

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Woodrow Terry

1. Office, Agency, or Court

Agency Name

Alpine County

Division, Board, Department, District, if applicable

Your Position

Board of Supervisors District 4

Supervisor

► If filing for multiple positions, list below or on an attachment.

Agency: See attachment.

Position:

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

State

Judge (Statewide Jurisdiction)

Multi-County _____

County of Alpine

City of _____

Other _____

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2010, through December 31, 2010.

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

-or-

The period covered is ____/____/____, through December 31, 2010.

The period covered is January 1, 2010, through the date of leaving office.

Assuming Office: Date ____/____/____

The period covered is ____/____/____, through the date of leaving office.

Candidate: Election Year _____

Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

Schedule A-1 - Investments - schedule attached

Schedule C - Income, Loans, & Business Positions - schedule attached

Schedule A-2 - Investments - schedule attached

Schedule D - Income - Gifts - schedule attached

Schedule B - Real Property - schedule attached

Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is a
I certify under penalty of perjury under the laws of the State of California that

Date Signed February 15, 2011
(month, day, year)

Signature

EXPANDED STATEMENT

STATEMENT OF ECONOMIC INTERESTS FORM 700
2010/2011

TERRY WOODROW

ALPINE COUNTY SUPERVISOR
DISTRICT 4

Central Sierra Child Support Agency Board of Directors
Board Member

-Central Sierra Economic Development District Governing Board
Board Member (Alpine, Amador, Calaveras, Tuolumne)

-Central Sierra Planning Council
Board Member

-Central Sierra Resource Conservation and Development Board
(Amador, Alpine, Calaveras) Board Member

Children and Families (First 5) Commission

Local Agency Formation Commission (LAFCO)
Commissioner

Mountain Valley EMS Agency
Board Member

Upper Mokelumne River Watershed Authority (Amador, Alpine, Calaveras)
Board Member (Representing Board of Supervisors and Water Agency)

FPPC

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name <p align="center">Terry Woodrow</p>

▶ 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Creekside Condo Association #1

ADDRESS (Business Address Acceptable)
PO Box 5127, Bear Valley CA 95223

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Home Owner's Association

YOUR BUSINESS POSITION
Manager

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 Partnership
 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
Creekside Condo Association #2B

ADDRESS (Business Address Acceptable)
PO Box 5314, Bear Valley CA 95223

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Home Owner's Association

YOUR BUSINESS POSITION
Manager

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 Partnership
 Sale of _____
(Property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more

 Other _____
(Describe)

▶ 2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* 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 Address Acceptable) _____

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 E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <p align="center">Terry Woodrow</p>

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE
Regional Council of Rural Counties
 ADDRESS (Business Address Acceptable)
1215 K Street, Suite 1650
 CITY AND STATE
Sacramento CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Advocacy for rural counties
 DATE(S): 01 / 01 / 10 - 12 / 31 / 10 AMT: \$ 165.48
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Meals, expense reimbursements and expenses paid by RCRC

▶ NAME OF SOURCE
California State Association of Counties
 ADDRESS (Business Address Acceptable)
110 K Street, Suite 101
 CITY AND STATE
Sacramento CA 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
Advocacy for counties
 DATE(S): 01 / 01 / 10 - 12 / 31 / 10 AMT: \$ 124.66
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION: Meals

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 DATE(S): / / - / / AMT: \$
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION:

▶ NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 CITY AND STATE
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 DATE(S): / / - / / AMT: \$
(If applicable)
 TYPE OF PAYMENT: (must check one) Gift Income
 DESCRIPTION:

Comments: _____