## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A PUBLIC DOCUMENT

RECEIVED
Alameda County
Date Initial Filing Received
Filing Official Use Only
AUG 12 2022

Please type or print in ink.			Reg. of Voter
NAME OF FILER (LAST)	(FIRST)	(MIDDLE)	
GRANT	SURLIENE	G	
1. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Eden Township H	ealthcare Distric	·L	
Division, Board, Department, District, if	applicable	Your Position	
Board of Directors	Alto	At large, Short.	toin
▶ If filing for multiple positions, list bel		se acronyms)	- (OW
Agency:		Position:	
2. Jurisdiction of Office (Check	at least one box)	·	,
State		Judge, Retired Judge, Pro Tem Judg	o or Court Commissions
		(Statewide Jurisdiction)	
Multi-County		Scounty of Alameda	
City of		Other	2
3 Type of Statement (0)			
3. Type of Statement (Check at It			
Annual: The period covered is Ja December 31, 2021.	nuary 1, 2021, through	Leaving Office: Date Left/_ (Check one cir	
-or-	, through	☐ The period covered is January 1	* 1
December 31, <b>2021</b> .	, though	leaving office.	, 1911, though the date of
Assuming Office: Date assumed		☐ The period covered is/_	, through
. 1)	10100	the date of leaving office.	
Candidate: Date of Election 11/	and office sought	, if different than Part 1:	
. Schedule Summary (must co	omplete) ► Total number	of pages including this cover page:	
Schedules attached		, o	
Schedule A-1 - Investments - so	chedule attached	Schedule C - Income, Loans, & Business Po	sitions – schedule attached
Schedule A-2 - Investments – so	chedule attached	Schedule D - Income - Gifts - schedule atta	
Schedule B - Real Property – so	chedule attached	Schedule E - Income – Gifts – Travel Payme	ents – schedule attached
·		,	ė į
-or- None - No reportable inte	erests on any schedule		
. Verification			
MAILING ADDRESS STREET (Business or Agency Address Recommended - Pub.	ic Document)	STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER		EMAIL ADDRESS	
( )			
herein and in any attached schedules is	eparing this statement. I have review true and complete. I acknowledge	wed this statement and to the best of my knowle this is a public document.	dge the information contained
		nia that the foregoing is true and correct.	
Vlial		A. C. A. A.	
Date Signed 8/12/22	Si	gnature	UN
• (топы, аау, уеаг	/	(File the originally signed paper statement	with your filing official.)

# SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
Swlene Grant

► 1. BUSINESS ENTITY OR TRUST	▶ 1. BUSINESS ENTITY OR TRUST
Environcem Communications Structures, UC	
Name	Name
Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one  Trust, go to 2  Business Entity, complete the box, then go to 2	Check one  Trust, go to 2  Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$0 - \$1,999 \$2,000 - \$10,000 \$100,001 - \$100,000 ACQUIRED DISPOSED  \$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT Partnership Sole Proprietorship Other Other	NATURE OF INVESTMENT Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION MANAGERY MONUSE	YOUR BUSINESS POSITION
▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> THE ENTITY/TRUST)
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	\$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.)  None or Names listed below Putta Called Witt Danis Lason Danis Lason Rumi Lason.	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)  None or Names listed below
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST  Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property	Name of Business Entity, if Investment, <u>or</u> Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity <u>or</u> City or Other Precise Location of Real Property	Description of Business Activity <u>or</u> City or Other Precise Location of Real Property
FAIR MARKET VALUE	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000   \$100,001 - \$1,000,000   ACQUIRED   DISPOSED   Over \$1,000,000   NATURE OF INTEREST   Property Ownership/Deed of Trust   Stock   Partnership   Leasehold   Other   Othe
Check box if additional schedules reporting investments or real property are attached	Yrs. remaining  Check box if additional schedules reporting investments or real property are attached

Comments: -

#### SCHEDULE B

### Interests in Real Property (Including Rental Income)

CALIFORNIA FORM	7	0	0
FAIR POLITICAL PRACTICES O	сомм	ıssı	ON

Name

Subere Grant

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS CITY CITY CITY	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS  CITY		
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$100,000   ACQUIRED   DISPOSED	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   \$10,001 - \$1,000,000   ACQUIRED   DISPOSED		
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.	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 a commercial business on terms available to members of the public v loans received not in a lender's regular course of busin	l lending institution made in the lender's regular course of without regard to your official status. Personal loans and ness must be disclosed as follows:		
NAME OF LENDER*	NAME OF LENDER*		
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER		
INTEREST RATE TERM (Months/Years) % None	INTEREST RATE TERM (Months/Years) % None		
	HIGHEST BALANCE DURING REPORTING PERIOD		
HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000  \$1,001 - \$10,000  \$10,001 - \$100,000  OVER \$100,000	\$500 - \$1,000 \$1,001 - \$10,000  \$10,001 - \$100,000 OVER \$100,000		