



COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Saylor Don

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
BOS
Division, Board, Department, District, if applicable
Your Position
Board of Supervisors

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

Agency: SEE ATTACHED LIST Position:

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

- State
- Multi-County _____
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of Yolo
- 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: 3

- 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 03/13/2015 01:21 PM
(month, day, year)

STATEMENT OF ECONOMIC INTERESTS
 COVER PAGE
 EXPANDED STATEMENT LIST

CALIFORNIA FORM 700
<small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <div style="text-align: right; border-top: 1px solid black; border-bottom: 1px solid black; margin: 2px 0;">Don Saylor</div>

Agency	Position or Title	Jurisdiction	Type of Statement	Period Covered
First 5-Children & Families	Chair	County of Yolo	Annual	01/01/14 - 12/31/14
YC Indian Gaming Local Community	Member	County of Yolo	Annual	01/01/14 - 12/31/14
YC Housing	Board Member	County of Yolo	Annual	01/01/14 - 12/31/14
YC Transportation Dist	Alt Board Member	County of Yolo	Annual	01/01/14 - 12/31/14
YC Habitat/Natural Community Conservation Plan JPA	Board Member or Alternate	County of Yolo	Annual	01/01/14 - 12/31/14

SCHEDULE D
Income – Gifts

Name
Don Saylor

▶ NAME OF SOURCE (Not an Acronym)
Dignity Health
 ADDRESS (Business Address Acceptable)
3400 Data Dr., Rancho Cordova, CA 95670
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
healthcare provider

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 25 / 14</u>	\$ <u>100</u>	<u>Davis Chamber dinner</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)
Hefner, Stark & Marois LLP
 ADDRESS (Business Address Acceptable)
2150 River Plaza Drive #450, Sacramento, CA 95833
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
attorneys

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>05 / 03 / 14</u>	\$ <u>121</u>	<u>Cap To Cap dinner</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>

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 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

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<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

Comments: _____