

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Kirkpatrick Anne E.

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

Oakland Police Department

Division, Board, Department, District, if applicable

Police Department

Your Position

Chief of Police

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

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, 2017, through December 31, 2017.

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

-or-

The period covered is ____/____/_____, through December 31, 2017.

☐ The period covered is January 1, 2017, through the date of leaving office.

-or-

☐ The period covered is ____/____/_____, through the date of leaving office.

☐ Assuming Office: Date assumed ____/____/_____
and office sought, if different than Part 1: _____

☐ Candidate: Date of Election _____ and office sought, if different than Part 1: _____

4. Schedule Summary (must complete) ► Total number of pages including this cover page: _____

Schedules attached

☐ 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
(Business or Agency Address Recommended - Public Document)

Oakland

Ca

94607

DAYTIME TELEPHONE NUMBER

(510) _____

E-MAIL ADDRESS

_____aklandnet.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 _____

Date Signed 2-27-2018
(month, day, year)

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