



STATEMENT OF ECONOMIC INTERESTS COVER PAGE A Public Document

Date Initial Filing Received Filing Official Use Only

E-Filed 01/01/2025 03:03:47 Filing ID: 212644075

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE) Ghosh, Barnali

1. Office, Agency, or Court

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

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

Agency: Position:

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

- State
Multi-County Alameda, Contra Costa, 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, 2023 through December 31, 2023.
-or-
The period covered is / / , through December 31, 2023.
Assuming Office: Date assumed 12 / 06 / 2024
Leaving Office: Date Left / / (Check one circle)
The period covered is January 1, 2023 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 (required)

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
Oakland CA 94612
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS

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 01/01/2025 Signature Barnali Ghosh

# 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 \_\_\_\_\_  
Ghosh, Barnali

**▶ 1. BUSINESS ENTITY OR TRUST**

Anirvan Chatterjee Revocable Living Trust  
Name \_\_\_\_\_

Berkeley, CA 94709  
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 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> ACQUIRED                             </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> DISPOSED                             </td> </tr> <tr> <td style="width: 50%; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table> </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table> </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table> </td> </tr> </table>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> ACQUIRED                             </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> DISPOSED                             </td> </tr> <tr> <td style="width: 50%; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table> </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table> </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table>	<input type="checkbox"/> ACQUIRED	<input type="checkbox"/> DISPOSED	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table> </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table>	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23
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NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 1. BUSINESS ENTITY OR TRUST**

Bay Area South Asian History Project  
Name \_\_\_\_\_

Berkeley, CA 94709  
Address (Business Address Acceptable)

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

GENERAL DESCRIPTION OF THIS BUSINESS

History walking tours, research

---

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:

<input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$10,000 <input checked="" type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> ACQUIRED                             </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> DISPOSED                             </td> </tr> <tr> <td style="width: 50%; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table> </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table> </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table> </td> </tr> </table>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> ACQUIRED                             </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> DISPOSED                             </td> </tr> <tr> <td style="width: 50%; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table> </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table> </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table>	<input type="checkbox"/> ACQUIRED	<input type="checkbox"/> DISPOSED	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table> </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table>	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23
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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

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**▶ 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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**▶ 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 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> ACQUIRED                             </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> DISPOSED                             </td> </tr> <tr> <td style="width: 50%; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table> </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table> </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table> </td> </tr> </table>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> ACQUIRED                             </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> DISPOSED                             </td> </tr> <tr> <td style="width: 50%; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table> </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table> </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table>	<input type="checkbox"/> ACQUIRED	<input type="checkbox"/> DISPOSED	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table> </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table>	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23
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<input type="checkbox"/> 23	<input type="checkbox"/> 23									

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

**▶ 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 <input type="checkbox"/> \$100,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> ACQUIRED                             </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> DISPOSED                             </td> </tr> <tr> <td style="width: 50%; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table> </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table> </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table> </td> </tr> </table>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> ACQUIRED                             </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> DISPOSED                             </td> </tr> <tr> <td style="width: 50%; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table> </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table> </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table>	<input type="checkbox"/> ACQUIRED	<input type="checkbox"/> DISPOSED	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table> </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> 23                             </td> </tr> </table>	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23	<input type="checkbox"/> 23
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<input type="checkbox"/> ACQUIRED	<input type="checkbox"/> DISPOSED									
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<input type="checkbox"/> 23	<input type="checkbox"/> 23									

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

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 \_\_\_\_\_

Ghosh, Barnali

**▶ 1. BUSINESS ENTITY OR TRUST**

Barnali Ghosh  
Name \_\_\_\_\_

Berkeley, CA 94709  
Address (Business Address Acceptable) \_\_\_\_\_

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

GENERAL DESCRIPTION OF THIS BUSINESS

Web design, art

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	____/____/23	____/____/23
<input checked="" 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  
 Partnership     Sole Proprietorship     \_\_\_\_\_ Other

YOUR BUSINESS POSITION \_\_\_\_\_

**▶ 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

FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:	
<input type="checkbox"/> \$0 - \$1,999	____/____/23	____/____/23
<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  
 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**▶ 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

\_\_\_\_\_  
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	____/____/23	____/____/23
<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  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

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	____/____/23	____/____/23
<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  
 Property Ownership/Deed of Trust     Stock     Partnership

Leasehold \_\_\_\_\_ Yrs. remaining     Other \_\_\_\_\_

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

Comments: \_\_\_\_\_