CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION		
	A Public Document	
Please type or print in ink.	Filing ID: 212643475	
NAME OF FILER (LAST)	(FIRST) (MIDDLE)	
Wright, Edward		
. Office, Agency, or Court		
Agency Name (Do not use acronyms)		
San Francisco Bay Area Rapid Transit District		
Division, Board, Department, District, if applicable	Your Position	
Board of Directors - BART Board	Board Member	
► If filing for multiple positions, list below or on an attachment. (I	(Do not use acronyms)	
Agency:	Position:	
Jurisdiction of Office (Check at least one box) State Multi-County Alameda, Contra Costa, San Francis	Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)	
City of	Other	
Type of Statement (Check at least one box)		
Annual: _{The period} covered is January 1, 2023 through December 31, 2023.	Leaving Office: Date Left//(Check one circle)	
-or- The period covered is/, throug December 31, 2023.	ugh O The period covered is January 1, 2023 through the date of leaving office.	
X Assuming Office: Date assumed <u>12 / 16 / 2024</u>	 The period covered is/, through the date of leaving office. 	
Candidate:Date of Election and office s	sought, if different than Part 1:	
Schedule Summary (required) Fotal nu Schedules attached	number of pages including this cover page: <u>3</u>	
 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		
Verification		
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Document)	CITY STATE ZIP CODE	
DAYTIME TELEPHONE NUMBER	Oakland CA 94612	
I have used all reasonable diligence in preparing this statement. I herein and in any attached schedules is true and complete. I ack	I have reviewed this statement and to the best of my knowledge the information contained cknowledge this is a public document.	
I certify under penalty of perjury under the laws of the State		
Date Signed _12/31/2024	Signature _ Edward Wright	
(month, day, year)	(File the originally signed paper statement with your filing official.)	

122100409-NFH-0409

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SCHEDULE C Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name

Wright, Edward

► 1. INCOME RECEIVED	► 1. INCOME RECEIVED			
NAME OF SOURCE OF INCOME	NAME OF SOURCE OF INCOME			
City and County of San Francisco	City and County of San Francisco			
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)			
San Francisco, CA 94102	San Francisco, CA 94102			
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE			
YOUR BUSINESS POSITION	YOUR BUSINESS POSITION			
	Transit Strategic Communications Advisor			
GROSS INCOME RECEIVED No Income - Business Position Only	GROSS INCOME RECEIVED No Income - Business Position Onl			
\$500 - \$1,000 \$1,001 - \$10,000	\$500 - \$1,000 \$1,001 - \$10,000			
X \$10,001 - \$100,000 OVER \$100,000	S10,001 - \$100,000 SOVER \$100,000			
CONSIDERATION FOR WHICH INCOME WAS RECEIVED	CONSIDERATION FOR WHICH INCOME WAS RECEIVED			
Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)	X Salary Spouse's or registered domestic partner's income (For self-employed use Schedule A-2.)			
Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)	Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)			
Sale of	Sale of			
(Real property, car, boat, etc.)	(Real property, car, boat, etc.)			
Commission or Rental Income, list each source of \$10,000 or more	Commission or Rental Income, list each source of \$10,000 or more			
(Describe)	(Describe)			
Other	Other			
(Describe)	(Describe)			

* You are not required to report loans from a commercial lending institution, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*	INTEREST RATE		TERM (Months/Years)
ADDRESS (Business Address Acceptable)	%	None None	
BUSINESS ACTIVITY, IF ANY, OF LENDER	SECURITY FOR LC	DAN	sidence
HIGHEST BALANCE DURING REPORTING PERIOD	Real Property _		Street address
\$500 - \$1,000 \$1,001 - \$10,000	-		City
<pre>\$10,001 - \$100,000 OVER \$100,000</pre>	Other		

Comments: _

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700

Name

Wright, Edward

► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
Val Caniparoli	Sydney Simpson		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
San Francisco, CA 94105	San Francisco, CA 94103		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Choreographer	Registered Nurse		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
<u>02 / 10 / 24 </u> \$ 125.00 ballet ticket	_05/_04/_24_ \$75.00 BroadwaySF Ticket		
/\$	/\$		
/\$	/ \$		
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
Nancy Pelosi for Congress	Kaylah May		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
San Francisco, CA 94107	San Francisco, CA 94132		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Congressional Candidate Committee	Labor Organizer		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)		
<u>07 / 11 / 24 \$ 200.00 DCCC Gala Ticket</u>	<u>06/05/24</u> \$ <u>90.00</u> BroadwaySF Ticket		
/\$	/\$		
/ \$	/\$		
► NAME OF SOURCE (Not an Acronym)	► NAME OF SOURCE (Not an Acronym)		
Yes in My Back Yard Action	San Francisco Interfaith Council		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
San Francisco, CA 94103	San Francisco, CA 94129		
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE		
Housing Advocacy	Faith-based advocacy		
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S) Interfaith Thanksgiving Prayer		
<u>10 / 05 / 24 </u> \$ <u>175.00</u> YIMBY Prom Ticket	<u>11/26/24</u> <u>\$ 100.00</u> Breakfast Ticket		
/\$	\$ *		
/\$	_ / \$		

Comments: ____