

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

A PUBLIC DOCUMENT

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| Please type or print in ink. | | | SAN. FFFC | |
|---|---------------------------------|--|--|--|
| IAME OF FILER (LAST) | (FIRST) | (| MIDDLE) | |
| Foley | Mark | | John | |
| . Office, Agency, or Court | | | | |
| Agency Name (Do not use acronyms) | | | | |
| San Francisco Bay Area Rapi | d Transit District | | | |
| Division, Board, Department, District, if applicable | | Your Position | Your Position | |
| | | | | |
| | | Board Member | | |
| ► If filing for multiple positions, list below | ow or on an attachment. (Do no | ot use acronyms) | | |
| Agency: | | Position: | | |
| | | | | |
| 2. Jurisdiction of Office (Check | at least one box) | | | |
| State | | ☐ Judge, Retired Judge, F (Statewide Jurisdiction) | Pro Tem Judge, or Court Commissioner | |
| ■ Multi-County Alameda, Contra | a Costa, San Francisco | County of | | |
| | | | | |
| City of | | | | |
| 3. Type of Statement (Check at I | east one box) | | | |
| × Annual: The period covered is Ja | inuary 1, 202 4, through | | Left/ | |
| December 31, 202 4. -or- | | (Ch | eck one circle below.) | |
| The period covered is | /, throu | The period covered leaving office. | d is January 1, 2024, through the date of | |
| Assuming Office: Date assumed | | The period covered the date of leaving | d is/, through office. | |
| Candidate: Date of Election | and office so | ought, if different than Part 1: | | |
| I. Schedule Summary (require | ed) ► Total num | ber of pages including this of | cover page: | |
| Schedules attached | | | | |
| Schedule A-1 - Investments – s | 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 – s | | Schedule E - Income - Gifts - | - Travel Payments - schedule attached | |
| | | | | |
| -or- 🗵 None - No reportable in | terests on any schedule | | | |
| 5. Verification | , | | | |
| MAILING ADDRESS STREET | CITY | Y S | TATE ZIP CODE | |
| (Business or Agency Address Recommended - Pu | ıblic Document) | | | |
| DAYTIME TELEPHONE NUMBER | | EMAIL ADDRESS | | |
| () | | LIWAIL ADDINESS | | |
| I have used all reasonable diligence in pherein and in any attached schedules is | | | st of my knowledge the information contained | |
| I certify under penalty of perjury und | • | | nd correct. | |
| , i | | | | |
| Date Signed 01/29/2025 0 |)6:03 PM | Signature | | |

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