

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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Please type or print in in in the NAME OF FILER (LAST)	nk. (FIRST)			(MIDDLE)		
Cajina	Stephan	nie		(MIDDLE)		
•	· · · · · · · · · · · · · · · · · · ·	iic				
1. Office, Agency,						
Agency Name (Do no	, ,					
Municipal Transp	rtment, District, if applicable		Your Pos	vition		
•						
Board of Director		Member				
► If filing for multiple	positions, list below or on an attachment	:. (Do not use ad	cronyms)			
Agency:	Position:					
- igeney:						
2. Jurisdiction of	Office (Check at least one box)					
State			 Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction) 			
☐ Multi-County			County	of San Francisco		
City of San Fra			Other			
2 Type of Statem						
	ent (Check at least one box)		_	055		
	riod covered is January 1, 2020, through ber 31, 2020 .		Leavi	ng Office: Date Left (Check one		
The pe	riod covered is// ber 31, 2020 .	, through		ne period covered is Januar aving office.	y 1, 2020, through the date of	
Assuming Office	e: Date assumed/			ne period covered ise date of leaving office.	/, through	
Candidate: Date	e of Election and	office sought, if of	different than	Part 1:		
A Schodule Sumr	mary (must complete) > Tot	al number of	i nagaa ind	luding this source no		
Schedules atta	mary (must complete) ► Tot	al number of	pages inc	sluding this cover pag	<u></u>	
	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					
	- Investments – schedule attached	Schedule B - Income – Gifts – Scriedule attached Schedule E - Income – Gifts – Travel Payments – schedule attached				
Scriedule B -	Real Property – schedule attached		oneddie E	moomo Cinto mavorra	ymonto constato attachea	
-or- None - N	o reportable interests on any sche	edule				
5. Verification	, ,, , , , , , , , , , , , , , , , , , ,					
MAILING ADDRESS	STREET	CITY		STATE	ZIP CODE	
(Business or Agency Addre 1 South Van Nes	ss Recommended - Public Document)	San Franc	rcisco	CA	94103	
DAYTIME TELEPHONE NU			MAIL ADDRESS			
(415) 646-44		MTABoard@SFMTA.com				
	nable diligence in preparing this statement ached schedules is true and complete. I				owledge the information contained	
-	ty of perjury under the laws of the Sta	-	· ·			
					7	
Date Signed 12/1/2		Sign	ature	1		
	(month, day, year)			(File the originally signed paper state	ement with your filing official.)	

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