

COVER PAGE

A PUBLIC DOCUMENT

19 APR -2 PM 1:58

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
KIRKPATRICK ANNE ELIZABETH

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

OAKLAND POLICE DEPARTMENT

Division, Board, Department, District, if applicable

Your Position

OFFICE OF CHIEF OF POLICE

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, 2018, through December 31, 2018.

-or-

The period covered is ____/____/____, through December 31, 2018.

☐ **Leaving Office:** Date Left ____/____/____
(Check one circle.)

☐ The period covered is January 1, 2018, through the date of leaving office.

-or-

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

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

☐ **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: 2

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)

FLOOR OAKLAND CA 94607

DAYTIME TELEPHONE NUMBER

EMAIL ADDRESS

(510) AKLANDCA.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 information furnished is true and correct.

Date Signed 4-1-2019
(month, day, year)

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

19 APR -2 PM 1:58

SCHEDULE D
Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name ANNE E. KIRKPATRICK

► NAME OF SOURCE (Not an Acronym)

Orlando Police Department

ADDRESS (Business Address Acceptable)

1250 W. South Street, Orlando, FL 32805

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

11 / 03 / 18	\$ 480	Beretta 9mm (resale value \$200)
---------------------	---------------	---

	\$	
--	----	--

	\$	
--	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

	\$	
--	----	--

	\$	
--	----	--

	\$	
--	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

	\$	
--	----	--

	\$	
--	----	--

	\$	
--	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

	\$	
--	----	--

	\$	
--	----	--

	\$	
--	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

	\$	
--	----	--

	\$	
--	----	--

	\$	
--	----	--

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
-----------------	-------	------------------------

	\$	
--	----	--

	\$	
--	----	--

	\$	
--	----	--

Comments: **Gun given as gifts to all chiefs at the Major Cities Chiefs / IACP conference (October 5-9, 2018) by Orlando Police Department (host city)**