

2012 MAR -7 AM 10:17

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
McPherson DAVID ADAM

1. Office, Agency, or Court

Agency Name
FINANCE & MANAGEMENT AGENCY
Division, Board, Department, District, if applicable Your Position
REVENUE DIVISION REVENUE & TAX ADMINISTRATOR

► 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, 2011, through December 31, 2011.
-or-
The period covered is _____ through December 31, 2011.
☐ Leaving Office: Date Left _____ (Check one)
☐ The period covered is January 1, 2011, through the date of leaving office.
☐ The period covered is _____ through the date of leaving office.
☐ Assuming Office: Date assumed _____
☐ Candidate: Election Year _____ 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 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 CITY STATE ZIP CODE
(Business or Agency Address Recommended - Public Document)
150 FRANK H. OGAWA PLAZA, OAKLAND, CA 94612
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)
(510) 238-6650 dmcpherson@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 **3/7/12**
(month, day, year)

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

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SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
DAVID McPherson

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
3409 LA TERRACE CIRCLE
SAN JOSE, CA 95123
ADDRESS (Business Address Acceptable)
YOUTH SPORTS UMPIRE
BUSINESS ACTIVITY, IF ANY, OF SOURCE
UMPIRE / OFFICIATING
YOUR BUSINESS POSITION
UMPIRE

GROSS INCOME RECEIVED

☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE
YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

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

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Real property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

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

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address
City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____