

AUG 17 2007

CITY CLERK'S OFFICE

Please type or print in ink

A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Nardine	Marcene	D	(510) 747-1650
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL FAX / E-MAIL ADDRESS
430 Kenilworth Ave, San Leandro Ca 94577			

1. Office, Agency, or Court

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

Division, Board, District, if applicable:
Planning Commission

Your Position:
planning Commissioner

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: 3 / 5 / 07

Annual. The period covered is January 1, 2006, through December 31, 2006.

-or-

The period covered is ____/____/____, through December 31, 2006.

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

The period covered is January 1, 2006, 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: 2

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 8/6/07
(month, day, year)

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

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

> 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
U.S. Bank

ADDRESS
2424 Santa Clara Ave, Alameda
94601

BUSINESS ACTIVITY, IF ANY, OF SOURCE
bank

YOUR BUSINESS POSITION
branch mgr

GROSS INCOME RECEIVED
 \$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
 Loan repayment
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

NAME OF SOURCE OF INCOME

ADDRESS

BUSINESS ACTIVITY IF ANY OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED
 \$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
 Loan repayment
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

> 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* _____

ADDRESS _____

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: _____