

**STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
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NAME OF FILER (LAST) (FIRST) (MIDDLE) DISTRICT SECRETARY'S OFFICE  
Raburn Robert . OFFICE

**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

Director, District 4

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

Agency: Capitol Corridor Joint Powers Authority

Position: Member of Governing Body 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, 2020, through December 31, 2020.

**Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Check one circle.)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_\_, through December 31, 2020.

The period covered is January 1, 2020, through the date of leaving office.

-or-

**Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_\_

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
<i>(Business or Agency Address Recommended - Public Document)</i>				
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 January 11, 2020  
(month, day, year)

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

