

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTSDate Received
OFFICE USE ONLY**COVER PAGE**

13 APR -2 AM 11:59

Please type or print in ink.

NAME OF FILER (LAST) BURGOS (FIRST) CLAUDIA (MIDDLE) CARINA

1. Office, Agency, or Court

Agency Name

CITY OF OAKLAND

Division, Board, Department, District, if applicable

CITY COUNCIL, D5

Your Position

CHIEF OF STAFF / PSE 51

► If filing for multiple positions, list below or on an attachment

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)☐ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County _____☐ County of _____☒ City of OAKLAND☐ Other _____**3. Type of Statement (Check at least one box)**☒ Annual: The period covered is January 1, 2012, through December 31, 2012.☐ Leaving Office: Date Left ____/____/____
(Check one)

-or-

The period covered is ____/____/____, through December 31, 2012

☐ The period covered is January 1, 2012, through the date of leaving office☐ Assuming Office: Date assumed ____/____/____☐ The period covered is ____/____/____, through the date of leaving office☐ Candidate: Election year _____ and office sought, if different than Part 1: _____**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: _____

☐ 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
(Business or Agency Address Recommended - Public Document)1 Frank H. Ogawa Pl OAKLAND CA 94602

DAYTIME TELEPHONE NUMBER

(510) 238 7051

E-MAIL ADDRESS (OPTIONAL)

cburgos@oaklandnet.com

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 4/2/13
(month, day, year)Signature _____
(File the originally signed statement with your filing official)FPPC Form 700 (2012/2013)
FPPC Advice Email: advice@fppc.ca.gov
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

Claudia Burgos

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► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS _____

CITY _____

FAIR MARKET VALUE ☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000 ☐ \$100,001 - \$1,000,000 ☐ Over \$1,000,000

IF APPLICABLE, LIST DATE: _____/_____/12 _____/_____/12
ACQUIRED DISPOSED

NATURE OF INTEREST ☐ Ownership/Deed of Trust ☐ Easement ☐ Leasehold _____ ☐ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000 ☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more. ☐ None

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE	TERM (Months/Years)
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None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000☐ \$10,001 - \$100,000 ☐ OVER \$100,000☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)

0% ☐ None

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1 000 ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000 ☐ OVER \$100,000☐ Guarantor if applicable

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