

## STATEMENT OF ECONOMIC INTERESTS

 Date Received  
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## COVER PAGE

E-Filed on:

07/22/13 17:13:12

ID - 82946156

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|---------------|--------|---------|----------|
| Corona, Jose  |        |         |          |

## 1. Office, Agency, or Court

Agency Name

City of Oakland

Division, Board, Department, District, if applicable

Your Position

Workforce Investment Board

Member

► 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 checked="" type="checkbox"/> <b>Annual:</b> The period covered is January 1, 2012, through December 31, 2012<br>-or-<br>The period covered is ____/____/____, through December 31, 2012. | <input type="checkbox"/> <b>Leaving Office:</b> Date Left ____/____/____<br>(Check one)<br><input type="radio"/> The period covered is January 1, 2012, through the date of leaving office.<br><input type="radio"/> The period covered is ____/____/____, through the date of leaving office. |
| <input type="checkbox"/> <b>Assuming Office:</b> Date assumed ____/____/____                                                                                                                    |                                                                                                                                                                                                                                                                                                |
| <input type="checkbox"/> <b>Candidate:</b> 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"/> <b>Schedule A-1 - Investments</b> – schedule attached | <input type="checkbox"/> <b>Schedule C - Income, Loans, &amp; Business Positions</b> – schedule attached |
| <input type="checkbox"/> <b>Schedule A-2 - Investments</b> – schedule attached | <input type="checkbox"/> <b>Schedule D - Income – Gifts</b> – schedule attached                          |
| <input type="checkbox"/> <b>Schedule B - Real Property</b> – schedule attached | <input type="checkbox"/> <b>Schedule E - Income – Gifts – Travel Payments</b> – schedule attached        |

-or-

☒ **None - No reportable interests on any schedule**

## 5. Verification

| MAILING ADDRESS          | STREET | CITY                       | STATE | ZIP CODE |
|--------------------------|--------|----------------------------|-------|----------|
| 4058 Whittle Avenue      |        | Oakland                    | CA    | 94602    |
| DAYTIME TELEPHONE NUMBER |        | E MAIL ADDRESS (OPTIONAL)  |       |          |
| ( 510 ) 271-0142         |        | jose@innercityadvisors.org |       |          |

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 07/22/2013  
 (month, day, year)

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