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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
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Please type or print in ink.

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

McPherson, David

1. Office, Agency, or Court

Agency Name

City of Oakland

Division, Board, Department, District, if applicable

08411 - Revenue Administration Unit

Your Position

Revenue & Tax Administrator

► 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
- ☐ Multi-County
- ☒ City of Alameda, Oakland
- ☐ Judge or Court Commissioner (Statewide Jurisdiction)
- ☒ County of California
- ☐ 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:** 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 *(Business or Agency Address Recommended - Public Document)*

150 Frank H. Ogawa Plaza

CITY

Oakland

STATE

CA

ZIP CODE

94612

DAYTIME TELEPHONE NUMBER

(510) 238-6650

E-MAIL ADDRESS (OPTIONAL)

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 03/26/2013 *(month, day, year)*

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

Agency	Division, Board, Department, District	Position
City of Oakland	Revenue Administration Unit	Revenue & Tax Administrator