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**CALIFORNIA FORM 700**
FAIR POLITICAL PRACTICES COMMISSION
**A PUBLIC DOCUMENT**

# STATEMENT OF ECONOMIC INTERESTS

## COVER PAGE

Date Received
*Official Use Only*

E-Filed on:
03/01/13 11:47:49

ID - 93557144

*Please type or print in ink.*

NAME OF FILER (LAST) (FIRST) (MIDDLE)

Hamilton, Dollie

## 1. Office, Agency, or Court

Agency Name

City of Oakland

Division, Board, Department, District, if applicable

Workforce Investment Board

Your Position

Member

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

Agency: _____ Position: _____

## 2. Jurisdiction of Office *(Check at least one box)*

☐ State

☐ Multi-County _____

☒ City of Oakland

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of _____

☐ 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.

☐ **Assuming Office:** Date assumed _____/_____/_____

☐ **Leaving Office:** Date Left _____/_____/_____
*(Check one)*

○ The period covered is January 1, 2012, through the date of leaving office.

○ 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:** 1

☐ **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*

## 5. Verification

MAILING ADDRESS STREET *(Business or Agency Address Recommended Public Document)*

24100 Amador St., 3rd Fl.

CITY

Hayward

STATE

CA

ZIP CODE

94544

DAYTIME TELEPHONE NUMBER

( 510 ) 622-4300

E MAIL ADDRESS (OPTIONAL)

dollie.hamilton@edd.ca.gov

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** 03/01/2013 *(month, day, year)*

**Signature** _____ *(File the originally signed statement with your filing official.)*