

COVER PAGE

MAR 28 2008

A Public Document

CITY CLERK'S OFFICE

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
GRANT	SURENB	G	510, 352-7826
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE
13804 BANCROFT AVE, SAN LEANDRO, CA		94578	510-357-6654
			OPTIONAL: FAX / E-MAIL ADDRESS

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: _____

Position: _____

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, 2007, through December 31, 2007.

-or-

The period covered is ____/____/____ through December 31, 2007.

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

The period covered is January 1, 2007, 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 3/28/08
(month, day, year)

Signature [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)

Name
GRANT, SURLINO

> 1. BUSINESS ENTITY OR TRUST

Envirocom Communicative Strategies
Name
13804 Bancroft Ave, S.L. 94578
Address

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY	
<u>Public Relations Consulting</u>	
FAIR MARKET VALUE	IF APPLICABLE, LIST DATE:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/07 ____/____/07
<input checked="" type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT	
<input checked="" type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership <input type="checkbox"/> Other
YOUR BUSINESS POSITION <u>owner - 100%</u>	

> 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; NCDI;
John Stewart Company; URS

> 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:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/07 ____/____/07
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INTEREST	
<input type="checkbox"/> Property Ownership/Deed of Trust	<input type="checkbox"/> Stock <input type="checkbox"/> Partnership
<input type="checkbox"/> Leasehold _____	<input type="checkbox"/> Other _____
Yrs. remaining	
<input type="checkbox"/> 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:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/07 ____/____/07
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INVESTMENT	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership <input type="checkbox"/> 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:
<input type="checkbox"/> \$2,000 - \$10,000	____/____/07 ____/____/07
<input type="checkbox"/> \$10,001 - \$100,000	ACQUIRED DISPOSED
<input type="checkbox"/> \$100,001 - \$1,000,000	
<input type="checkbox"/> Over \$1,000,000	
NATURE OF INTEREST	
<input type="checkbox"/> Property Ownership/Deed of Trust	<input type="checkbox"/> Stock <input type="checkbox"/> Partnership
<input type="checkbox"/> Leasehold _____	<input type="checkbox"/> Other _____
Yrs. remaining	
<input type="checkbox"/> Check box if additional schedules reporting investments or real property are attached	

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
GRANT, SURLINO

STREET ADDRESS OR PRECISE LOCATION
13804 Bancroft Ave

CITY
San Leandro, CA 94578

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 **07** DISPOSED **07**

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

ACQUIRED **07** DISPOSED **07**

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 _____% None TERM (Months/Years) _____

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 _____% None TERM (Months/Years) _____

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, SURLINO

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ENVIROCOM Communications Strategies

ADDRESS

135604 Bancroft Ave, S.L. 94578

BUSINESS ACTIVITY, IF ANY, OF SOURCE

PR consulting

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

_____ % None

TERM (Months/Years)

SECURITY FOR LOAN

None Personal residence

Real Property _____
Street address

_____ City

Guarantor _____

Other _____
(Describe)

Comments: _____

SCHEDULE D
Income - Gifts

Name
GRANT, SUREN

> NAME OF SOURCE
Quanic Group
 ADDRESS
Public Affairs
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
~~Enemville~~

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>1, 26, 07</u>	<u>\$ 35.00</u>	<u>Barbara Lee breakfast event</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE

 ADDRESS

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

> NAME OF SOURCE
Pipefitters Union
 ADDRESS
Doblic
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
labor union

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>2, 7, 07</u>	<u>\$ 50.00</u>	<u>Gift basket + lunch @ Crestview</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

> NAME OF SOURCE

 ADDRESS

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

> NAME OF SOURCE
Starbucks (Community Relations)
 ADDRESS
San Francisco
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Coffee retailer

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>9, 30, 07</u>	<u>\$ 50.00</u>	<u>2 \$25 gift cards</u>
<u>9, 21, 07</u>	<u>\$ 24.00</u>	<u>2 coffee trucks</u>
___/___/___	\$ _____	<u>both used for meeting refreshments</u>

> NAME OF SOURCE

 ADDRESS

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____