

**COVER PAGE**

MAR 27 2006

CITY CLERK'S OFFICE

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A Public Document

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
GRANT	SURLENB	G	510 3527826
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
13804 Bancroft Ave, San Leandro, CA		94578	510 3576654
			OPTIONAL FAX / E-MAIL ADDRESS

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

Name of Office, Agency, or Court:  
City Council

Division, Board, District, if applicable:  
Dist. 2

Your Position:  
City Councilmember

→ 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, 2005, through December 31, 2005.

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2005.

Leaving Office Date Left: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)

The period covered is January 1, 2005, 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 27, 2006  
(month, day, year)

Signature [Handwritten Signature]  
(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)

**> 1. BUSINESS ENTITY OR TRUST**

Name ENVIRONCEM COMMUNICATIONS STRATEGIC  
Address 13804 BANCROFT AVE, SL 94578

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

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**  
Public Relations Consulting

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 05      DISPOSED      /      / 05

NATURE OF INVESTMENT  
 Sole Proprietorship     Partnership     Other

YOUR BUSINESS POSITION owner (100%)

**> 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)**

CirclePoint; Kaiser Permanente  
BUILD, HFH

**> 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  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 05      DISPOSED      /      / 05

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  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 05      DISPOSED      /      / 05

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)**

\$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  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

ACQUIRED      /      / 05      DISPOSED      /      / 05

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

**SCHEDULE B**  
**Interests in Real Property**  
(Including Rental Income)

**CALIFORNIA FORM 700**  
**FAIR POLITICAL PRACTICES COMMISSION**

Name  
GRANT, SURABANT

> STREET ADDRESS OR PRECISE LOCATION  
13804 Bancroft Ave  
CITY  
San Leandro CA 94578

FAIR MARKET VALUE  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/05 ACQUIRED \_\_\_\_\_/\_\_\_\_/05 DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust     Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining     \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499     \$500 - \$1,000     \$1,001 - \$10,000  
 \$10,001 - \$100,000     OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF LENDER\*  
Wells Fargo Bank

ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_

BUSINESS ACTIVITY OF LENDER  
financial institution

INTEREST RATE    TERM (Months/Years)  
6.6 %     None    30 yrs

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000     \$1,001 - \$10,000  
 \$10,001 - \$100,000     OVER \$100,000  
 Guarantor, if applicable

> STREET ADDRESS OR PRECISE LOCATION  
\_\_\_\_\_  
CITY  
\_\_\_\_\_

FAIR MARKET VALUE  
 \$2,000 - \$10,000  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

IF APPLICABLE, LIST DATE:  
\_\_\_\_/\_\_\_\_/05 ACQUIRED \_\_\_\_\_/\_\_\_\_/05 DISPOSED

NATURE OF INTEREST  
 Ownership/Deed of Trust     Easement  
 Leasehold \_\_\_\_\_ Yrs. remaining     \_\_\_\_\_ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED  
 \$0 - \$499     \$500 - \$1,000     \$1,001 - \$10,000  
 \$10,001 - \$100,000     OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.  
\_\_\_\_\_  
\_\_\_\_\_

NAME OF LENDER\*  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_

BUSINESS ACTIVITY OF LENDER  
\_\_\_\_\_

INTEREST RATE    TERM (Months/Years)  
\_\_\_\_\_%     None    \_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
 \$500 - \$1,000     \$1,001 - \$10,000  
 \$10,001 - \$100,000     OVER \$100,000  
 Guarantor, if applicable

Comments: \_\_\_\_\_

\* Loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status are not reportable.

# SCHEDULE C

## Income, Loans & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name  
GRAND, SURENE

**1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Environ Communications Consulty

ADDRESS  
13804 Bancroft Ave, S.L.

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Public relations Consulty

YOUR BUSINESS POSITION  
business owner

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 income       Loan repayment

Sale of \_\_\_\_\_  
*(Property, car, boat, etc.)*

Commission or       Rental Income, list each source of \$10,000 or more

\_\_\_\_\_

Other \_\_\_\_\_  
*(Describe)*

**1. INCOME RECEIVED**

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 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:

<p>NAME OF LENDER</p> <p>ADDRESS</p> <p>BUSINESS ACTIVITY, IF ANY, OF LENDER</p> <p>HIGHEST BALANCE DURING REPORTING PERIOD</p> <p><input type="checkbox"/> \$500 - \$1,000</p> <p><input type="checkbox"/> \$1,001 - \$10,000</p> <p><input type="checkbox"/> \$10,001 - \$100,000</p> <p><input type="checkbox"/> OVER \$100,000</p>	<p>INTEREST RATE      TERM (Months/Years)</p> <p>_____ %      <input type="checkbox"/> None</p> <p>SECURITY FOR LOAN</p> <p><input type="checkbox"/> None      <input type="checkbox"/> Personal residence</p> <p><input type="checkbox"/> Real Property _____ <span style="margin-left: 150px;"><i>Street address</i></span></p> <p>_____  <span style="margin-left: 150px;"><i>City</i></span></p> <p><input type="checkbox"/> Guarantor _____</p> <p><input type="checkbox"/> Other _____ <span style="margin-left: 100px;"><i>(Describe)</i></span></p>
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Comments: \_\_\_\_\_

**SCHEDULE D**  
**Income - Gifts**

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION

Name  
GRANT, Suleed

NAME OF SOURCE  
Stephanie Jones

ADDRESS  
Wells Fargo Bank, San Leandro

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Commercial lender

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3, 11, 05</u>	<u>\$ 100.00</u>	<u>lunch tickets of Walker west</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

NAME OF SOURCE  
Yvette Needford

ADDRESS  
Kaiser Oakland

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
health care provider / client

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5, 1, 05</u>	<u>\$ 50.00</u>	<u>ticket to Chelsea breakfast</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

NAME OF SOURCE  
Townsend, Christopher

ADDRESS  
Townsend Public Affairs, Oakland

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
public affairs, grant relations

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3, 29, 05</u>	<u>\$ 50.00</u>	<u>fabiana lee breakfast west</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

NAME OF SOURCE  
William Andrade

ADDRESS  
San Leandro Property owner

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
San Leandro

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10, 30, 05</u>	<u>\$ 75.00</u>	<u>dinner gift cert. w/b</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

NAME OF SOURCE  
Rochelle Goller

ADDRESS  
COMCAST, Oakland

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Cable television operator

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>4, 3, 05</u>	<u>\$ 725</u>	<u>tickets - 2 - to NCTA show</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: \_\_\_\_\_