

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE
A Public Document

CITY CLERK'S OFFICE
Date Received
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APR 10 2008
CITY OF SAN LEANDRO

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
MARR	MELODY		510.532.0414
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
355 JOAQUIN, PMB 581 SAN LEANDRO, CA. 94577			

1. Office, Agency, or Court

Name of Office, Agency, or Court:
BOARD OF ZONING ADJUSTMENTS

Division, Board, District, if applicable:
DISTRICT 2

Your Position:
MEMBER

➤ 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: ____/____/____
- Annual: The period covered is January 1, 2007, through December 31, 2007.
- or-
- The period covered is ____/____/____, through December 31, 2007.
- Leaving Office Date Left: ____/____/____ (Check one)
- The period covered is January 1, 2007, 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: _____
- 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 MARCH 31, 2008
(month, day, year)

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

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
 (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

> 1. BUSINESS ENTITY OR TRUST

ARTISTIC CALLIGRAPHY
 Name
355 JOAQUIN AVE, SAN LEANDRO CA 94577
 Address

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
CALLIGRAPHY BUSINESS

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/07 _____/_____/07
 \$10,001 - \$100,000 _____/_____/07 _____/_____/07
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION OWNER

> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

\$0 - \$499 \$10,001 - \$100,000
 \$500 - \$1,000 OVER \$100,000
 \$1,001 - \$10,000

> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)

> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity or
 Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or
 City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/07 _____/_____/07
 \$10,001 - \$100,000 _____/_____/07 _____/_____/07
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional schedules reporting investments or real property are attached

Comments: _____

> 1. BUSINESS ENTITY OR TRUST

Name _____
 Address _____

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____/_____/07 _____/_____/07
 \$10,001 - \$100,000 _____/_____/07 _____/_____/07
 \$100,001 - \$1,000,000 ACQUIRED DISPOSED
 Over \$1,000,000

NATURE OF INVESTMENT
 Sole Proprietorship Partnership Other

YOUR BUSINESS POSITION _____

> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

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