

COVER PAGE

APR 03 2006

A Public Document

Please type or print in ink

CITY CLERK'S OFFICE

| | | | |
|--------------------------------------------|---------|----------|-----------------------------------------------|
| NAME (LAST) | (FIRST) | (MIDDLE) | DAYTIME TELEPHONE NUMBER |
| Williams | Jayne | W | (510) 808-2000 |
| MAILING ADDRESS (May use business address) | STREET | CITY | STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS |
| 555 - 12th Street , 15th Floor | | Oakland | CA 94117 Jwilliams@meyersnave.com |

1. Office, Agency, or Court

Name of Office, Agency, or Court:
City of San Leandro

Division, Board, District, if applicable:

Your Position:
City Attorney

➔ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: San Leandro Redevelopment Agency

Position: Agency Counsel

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

State

County of _____

City of San Leandro

Multi-County _____

Other _____

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

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2005, through December 31, 2005.

-OR-

The period covered is ____/____/____, through December 31, 2005.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2005, through the date of leaving office.

-OR-

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

Candidate

4. Schedule Summary

➔ Total number of pages including this cover page: 3

➔ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes – schedule attached
Investments (10% or greater Ownership)

Schedule B Yes – schedule attached
Real Property

Schedule C Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes – schedule attached
Income – Gifts

Schedule E Yes – schedule attached
Income – Travel Payments

-OR-

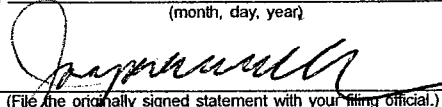
No reportable interests on any schedule

5. Verification

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 certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed April 1, 2006
(month, day, year)

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

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name
Jayne W. Williams

> NAME OF BUSINESS ENTITY
Meyers Nave

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Professional Law Corporation

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 / / 05 / / 05
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 / / 05 / / 05
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
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NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 / / 05 / / 05
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GENERAL DESCRIPTION OF BUSINESS ACTIVITY

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 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 / / 05 / / 05
ACQUIRED DISPOSED

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NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 / / 05 / / 05
ACQUIRED DISPOSED

> NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock
 Other _____
(Describe)

IF APPLICABLE, LIST DATE:
 / / 05 / / 05
ACQUIRED DISPOSED

Comments: _____

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
 Jayne W. Williams

| 1. INCOME RECEIVED | 1. INCOME RECEIVED |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF SOURCE OF INCOME Meyers Nave Riback Silver & Wilson | NAME OF SOURCE OF INCOME |
| ADDRESS 555 - 12th Street, Suite 1500 | ADDRESS |
| BUSINESS ACTIVITY, IF ANY, OF SOURCE Legal Services | BUSINESS ACTIVITY, IF ANY, OF SOURCE |
| YOUR BUSINESS POSITION Principal | YOUR BUSINESS POSITION |
| GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input checked="" type="checkbox"/> OVER \$100,000 | GROSS INCOME RECEIVED <input type="checkbox"/> \$500 - \$1,000 <input type="checkbox"/> \$1,001 - \$10,000 <input type="checkbox"/> \$10,001 - \$100,000 <input type="checkbox"/> OVER \$100,000 |
| CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input checked="" type="checkbox"/> Salary <input type="checkbox"/> Spouse's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ <i>(Property, car, boat, etc.)</i> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <i>(Describe)</i> | CONSIDERATION FOR WHICH INCOME WAS RECEIVED <input type="checkbox"/> Salary <input type="checkbox"/> Spouse's income <input type="checkbox"/> Loan repayment <input type="checkbox"/> Sale of _____ <i>(Property, car, boat, etc.)</i> <input type="checkbox"/> Commission or <input type="checkbox"/> Rental Income, list each source of \$10,000 or more _____ <input type="checkbox"/> Other _____ <i>(Describe)</i> |

2. LOAN RECEIVED

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 | INTEREST RATE | TERM (Months/Years) |
| _____ | _____ % <input type="checkbox"/> None | _____ |
| ADDRESS | SECURITY FOR LOAN | |
| _____ | <input type="checkbox"/> None <input type="checkbox"/> Personal residence | |
| BUSINESS ACTIVITY, IF ANY, OF LENDER | <input type="checkbox"/> Real Property _____ | <i>Street address</i> |
| _____ | | _____ |
| HIGHEST BALANCE DURING REPORTING PERIOD | | <i>City</i> |
| <input type="checkbox"/> \$500 - \$1,000 | <input type="checkbox"/> Guarantor _____ | |
| <input type="checkbox"/> \$1,001 - \$10,000 | | |
| <input type="checkbox"/> \$10,001 - \$100,000 | <input type="checkbox"/> Other _____ | <i>(Describe)</i> |
| <input type="checkbox"/> OVER \$100,000 | | |

Comments: _____