SAN: 021900238-ACH-0238

STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Filing Official Use Only

Statement Id: 5436

FAIR POLITICAL PRACTICES COMMISSION	COVER PAGE
THE TAKE THAT TO BE SOME THE STATE OF THE ST	A PUBLIC DOCUMENT
Please type or print in ink.	
NAME OF FILER (LAST) (I	FIRST) (MIDDLE)
Grant	Surlene
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 a	
Agency:	Position:
2. Jurisdiction of Office (Check at least one	box)
☐ State	☐ Judge, Retired Judge, Pro Tem Judge, or Court Commissioner
	(Statewide Jurisdiction)
☐ Multi-County	
City of	
3. Type of Statement (Check at least one box))
Annual: The period covered is January 1, 2023 December 31, 2023.	3, through Leaving Office: Date Left/(Check one circle.)
The period covered/	, through
Assuming Office: Date assumed/	_/ The period covered is/, through 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	Frotal number of pages including this cover page4
Schedules attached	
Schedule A-1 - Investments – schedule attac	
Schedule A-2 - Investments – schedule attac	
	ched Schedule E - Income – Gifts – Travel Payments – schedule attached
-or- ☐ None - No reportable interests on a	anv schedule
5. Verification	
MAILING ADDRESS STREET	CITY STATE ZIP CODE

(Business or Agency Address Recommended - Public Document) 20400 Lake Chabot Road, Suite 303 94546 Castro Valley CA DAYTIME TELEPHONE NUMBER EMAIL ADDRESS

(510)325-7826 surlene.grant@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	g is true and correct.	
			DocuSigned by:	
Date Signed	3/25/2024	Signature	Surlene G Grant	
_	(month, day, year)	(File	the originally signed paper statement with your filing official.)	
				•

Expanded Statement Attachment

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State of California, Deputy Director, Department of Toxic Substances Control
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Additional disclosed positions within Alameda County's jurisdiction:

Agency	Position	Statement Type	Jurisdiction	Start Period	End Period

Positions outside Alameda County's jurisdiction

Agency	Position	Statement Type (Annual/Leaving/ Assuming)	Jurisdiction	Start Period	End Period
CalepA, DTSC	Deputy Director, Office of Environmen		Stat	06/26/2023	

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Comments: _

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

(Ownership Interest is 10% or Greater)

Statement Id: 5436

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

Name

Surlene Grant

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Envirocom Communications Strategies, LLC	
Name	Name
13804 BANCROFT AVE SAN LEANDRO CA Address (Business Address Acceptable)	Address (Business Address Acceptable)
Check one	Check one
☐ Trust, go to 2 ☑ Business Entity, complete the box, then go to 2	☐ Trust, go to 2 ☐ Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
Public Affairs Consulting	
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	NATURE OF INVESTMENT
Partnership Sole Proprietorship Other	Partnership Sole Proprietorship Other
YOUR BUSINESS POSITION Managing Member	VOLID BURINESS POSITION
	YOUR BUSINESS POSITION
➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>TO</u> 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	□ \$0 - \$499 □ \$10,001 - \$100,000
\$500 - \$1,000 OVER \$100,000 \$1,001 - \$10,000	□ \$500 - \$1,000 □ OVER \$100,000 □ \$1,001 - \$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 OR MORE (Attach a separate sheet if necessary.)
□ None or ☑ Names listed below	None or Names listed below
ESA	
Davis & Associates	
► 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 <u>BY</u> THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	☐ INVESTMENT ☐ REAL PROPERTY
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 - \$100,000	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST Description Descript
Property Ownership/Deed of Trust Stock Partnership	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

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SCHEDULE B Interests in Real Property (Including Rental Income)

Statement Id: 5436
CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name

Surlene Grant

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS 13804 Bancroft Avenue	ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
CITY San Leandro	CITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 ACQUIRED DISPOSED Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$1,000,000 ACQUIRED DISPOSED Over \$1,000,000
NATURE OF INTEREST ☑ Ownership/Deed of Trust ☐ Easement	NATURE OF INTEREST Ownership/Deed of Trust Easement
Leasehold	Leasehold Defining Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
□ \$0 - \$499 □ \$500 - \$1,000 □ \$1,001 - \$10,000	\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
\$10,001 - \$100,000 OVER \$100,000	\$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. None	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.
	c without regard to your official status. Personal loans and
business on terms available to members of the publi	
business on terms available to members of the publi 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:
business on terms available to members of the publi loans received not in a lender's regular course of business of LENDER*	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 publi loans received not in a lender's regular course of business 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 on terms available to members of the publi loans received not in a lender's regular course of business 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
business on terms available to members of the publi loans received not in a lender's regular course of business received not in a lender's regular course of business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) None	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the publi loans received not in a lender's regular course of business received not in a lender's regular course of business (Business Address Acceptable) BUSINESS ACTIVITY, IF ANY, OF LENDER INTEREST RATE TERM (Months/Years) HIGHEST BALANCE DURING REPORTING PERIOD	c without regard to your official status. Personal loans and siness must be disclosed as follows: NAME OF LENDER* ADDRESS (Business Address Acceptable)
business on terms available to members of the publi loans received not in a lender's regular course of business 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)