

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**

CITY OF SAN LEANDRO
Date Received
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OCT 01 2009
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Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Marshall	Lianne	Marie	(510) 5773389
MAILING ADDRESS STREET (May use business address)	CITY	STATE ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
835 East 14th Street	San Leandro	CA 94577	

1. Office, Agency, or Court

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

Division, Board, District, if applicable:

Your Position:
Assistant City Manager

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

Agency: _____

Position: _____

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: 10 / 01 / 09

Annual: The period covered is January 1, 2008,
through December 31, 2008.

-OR-

The period covered is ____/____/____, through
December 31, 2008.

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

The period covered is January 1, 2008, through the
date of leaving office.

-OR-

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

Candidate Election Year: _____

4. Schedule Summary

▶ Total number of pages
including this cover page: 1

▶ 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 – Gifts – 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 10/1/2009
(month, day, year)

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