

Officeholder and Candidate  
Campaign Statement –  
Short Form

Date of election if applicable:  
(Month, Day, Year)

\_\_\_\_\_

Amendment (Explain Below)

\_\_\_\_\_

\_\_\_\_\_

Date Stamp  
**RECEIVED**  
**OCT 18 2024**  
**CITY CLERK'S OFFICE**

**CALIFORNIA FORM 470**  
For Official Use Only

1. Statement Covers Calendar Year 20 24.

2. Officeholder or Candidate Information

NAME OF OFFICEHOLDER OR CANDIDATE  
TOM STALLARD

STREET ADDRESS  
\_\_\_\_\_

CITY STATE ZIP CODE  
WOODLAND CA 95695

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX/E-MAIL ADDRESS  
\_\_\_\_\_

3. Office Sought or Held

OFFICE SOUGHT OR HELD  
COUNCIL MEMBER

JURISDICTION (LOCATION) DISTRICT NUMBER (IF APPLICABLE)  
CITY OF WOODLAND 2

4. Committee Information

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>NONE.</u>		

5. Verification

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$2,000 and that I will spend less than \$2,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State \_\_\_\_\_

Executed on Oct. 18, 2024  
DATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE