

## STATEMENT OF ECONOMIC INTERESTS

 Date Received  
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## COVER PAGE

E-Filed on:

03/04/13 12:21:47

ID - 79347772

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NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Youngdahl, Andrea Lee			

## 1. Office, Agency, or Court

Agency Name

City of Oakland

Division, Board, Department, District, if applicable

78111 - DHS Administration Unit

Your Position

Director of Human Services

► 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 02 / 04 / 12  
(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
150 Frank H. Ogawa Plaza		Oakland	CA	94612
DAYTIME TELEPHONE NUMBER		E MAIL ADDRESS (OPTIONAL)		
( 510 ) 238-6112		ayoungdahl@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 03/04/2013  
 (month, day, year)

 Signature \_\_\_\_\_  
 (File the originally signed statement with your filing official.)

Agency	Division, Board, Department, District	Position
City of Oakland	Workforce Investment Board	Director of Human Services
City of Oakland, Dept of Human Services		Director
Workforce Investment Board		Board Member