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A Public Document

CITY CLERK'S OFFICE

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
GRANT	SURLENS	G	510, 352-7820
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
13804 Bancroft Ave, San Leandro, CA 94578 5103576654			

1. Office, Agency, or Court

Name of Office, Agency, or Court: City Council
 Division, Board, District, if applicable: District 2
 Your Position: City Council member
 - If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)
 Agency: Housing Authority of Alameda County
 Position: Alternate

2. Jurisdiction of Office (Check at least one box)

State
 County of Alameda
 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, 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: _____
 ➔ 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 Feb. 14, 2007
(month, day, year)

Signature Paul Grant
(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)

Name
GRANT, SURLANTS

> 1. BUSINESS ENTITY OR TRUST

Envirocom Communications Strategies

Name
13804 BRANCOFT AVE, SU. 94578
 Address

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 / / 06 DISPOSED / / 06

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)

Kaiser Permanente, BUILD;
NCWT

> 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 / / 06 DISPOSED / / 06

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

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

> 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 / / 06 DISPOSED / / 06

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 / / 06 DISPOSED / / 06

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Other _____
 Yrs. remaining

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

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

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:
 _____/_____/06 _____/_____/06
 ACQUIRED 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.

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:
 _____/_____/06 _____/_____/06
 ACQUIRED 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.

* 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 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

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:

SCHEDULE C
Income, Loans & Business
Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

Name
GRANT, SURLING

> 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
EWWincom Communications Consulty

ADDRESS
13804 BANCROFT AVE., SL. 94578

BUSINESS ACTIVITY, IF ANY, OF SOURCE
PRC 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 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)

> 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 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 TERM (Months/Years)
 _____ % None _____

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
Street address

City
 Guarantor _____
 Other _____
(Describe)

Comments: _____

SCHEDULE D
Income - Gifts

Name
GRANT, SURENB

> NAME OF SOURCE
Madison Marquelle

ADDRESS
San Francisco

BUSINESS ACTIVITY, IF ANY, OF SOURCE
mall owner/developer (Bay Fair)

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1, 13, 06</u>	<u>\$ 140.⁰⁰</u>	<u>2 tickets to Chamber event</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

> NAME OF SOURCE
Kaiser Permanente

ADDRESS
Oakland CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
hospital + health care

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1, 13, 06</u>	<u>\$ 75.⁰⁰</u>	<u>Tickets Economic Summit Breakfast</u>
<u>11, 1, 06</u>	<u>\$ 75.⁰⁰</u>	<u>AF-Am Chamber lunch</u>
<u> / / </u>	<u>\$</u>	<u> </u>

> NAME OF SOURCE
Sea World

ADDRESS
San Diego

BUSINESS ACTIVITY, IF ANY, OF SOURCE
~~Amusement~~ amusement park

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 7, 06</u>	<u>\$ 75.⁰⁰</u>	<u>Dinner @ RLC</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

> NAME OF SOURCE
RR Donnelly

ADDRESS
Palo Alto, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
financial printers/publishers

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10, 26, 06</u>	<u>\$ 200.⁰⁰</u>	<u>501c3 dinner + transportation</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

> NAME OF SOURCE
Starbucks

ADDRESS
San Francisco

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Coffee shops

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>11, 4, 06</u>	<u>\$ 170.⁰⁰</u>	<u>2 tickets to SF Jazz festival</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

> NAME OF SOURCE

ADDRESS

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: