or- 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: 2

Schedules attached

Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached
 Schedule B - Real Property - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached

-or- None - No reportable interests on any schedule

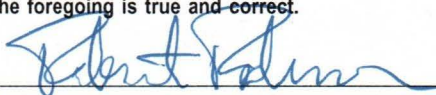
5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
300 Lakeside Drive Oakland CA 94612
DAYTIME TELEPHONE NUMBER EMAIL ADDRESS
(510) 530-3444 robertraburn@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 10, 2020
(month, day, year)

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

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
Robert Raburn

▶ 1. BUSINESS ENTITY OR TRUST

Robert and Patricia Raburn 2000 Family Trust
Name
300 Lakeside Drive Oakland, CA 94612
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:

\$0 - \$1,999 _____/_____/19 _____/_____/19
 \$2,000 - \$10,000 _____/_____/19 _____/_____/19
 \$10,001 - \$100,000 _____/_____/19 _____/_____/19
 \$100,001 - \$1,000,000 _____/_____/19 _____/_____/19
 Over \$1,000,000 _____/_____/19 _____/_____/19

ACQUIRED DISPOSED

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

▶ 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

2 units from rental property (S. Gort/V. Kenne)

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

Check one box:
 INVESTMENT REAL PROPERTY

430-432 Staten Ave Oakland, CA 94610
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 _____/_____/19 _____/_____/19
 \$10,001 - \$100,000 _____/_____/19 _____/_____/19
 \$100,001 - \$1,000,000 _____/_____/19 _____/_____/19
 Over \$1,000,000 _____/_____/19 _____/_____/19

ACQUIRED DISPOSED

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
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:

\$0 - \$1,999 _____/_____/19 _____/_____/19
 \$2,000 - \$10,000 _____/_____/19 _____/_____/19
 \$10,001 - \$100,000 _____/_____/19 _____/_____/19
 \$100,001 - \$1,000,000 _____/_____/19 _____/_____/19
 Over \$1,000,000 _____/_____/19 _____/_____/19

ACQUIRED DISPOSED

NATURE OF INVESTMENT
 Partnership Sole Proprietorship _____ Other

YOUR BUSINESS POSITION _____

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 \$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

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Check one box:
 INVESTMENT REAL PROPERTY

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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:

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 \$10,001 - \$100,000 _____/_____/19 _____/_____/19
 \$100,001 - \$1,000,000 _____/_____/19 _____/_____/19
 Over \$1,000,000 _____/_____/19 _____/_____/19

ACQUIRED DISPOSED

NATURE OF INTEREST
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Comments: _____