

COVER PAGE

17 MAR 16 AM 9:59

Please type or print in ink.

NAME OF FILER (LAST) Harbaugh (FIRST) Anthony (MIDDLE) L.

1. Office, Agency, or Court

Agency Name (Do not use acronyms) City of Oakland Your Position Building Inspector
Division, Board, Department, District, if applicable Bureau of Building Inspection Division

► 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, 2016, through December 31, 2016.
-or- The period covered is ____/____/____, through December 31, 2016.
☐ Assuming Office: Date assumed ____/____/____
☐ Leaving Office: Date Left ____/____/____ (Check one)
○ The period covered is January 1, 2016, through the date of leaving office.
-or-
○ The period covered is ____/____/____, through the date of leaving office.
☐ Candidate: Election year _____ 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
(Busin) [REDACTED] Oakland Ca 94612
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS
(570) [REDACTED] [REDACTED] 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.

Date Signed 3-1-17 Signature [REDACTED]
(month, day, year) (File the originally signed statement with your filing official.)