

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

APR 02 2007

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NAME (LAST) <u>Daly</u>	(FIRST) <u>Philip</u>	(MIDDLE) <u>G</u>	DAYTIME TELEPHONE NUMBER <u>(510) 615-5219</u>
MAILING ADDRESS (May use business address) <u>7677 Oakport St., suite 750</u>	STREET <u>Oakland, CA</u>	CITY <u>94621</u>	STATE ZIP CODE <u>CA 94621</u>
OPTIONAL: FAX / E-MAIL ADDRESS			

**1. Office, Agency, or Court**

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

Division, Board, District, if applicable:  
\_\_\_\_\_

Your Position:  
Member, BZA

➔ 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 3/30/07  
(month, day, year)

Signature *Philip G. Daly*  
(File the originally signed statement with your filing official.)

# SCHEDULE C

## Income, Loans & Business Positions

(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**

FAIR POLITICAL PRACTICES COMMISSION

Name Philip Dely

**> 1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Oakcare Medical Group

ADDRESS  
1411 East 31st Oakland, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Health care

YOUR BUSINESS POSITION  
\_\_\_\_\_

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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  
\_\_\_\_\_

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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: \_\_\_\_\_