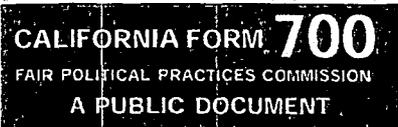


RECEIVED

Date Received
MAR 27 2013

CITY OF LOS BANOS



STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES
COVER PAGE

13 APR 10 AM 11:27

Please type or print in ink.

NAME OF FILER (LAST) Villalta (FIRST) Michael (MIDDLE) Gerard

1. Office, Agency, or Court

Agency Name

City of Los Banos

Mayor

Division, Board, Department, District, if applicable

Your Position

City Council, Los Banos

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

Agency: See Attached

Position: See Attached

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

State

Judge or Court Commissioner (Statewide Jurisdiction)

Multi-County

County of Merced

City of Los Banos

Other

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

Annual: The period covered is January 1, 2012, through December 31, 2012.

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

-or-

The period covered is ____/____/____ through December 31, 2012.

The period covered is January 1, 2012, through the date of leaving office.

Assuming Office: Date assumed ____/____/____

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

Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

▶ Total number of pages including this cover page: 7

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

5. Verification



I certify under penalty of perjury under the laws of the State of

Date Signed 3/27/2013
(month, day, year)

1. If Filing for multiple positions , list below or on an attachment,

Agency: Los Banos Cemetery District. Position: Board Member

Agency: Merced County Association of Governments. Position: Director

Agency: Merced County Office of Education Foundation. Position: Director

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
Michael Villalta

1. BUSINESS ENTITY OR TRUST

Name
The Frame Shop

Address (Business Address Acceptable)
502 I St, Los Banos, CA

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

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Custom Picture Framing & Related Services

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:

\$0 - \$1,999 _____ / ____ / ____

\$2,000 - \$10,000 _____ / ____ / ____

\$10,001 - \$100,000 _____ / ____ / ____

\$100,001 - \$1,000,000 _____ / ____ / ____

Over \$1,000,000 _____ / ____ / ____

ACQUIRED _____ _____ _____ _____ _____ _____ _____

DISPOSED _____ _____ _____ _____ _____ _____ _____

NATURE OF INVESTMENT
 Partnership Sole Proprietorship 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)

None

See Schedule B and Schedule B-1

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
The Frame Shop, 502 I St, Los Banos CA 98335

Description of Business Activity or City or Other Precise Location of Real Property
Custom Picture Framing, Related Services

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 _____ _____ _____ _____ _____ _____ _____

DISPOSED _____ _____ _____ _____ _____ _____ _____

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional Schedules reporting investments or real property are attached

1. BUSINESS ENTITY OR TRUST

Name _____

Address (Business Address Acceptable) _____

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:

\$0 - \$1,999 _____ / ____ / ____

\$2,000 - \$10,000 _____ / ____ / ____

\$10,001 - \$100,000 _____ / ____ / ____

\$100,001 - \$1,000,000 _____ / ____ / ____

Over \$1,000,000 _____ / ____ / ____

ACQUIRED _____ _____ _____ _____ _____ _____ _____

DISPOSED _____ _____ _____ _____ _____ _____ _____

NATURE OF INVESTMENT
 Partnership Sole Proprietorship 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)

None

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD OR LEASED BY THE BUSINESS ENTITY OR TRUST

Check one box:
 INVESTMENT REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property _____

Description of Business Activity or City or Other Precise Location of Real Property _____

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 _____ _____ _____ _____ _____ _____ _____

DISPOSED _____ _____ _____ _____ _____ _____ _____

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

Check box if additional Schedules reporting investments or real property are attached

Comments: *Family Business Occupies 50% of building, two rental spaces as part of building and are noted on Schedule R.*

SCHEDULE B
Interests in Real Property
(Including Rental Income)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name
Michael J. Willette

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
864 5th St

CITY
Los Banos, CA

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 12 DISPOSED 12

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.
 None
FR Insurance

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
838 5th St

CITY
Los Banos, CA

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 _____ DISPOSED 12

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.
 None
Analytical Construction

* You are not required to report loans from commercial lending institutions 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 _____

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 Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, 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
Michael W. Walter

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
The Frame Shop

ADDRESS (Business Address Acceptable)
502 I St, Los Banos, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Custom Picture Framing

YOUR BUSINESS POSITION
Spouses Income

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 _____
(Real 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
Rotary Club of Los Banos

ADDRESS (Business Address Acceptable)
P.O. Box 19, Los Banos, CA 93235

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Reimbursement and Club Secretarial Services

YOUR BUSINESS POSITION
Club Secretary

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 _____
(Real property, car, boat, etc.)
 Commission or Rental Income, list each source of \$10,000 or more
 Other *Club meals paid while recording minutes and financial records keeping, parties and special duties for each event*
(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: _____