

STATEMENT OF ECONOMIC INTERESTS

 Date Received
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COVER PAGE

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Please type or print in ink.

NAME OF FILER	(LAST)	(FIRST)	(MIDDLE)
Mano, Lili			

1. Office, Agency, or Court

Agency Name

CITY OF OAKLAND

Division, Board, Department, District, if applicable

00411 - District Four Unit

Your Position

City Council PSE 14

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

- | | |
|------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> State | <input type="checkbox"/> Judge or Court Commissioner (Statewide Jurisdiction) |
| <input type="checkbox"/> Multi-County _____ | <input type="checkbox"/> County of _____ |
| <input checked="" type="checkbox"/> City of <u>Oakland</u> | <input type="checkbox"/> Other _____ |

3. Type of Statement (Check at least one box)

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Annual: The period covered is January 1, 2012, through December 31, 2012
-or-
The period covered is ____/____/____, through December 31, 2012. | <input type="checkbox"/> Leaving Office: Date Left ____/____/____
(Check one)
<input type="radio"/> The period covered is January 1, 2012, through the date of leaving office.
<input type="radio"/> The period covered is ____/____/____, through the date of leaving office. |
| <input checked="" type="checkbox"/> Assuming Office: Date assumed <u>03</u> / <u>08</u> / <u>13</u> | |
| <input type="checkbox"/> 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: 1

- | | |
|--------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Schedule A-1 - Investments – schedule attached | <input type="checkbox"/> Schedule C - Income, Loans, & Business Positions – schedule attached |
| <input type="checkbox"/> Schedule A-2 - Investments – schedule attached | <input type="checkbox"/> Schedule D - Income – Gifts – schedule attached |
| <input type="checkbox"/> Schedule B - Real Property – schedule attached | <input type="checkbox"/> 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)				
1 Frank Ogawa Plaza		Oakland	CA	94612
DAYTIME TELEPHONE NUMBER		E-MAIL ADDRESS (OPTIONAL)		
(510) 238-7042		Lmano@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 04/04/2013
 (month, day, year)

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