

STATEMENT OF ECONOMIC INTERESTS

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COVER PAGE

MAR 16 2015

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) CITY/TOWN'S OFFICE
STALLARD THOMAS WOODLAND

1. Office, Agency, or Court

- Agency Name (Do not use acronyms) **CITY COUNCILMAN**
 (1) **CITY OF WOODLAND**
 (2) **OVERSIGHT BOARD OF THE SUCCESSOR AGENCY OF THE WOODLAND REDEVELOPMENT AGENCY, WOODLAND**
 Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

- (3) **SACRAMENTO AREA COUNCIL OF GOVERNMENTS, DIRECTOR**
 (4) **CAPITOL VALLEY REGIONAL SAFE, DIRECTOR**
 (5) **YUBA COUNTY HOUSING AUTHORITY, DIRECTOR**
 (6) **WOODLAND DAVIS Clean Water Agency, Alternate**

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 FAIR POLITICAL
 PRACTICES COMMISSION
 2015 APR 22 PM 1:51

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

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

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.
 -or-
 The period covered is _____ through December 31, 2014.
 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, 2014, 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: _____

- 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

Date Signed 3-16-15
(month, day, year)

**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 <small>FAIR POLITICAL PRACTICES COMMISSION</small> Name <u>Thomas W. Stallard</u>

▶ NAME OF BUSINESS ENTITY
LEGISLATIVE INTENT SERVICE, INC

GENERAL DESCRIPTION OF THIS BUSINESS

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 WHOLLY OWNED SUBCORP
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 14 / / 14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
SOUTH WEST AIRLINES

GENERAL DESCRIPTION OF THIS BUSINESS

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:
 / / 14 / / 14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
EXXON MOBILE

GENERAL DESCRIPTION OF THIS BUSINESS

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:
 / / 14 / / 14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
WELLS FARGO

GENERAL DESCRIPTION OF THIS BUSINESS

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:
 / / 14 / / 14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
PEPSICO

GENERAL DESCRIPTION OF THIS BUSINESS

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:
 / / 14 / / 14
ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY
CA G.O. BONDS

GENERAL DESCRIPTION OF THIS BUSINESS

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 BONDS
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 / / 14 / / 14
ACQUIRED DISPOSED

Comments: _____

SCHEDULE B - I
Interests in Real Property
 (Including Rental Income)

Name

Thomas W. Stallard

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
610 Main St.

CITY
WOODLAND, 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 / 14 / 14 DISPOSED
 IF APPLICABLE, LIST DATE:

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
Vacant

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
612 Main St.

CITY
Woodland, 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 / 14 / 14 DISPOSED
 IF APPLICABLE, LIST DATE:

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
MR. + MRS. MODESTO GUERRERO

* 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 B-2
Interests in Real Property
 (Including Rental Income)

Name
Thomas W. Stallard

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
614-622 Main St.

CITY
WOODLAND, 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 / / 14 DISPOSED / / 14

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
WSR INSURANCE, INC.
JB EATS, INC.

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
628 Main St.

CITY
WOODLAND, 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 / / 14 DISPOSED / / 14

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
TRI COUNTIES BANK

* 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
Thomas W. Stallard

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
LEGISLATIVE INTENT SERVICE, Inc.

ADDRESS (Business Address Acceptable)
712 Main St., Suite 200, Woodland CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
LEGISLATIVE RESEARCH

YOUR BUSINESS POSITION
CEO

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
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

Other _____
 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

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
 (For self-employed use Schedule A-2.)

Partnership (Less than 10% ownership. For 10% or greater use Schedule A-2.)

Sale of _____
 (Real property, car, boat, etc.)

Loan repayment

Commission or Rental Income, list each source of \$10,000 or more

 (Describe)

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 TERM (Months/Years)

_____ % None _____

SECURITY FOR LOAN
 None Personal residence

Real Property _____
 Street address

_____ City

Guarantor _____

Other _____
 (Describe)

Comments: _____

SCHEDULE D -1
Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name <i>Thomas W. Stellard</i>

▶ NAME OF SOURCE (Not an Acronym)
Robert Thomas Conway, Preserved in GWS

ADDRESS (Business Address Acceptable)
*ART Development
7700 College Town Dr., Suite 101, Sac, CA
95806*

BUSINESS ACTIVITY, IF ANY, OF SOURCE
LAND DEVELOPMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>3, 3, 15</i>	<i>\$ 25</i>	<i>BREAKFAST</i>
___/___/___	\$	
___/___/___	\$	

▶ NAME OF SOURCE (Not an Acronym)
Kaiser Permanente, Inc.

ADDRESS (Business Address Acceptable)
6600 Bruceville Rd., Sac, CA 95823

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Healthcare

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>5, 15, 14</i>	<i>\$ 145.75</i>	<i>Dinner</i>
<i>2, 3, 14</i>	<i>\$ 517.00 283.65 PM</i>	<i>King's Game PM</i>
___/___/___	\$	
___/___/___	\$	

▶ NAME OF SOURCE (Not an Acronym)
MURPHY AUSTIN, Adams + Schoenfeld, LLP

ADDRESS (Business Address Acceptable)
304 S St. Sac, CA 95811

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>2, 26, 14</i>	<i>\$ 157.87</i>	<i>Author's talk book</i>
___/___/___	\$	
___/___/___	\$	

▶ NAME OF SOURCE (Not an Acronym)
TEICHERT, INC

ADDRESS (Business Address Acceptable)
6000 American River Dr., Sac, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
CONSTRUCTION + AGGREGATES

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>5, 5, 14</i>	<i>\$ 155</i>	<i>Dinner</i>
___/___/___	\$	
___/___/___	\$	

▶ NAME OF SOURCE (Not an Acronym)
Hefner, Stark + Marois, LLP

ADDRESS (Business Address Acceptable)
*2150 River Plaza Dr., Suite 450
Sac, CA*

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Law Firm

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>3, 5, 14</i>	<i>\$ 95</i>	<i>Dinner</i>
___/___/___	\$	
___/___/___	\$	

▶ NAME OF SOURCE (Not an Acronym)
SUTTER HEALTH

ADDRESS (Business Address Acceptable)
2800 L St., Sac, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
HEALTHCARE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<i>5, 5, 14</i>	<i>\$ 155</i>	<i>DINNER</i>
___/___/___	\$	
___/___/___	\$	

Comments: _____

SCHEDULE D-2
Income - Gifts

Name
Thomas W. Stallard

▶ NAME OF SOURCE (Not an Acronym)
FIVE STAR BANK

ADDRESS (Business Address Acceptable)
2400 DEL PASO RD, Ste 100, SAC, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Banking

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>3, 7, 14</u>	<u>\$ 45</u>	<u>LUNCHA</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
CA CHAMBER OF COMMERCE

ADDRESS (Business Address Acceptable)
P.O. BOX 1736, SAC, CA 95812-1736

BUSINESS ACTIVITY, IF ANY, OF SOURCE
BUSINESS PROMOTION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>5, 21, 14</u>	<u>\$ 22</u>	<u>Breakfast</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
LOCAL GOV'T COMMISSION

ADDRESS (Business Address Acceptable)
1303 J St., Suite 250, SAC, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
NON-PROFIT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>various</u>	<u>\$ 200</u>	<u>Dinner Meetings</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)
CHRIS SODERQUIST

ADDRESS (Business Address Acceptable)
132 E St. Suite 370, Davis CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE
SOLAR

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>12, 12, 13</u>	<u>\$ 43.19</u>	<u>LUNCH/TALK</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____