

Please type or print in ink.

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

1. Office, Agency, or Court

Agency Name
Alpine County
Division, Board, Department, District, if applicable Board of Supervisors
Your Position Supervisor District 4

► 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 _____
- City of _____ Other see attached

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 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

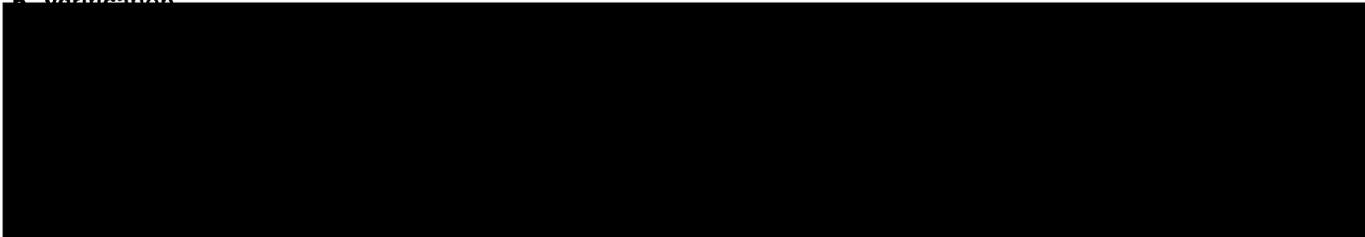
Check applicable schedules or "None."

► Total number of pages including this cover page: 5

- 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 California that the foregoing is true and correct.

Date Signed 1/29/2013
(month, day, year)

EXPANDED STATEMENT

STATEMENT OF ECONOMIC INTERESTS FORM 700
2012/2013

TERRY WOODROW

**ALPINE COUNTY SUPERVISOR
DISTRICT 4**

Central Sierra Child Support Agency Board of Directors
Jurisdiction: Alpine, Amador, Calaveras
Board Member

Central Sierra Economic Development District Governing Board
Jurisdiction: Alpine, Amador, Calaveras, Tuolumne
Board Member

Children and Families (First 5) Commission
Jurisdiction: Alpine
Board of Supervisors Member

Local Agency Formation Commission (LAFCO)
Jurisdiction: Alpine
Commissioner

Mountain Valley EMS Agency
Jurisdiction: Alpine, Amador, Calaveras, Mariposa, Stanislaus
Board Member



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

FPPC

SCHEDULE E
Income - Gifts
Travel Payments, Advances,
and Reimbursements

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 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): ____/____/____ AMT: \$ 14.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Meals, expense reimbursements and expenses paid
by RCRC

▶ NAME OF SOURCE (Not an Acronym)
 California State Association of Counties

ADDRESS (Business Address Acceptable)
 1100 K Street, Suite 101

CITY AND STATE
 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Advocacy for counties

DATE(S): 01/01/12 - 12/31/12 AMT: \$ 79.95
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)
 California State Association of Counties

ADDRESS (Business Address Acceptable)
 1100 K Street, Suite 101

CITY AND STATE
 Sacramento CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Advocacy for counties

DATE(S): ____/____/____ AMT: \$ 1,032.46
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description
Meals, expense reimbursements and expenses paid
by CSAC

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): ____/____/____ AMT: \$ ____
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____