

**STATEMENT OF ECONOMIC INTERESTS
COVER PAGE**

CITY OF SAN LEANDRO
Date Received
Official Use Only
FEB 24 2010
CITY CLERK'S OFFICE

A Public Document

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER	
HOLLISTER	STEPHEN	L.	(510) 577-3390	
MAILING ADDRESS STREET <i>(Business Address Acceptable)</i>	CITY	STATE	ZIP CODE	OPTIONAL: 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:
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: ____/____/____
- 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 2-24-10
(month, day, year)

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