STATEMENT OF ECONOMIC INTERESTS COVER PAGE

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riease	type or print in link.					
NAME OF		(LAST)	(FIRS	T)	(MIDDLE)	
	dford, Sara	•				
	Office, Agency, or Court					
Age	Agency Name					
	CITY OF OAKLAND Division, Board, Department, District, if applicable 78111 – DHS Administration Unit		Your	Your Position Interim Director		
782			Int			
► If	▶ If filing for multiple positions, list below or on an attachment.					
Age	ncy: <u>*SEE ATTA</u>	CHED FOR ADDITIONAL	ition:			
2. Ju	Jurisdiction of Office (Check at least one box)					
	State Multi-County		☐ Jud	☐ Judge or Court Commissioner (Statewide Jurisdiction)		
			Co	County of		
X	City of Oakland		Oth	ner		
3. Ty	pe of Statemer	t (Check at least one box)				
X	December	d covered is January 1, 2012, through 31, 2012		eaving Office: Date Left Check one)		
	-or- The period December	1 covered is/, 1 31, 2012.	hrough	The period covered is Janua leaving office.	ry 1, 2012, through the date of	
	Assuming Office:	Date assumed//	_ 0	The period covered is of leaving office.	, through the date	
	Candidate: Election Year and office sought, if different than Part 1:					
4. Sc	hedule Summa	nry				
Che	eck applicable sche	dules or "None."	► Total number	er of pages including this co	ver page:2	
	Schedule A-1 - Inve	estments – schedule attached	☐ Schedul	le C - Income, Loans, & Busin	ess Positions – schedule attached	
	Schedule A-2 - Inve	estments – schedule attached	☐ Schedul	le D - Income - Gifts - schedu	ule attached	
	Schedule B - Real	Property – schedule attached	☐ Schedul	le E - Income - Gifts - Travel	Payments – schedule attached	
	-or- X None - No reportable interests on any schedule					
5. Ver	rification					
	ING ADDRESS iness or Agency Address F	STREET Recommended Public Document)	CITY	STATE	ZIP CODE	
	34 Morga Ave		Oakland E MAIL ADDR	CA ESS (OPTIONAL)	94611	
(5	510) 238-679	4	SBedfor	cd@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.					
I ce						
Date	e Signed	03/15/2013 (month, day, year)	Signature	(File the originally signed staten	nent with your filing official.)	

Agency Division, Board, Department, District Position

CITY OF OAKLAND Workforce Investment Board Member