

**COVER PAGE**

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NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Campbell Washington Anne C

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)  
City of Oakland  
Division, Board, Department, District, if applicable Your Position  
City Council Member

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

Agency: SEE ATTACHED LIST 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 \_\_\_\_\_
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_
- 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.

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

**Schedules attached**

- 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)

DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS

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 03/24/2017 03:56 PM Signature \_\_\_\_\_  
(month, day, year) (File the originally signed statement with your filing official.)

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE ATTACHMENT

|   |
|---|
| <b>CALIFORNIA FORM 700</b><br>FAIR POLITICAL PRACTICES COMMISSION |
| Name<br><u>Anne Campbell Washington</u>                           |

EXPANDED STATEMENT LIST

| Agency Name                                       | Division, Board, Department, District | Position or Title | Jurisdiction                       | Type of Statement | Period Covered      |
|---|---------------------------------------|-------------------|------------------------------------|-------------------|---------------------|
| East Bay Regional Communications System Authority |                                       | Board Member      | Multi-county Alameda, Contra Costa | Annual            | 01/15/16 - 12/31/16 |



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

**▶ 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
 Snap Judgment

ADDRESS (Business Address Acceptable)  
 [REDACTED]

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 Multi-media company

YOUR BUSINESS POSITION  
 Spouse is Executive Producer

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$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  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

Other \_\_\_\_\_  
 (Describe)

NAME OF SOURCE OF INCOME  
 \_\_\_\_\_

ADDRESS (Business Address Acceptable)  
 \_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
 \_\_\_\_\_

YOUR BUSINESS POSITION  
 \_\_\_\_\_

GROSS INCOME RECEIVED  No Income - Business Position Only  
 \$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  
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use  
 Schedule A-2.)

Sale of \_\_\_\_\_  
 (Real property, car, boat, etc.)

Loan repayment

Commission or  Rental Income, list each source of \$10,000 or more  
 \_\_\_\_\_  
 (Describe)

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: \_\_\_\_\_