

STATEMENT OF ECONOMIC INTERESTS

 Date Received
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COVER PAGE

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Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Nosakhare, Shereda			

1. Office, Agency, or Court

Agency Name

City of Oakland

Division, Board, Department, District, if applicable

Your Position

00011 - Council Administration Unit

council aide

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

Agency: *SEE ATTACHED FOR ADDITIONAL POSITIONS

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

-or-

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

☐ Leaving Office: Date Left ____/____/____ (Check one)☐ 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: 2☐ 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 Ogawa Plaza Second Floor	Oakland	CA	94612	
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS (OPTIONAL)		
(510) 238-7042		snosakhare@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 03/27/2013
 (month, day, year)

 Signature 3/27/2013
 (File the originally signed statement with your filing official.)

Agency	Division, Board, Department, District	Position
City of Oakland	00411 - District Four Unit	council aide