

CITY OF SAN LEANDRO
JAN 07 2011
CITY CLERK'S OFFICE

COVER PAGE

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NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
Cutter	Pauline	Russo	(510) 569-7797	
MAILING ADDRESS STREET <i>(Business Address Acceptable)</i>	CITY	STATE	ZIP CODE	OPTIONAL: E-MAIL ADDRESS
234 Sunnyside Drive	San Leandro	CA	94577	pauline@paulinecutter.com

1. Office, Agency, or Court

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

Division, Board, District, if applicable:
District 5

Your Position:
Councilperson

▶ 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 CA 94577

Multi-County _____

Other _____

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

Assuming Office/Initial Date: 01 / 01 / 11

Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

The period covered is ____/____/____, through December 31, 2009.

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

The period covered is January 1, 2009, 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 1-1-11
(month, day, year)

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