SAN: 021900238-ACH-0238

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

Statement Id: 3337

A PUBLIC DOCUMENT

Please type or print in ink. NAME OF FILER (LAST) (FIRST) (MIDDLE) Russo Pamela 1. Office, Agency, or Court Agency Name (Do not use acronyms) Eden Township Healthcare District Division, Board, Department, District, if applicable Your Position **Board Member** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Agency: ___ 2. Jurisdiction of Office (Check at least one box) Judge, Retired Judge, Pro Tem Judge, or Court Commissioner ☐ State (Statewide Jurisdiction) ■ County of Alameda Multi-County City of Other 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2022, through Leaving Office: Date Left ____/_ (Check one circle.) December 31, 2022. -or-O The period covered is January 1, 2022, through the date of The period covered is _______, through leaving office. December 31, 2022. -or- ○ The period covered is ______, through Assuming Office: Date assumed _____/____ the date of leaving office. Candidate: Date of Election _____ and office sought, if different than Part 1: ___ 4. Schedule Summary (required) ► Total number of pages including this cover page: Schedules attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule A-2 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -Or- ☐ None - No reportable interests on any schedule 5. Verification CITY ZIP CODE (Business or Agency Address Recommended - Public Document) 20400 Lake Chabot Road, Suite 303 Castro Valley CA 94546 DAYTIME TELEPHONE NUMBER EMAIL ADDRESS (510)538-2031 pamela.russo@ethd.org 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 acknowledge this is a public document. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

3/21/2023

(month, day, year)

Date Signed

Pamela Russo

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

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Comments: __

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

(Ownership Interest is 10% or Greater)

Statement Id: 3337

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

Name

Pamela Russo

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
James P Russo DDS, Inc	
Name	Name
514 ESTUDILLO AVE SAN LEANDRO CA	
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
Dental Practice of elected official's spouse	
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$0 - \$1,999	\$0 - \$1,999
\$2,000 - \$10,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT Corporation	NATURE OF INVESTMENT
Partnership Sole Proprietorship X Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Secretary of Corporation	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA
SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
<u>\$0 - \$499</u> \$10,001 - \$100,000	<u>\$0 - \$499</u> \$10,001 - \$100,000
\$500 - \$1,000 X OVER \$100,000 \$1,001 - \$10,000	\$500 - \$1,000 OVER \$100,000 S1,001 - \$10,000
► 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)	INCOME OF \$10,000 QR MORE (Attach a separate sheet if necessary.)
x or	
► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR
LEASED <u>BY</u> THE BUSINESS ENTITY OR TRUST	LEASED BY THE BUSINESS ENTITY OR TRUST
Check one box: INVESTMENT REAL PROPERTY	Check one box: INVESTMENT REAL PROPERTY
NEAL TROI ERT	INVESTIMENT NEALTHOLEKTT
Name of Business Entity, if Investment, or	Name of Business Entity, if Investment, or
Assessor's Parcel Number or Street Address of Real Property	Assessor's Parcel Number or Street Address of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
2.5 3.00100	

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SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Pamela Russo

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS Parcel 71-461-6-2 (514 Estudillo Ave)	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY San Leandro	CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000 ACQUIRED DISPOSED NATURE OF INTEREST Easement Leasehold Other Content Content Content If APPLICABLE, LIST DATE: Content Co	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED
	ial lending institution made in the lender's regular course of without regard to your official status. Personal loans and siness must be disclosed as follows:
business on terms available to members of the public	without regard to your official status. Personal loans and
business on terms available to members of the public loans received not in a lender's regular course of bus	without regard to your official status. Personal loans and siness must be disclosed as follows:
business on terms available to members of the public loans received not in a lender's regular course of bus	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER*
business on terms available to members of the public loans received not in a lender's regular course of business of Lender* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years)
business on terms available to members of the public loans received not in a lender's regular course of bus NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER