

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS APR 01 2013

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
COVER PAGE
2013 APR - 8 PM 15

[Handwritten Signature]

GP

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Dodd William Deputy Recorder-Clerk H

1. Office, Agency, or Court

Agency Name
County of Napa
Division, Board, Department, District, if applicable
Board of Supervisors
Your Position
Board Member, District 4

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

Agency: see attached list Position: see attached list

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

- State
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Napa
- Other _____

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

- Annual:** The period covered is January 1, 2012, through December 31, 2012.
- or-
- The period covered is ____/____/____, through December 31, 2012.
- Assuming Office:** Date assumed ____/____/____
- Candidate:** Election year _____ and office sought, if different than Part 1: _____
- Leaving Office:** Date Left ____/____/____ (Check one)
- The period covered is January 1, 2012, through the date of leaving office.
- The period covered is ____/____/____, through the date of leaving office.

4. Schedule Summary

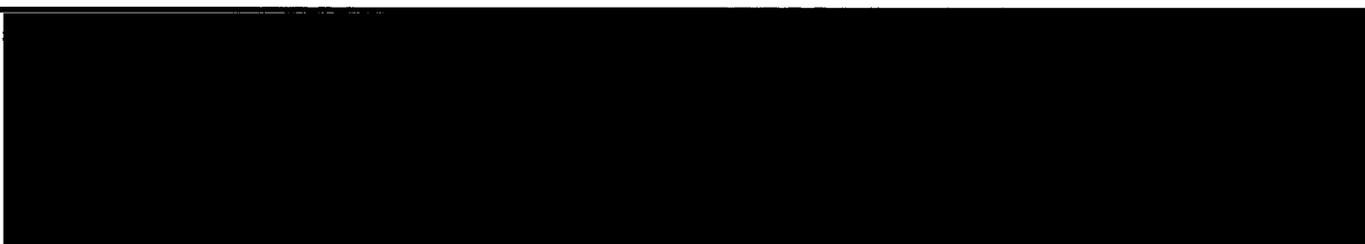
Check applicable schedules or "None."

► Total number of pages including this cover page: 8

- Schedule A-1 - Investments** - schedule attached
- Schedule A-2 - Investments** - schedule attached
- Schedule B - Real Property** - schedule attached
- Schedule C - Income, Loans, & Business Positions** - schedule attached
- Schedule D - Income - Gifts** - 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 that I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 03/25/2013
(month, day, year)

STATEMENT OF ECONOMIC INTERESTS

1. Office, Agency or Court Expanded List:

<u>Agency</u>	<u>Position</u>
✓ Napa County Board of Supervisors	Board Member
✓ Napa County Board of Equalization	Board Member
✓ Silverado Community Services District	Board Member
✓ Lake Berryessa Resort Improvement District	Board Member
✓ Napa-Berryessa Resort Improvement District	Board Member
✓ Monticello Public Cemetery District	Board Member
✓ Napa County Flood Control & Water Conservation District	Board Member
✓ Napa County Flood Protection & Watershed Improvement Authority	Board Member
✓ Napa County Public Improvement Corporation	Board Member
✓ In-Home Supportive Services Public Authority of Napa County	Board Member
✓ Napa County Housing Authority	Board Member
✓ Napa County Transportation Planning Agency (NCTPA)	Board Member
GP Metropolitan Transportation Commission	Commissioner
✓ Local Agency Formation Commission	Commissioner
✓ Association of Bay Area Governments	Alternate Board Member

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>William H. Dodd</u>

▶ NAME OF BUSINESS ENTITY
Morgan Stanley

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Retirement

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT Mutual Fund
 Stock Other (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 12 / / 12
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Wine Bottle Renew, LLC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Recycled wine bottles for reuse

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT LLC
 Stock Other (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 12 / / 12
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
WBR Management Company, LLC

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Management of Wine Bottle Renew, LLC

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT LLC
 Stock Other (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 12 / / 12
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
Chemidex

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Chemical Database Stock

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 12 12 / 31 / 12
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 12 / / 12
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other (Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 12 / / 12
ACQUIRED DISPOSED

Comments: _____

SCHEDULE A-2
Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name William H. Dodd

▶ 1. BUSINESS ENTITY OR TRUST

William H. Dodd
Name
1195 Third Street, Suite 310, Napa, CA
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 / / 12 / / 12
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

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

Commercial building
Tenants: Culligan Water, VA Filtration

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

Check one box:
 INVESTMENT REAL PROPERTY

110 Dodd Court, American Canyon, CA
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property
Leased to Culligan Water, VA Filtration
Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 / / 12 / / 12
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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 / / 12 / / 12
 \$2,000 - \$10,000 ACQUIRED DISPOSED
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000

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 / / 12 / / 12
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

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: _____

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
William H. Dodd

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
110 Dodd Court

CITY
American Canyon, 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

IF APPLICABLE, LIST DATE:
 _____/_____/12 _____/_____/12
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold 2 _____
 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
Culligan Water, VA Filtration

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
3439 Broadway

CITY
American Canyon, 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

IF APPLICABLE, LIST DATE:
 _____/_____/12 _____/_____/12
 ACQUIRED DISPOSED

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold 2 _____
 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
American Canyon Arts Council
Harbinger

* 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*
SBA

ADDRESS (Business Address Acceptable)
San Francisco, CA

BUSINESS ACTIVITY, IF ANY, OF LENDER
Financial Institution

INTEREST RATE TERM (Months/Years)
6 _____% None 0 _____

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 TERM (Months/Years)
 _____% None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE D
Income – Gifts

Name
 William H. Dodd

▶ NAME OF SOURCE (Not an Acronym)
 Platinum Advisors

ADDRESS (Business Address Acceptable)
 560 Mission Street, San Francisco

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Lobbyist

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 17 / 12	\$ 110.00	1 ticket to US
___ / ___ / ___	\$ _____	Open Golf
___ / ___ / ___	\$ _____	Championship

▶ NAME OF SOURCE (Not an Acronym)
 Chateau Sonoma

ADDRESS (Business Address Acceptable)
 153 West Napa, Sonoma, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Winery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
06 / 18 / 12	\$ 50.00	Dinner for 1
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

▶ NAME OF SOURCE (Not an Acronym)
 Silverado Country Club

ADDRESS (Business Address Acceptable)
 1600 Atlas Peak Road, Napa, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Country Club

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 22 / 12	\$ 100.00	Hospitality
___ / ___ / ___	\$ _____	Experience for 1
___ / ___ / ___	\$ _____	

▶ NAME OF SOURCE (Not an Acronym)
 Visit Napa Valley

ADDRESS (Business Address Acceptable)
 1001 Second Street, Napa, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Visitor Center

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
08 / 22 / 12	\$ 250.00	Boat Water
___ / ___ / ___	\$ _____	Experience for 1
___ / ___ / ___	\$ _____	

▶ NAME OF SOURCE (Not an Acronym)
 Cubic Transportation Systems

ADDRESS (Business Address Acceptable)
 5650 Kearny Mesa Road, San Diego, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Transportation Systems

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 25 / 12	\$ 250.00	1 ticket for Giants
10 / 17 / 12	\$ 130.00	World Series/
___ / ___ / ___	\$ _____	Championship Game

▶ NAME OF SOURCE (Not an Acronym)
 Wells Fargo Bank

ADDRESS (Business Address Acceptable)
 900 Diablo Avenue, Novato, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Banking

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 14 / 12	\$ 179.00	1 ticket to 49er
___ / ___ / ___	\$ _____	Game
___ / ___ / ___	\$ _____	

Comments: _____

SCHEDULE D
Income - Gifts

Name
 William H. Dodd

▶ NAME OF SOURCE (Not an Acronym)
 Tenuta Dell'Ornellaia

ADDRESS (Business Address Acceptable)
 57022 Castagneto Carducci, Italy

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Winery/Hotel

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 04 / 12	\$ 200.00	1 night hotel
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Napa Valley Vintners

ADDRESS (Business Address Acceptable)
 899 Adams St., St.Helena, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Vintners Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 17 / 12	\$ 300.00	2 tickets to
___ / ___ / ___	\$ _____	Flavor Napa Valley
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 California Contractors Alliance

ADDRESS (Business Address Acceptable)
 P.O. Box 601, Benicia, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Contractors Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 05 / 12	\$ 50.00	Lunch for 1
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

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

ADDRESS (Business Address Acceptable)
 1100 K Street, Sacramento, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 County Government

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 13 / 12	\$ 200.00	Dinner for 2
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Winegrowers of Napa County

ADDRESS (Business Address Acceptable)
 P.O. Box 5937, Napa, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Winegrowers Association

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 13 / 12	\$ 75.00	Lunch for 1
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 Northern CA Carpenters Regional Council

ADDRESS (Business Address Acceptable)
 265 Hegenberger Road, Oakland, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
 Carpenter Council

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 14 / 12	\$ 50.00	Lunch for 1
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: _____

SCHEDULE D
Income – Gifts

Name
William H. Dodd

▶ NAME OF SOURCE (Not an Acronym)
Delicato Vineyards
 ADDRESS (Business Address Acceptable)
12001 S Highway 99, Manteca, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Winery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 25 / 12</u>	<u>\$ 60.00</u>	<u>1 bottle of wine</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Swanson Vineyards
 ADDRESS (Business Address Acceptable)
1271 Manley Lane, Rutherford, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Winery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 25 / 12</u>	<u>\$ 60.00</u>	<u>1 bottle of wine</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Rutherford Grove Winery
 ADDRESS (Business Address Acceptable)
1673 St. Helena Highway, St. Helena, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Winery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 25 / 12</u>	<u>\$ 125.00</u>	<u>3 bottles of wine</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Darioush winery
 ADDRESS (Business Address Acceptable)
4240 Silverado Trail, Napa, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Winery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 25 / 12</u>	<u>\$ 60.00</u>	<u>1 bottle of wine</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Altamura Enterprises
 ADDRESS (Business Address Acceptable)
101 South Coombs Street, Napa CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Altamura Enterprises

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>6 / 15 / 12</u>	<u>\$ 120.00</u>	<u>Concert tickets</u>
<u> / / </u>	<u>\$ </u>	<u>for 2</u>
<u> / / </u>	<u>\$ </u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
Peju Province Winery
 ADDRESS (Business Address Acceptable)
8466 St. Helena Highway, Rutherford, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Winery

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12 / 25 / 12</u>	<u>\$ 50.00</u>	<u>1 bottle of wine</u>
<u> / / </u>	<u>\$ </u>	<u> </u>
<u> / / </u>	<u>\$ </u>	<u> </u>

Comments: _____