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Recipient Committee Campaign Statement Cover Page

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period: from 7/1/2016 through 9/24/2016

Date of election if applicable: (Month, Day, Year) 11/8/2016

Date Stamp: RECEIVED SEP 29 2016 CITY CLERK'S OFFICE

CALIFORNIA FORM 460

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For Official Use Only

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- [x] Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall (Also Complete Part 5)
- [ ] General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee
- [ ] Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored (Also Complete Part 6)
- [ ] Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- [x] Preelection Statement
- [ ] Semi-annual Statement
- [ ] Termination Statement (Also file a Form 410 Termination)
- [ ] Amendment (Explain below)
- [ ] Quarterly Statement
- [ ] Special Odd-Year Report

3. Committee Information

I.D. NUMBER: 1386668

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Stallard for City Council 2016

STREET ADDRESS (NO P.O. BOX)

712 Main St, Suite 200

CITY STATE ZIP CODE AREA CODE/PHONE

Woodland, CA 95695 (530) 666-4850

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

N/A

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

tstallard@Legistant.com

Treasurer(s)

NAME OF TREASURER

Nancy Muller

MAILING ADDRESS

1312 Rancho Way,

CITY STATE ZIP CODE AREA CODE/PHONE

Woodland CA 95695 (530) 666-1806

NAME OF ASSISTANT TREASURER, IF ANY

Mark Aulman

MAILING ADDRESS

904 First Street

CITY STATE ZIP CODE AREA CODE/PHONE

WOODLAND CA 95695 (530) 666-0743

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 9/28/16 (Date) By Nancy Muller (Signature of Treasurer or Assistant Treasurer)

Executed on 9/29/16 (Date) By (Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor)

Executed on (Date) By (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Executed on (Date) By (Signature of Controlling Officeholder, Candidate, State Measure Proponent)

Recipient Committee Campaign Statement Cover Page — Part 2

COVER PAGE - PART 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Tom Stallard

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council at Woodland CA District 2

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
712 Main Street, Suite 200, CA 95695

Related Committees Not Included in this Statement: ***List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.***

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? ☐ YES ☐ NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	☐ SUPPORT ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Amounts may be rounded to whole dollars.

SUMMARY PAGE

Statement covers period
from 7/1/2016
through 9/29/2016

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Stallard for City Council 2016

I.D. NUMBER
1386468

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 19221	$
2. Loans Received	Schedule B, Line 3	0	
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 19221	$
4. Nonmonetary Contributions	Schedule C, Line 3	100	
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 19321	$

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 8296	$
7. Loans Made	Schedule H, Line 3	0	
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 8296	$
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	–	
10. Nonmonetary Adjustment	Schedule C, Line 3	100	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 8396	$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 0
13. Cash Receipts	Column A, Line 3 above	19221
14. Miscellaneous Increases to Cash	Schedule I, Line 4	–
15. Cash Payments	Column A, Line 8 above	8296
16. **ENDING CASH BALANCE**	Add Lines 12 + 13 + 14, then subtract Line 15	$ 10925

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED — Schedule B, Part 2 — $

Cash Equivalents and Outstanding Debts

18. Cash Equivalents — See instructions on reverse — $
19. Outstanding Debts — Add Line 2 + Line 9 in Column B above — $

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

22. **Cumulative Expenditures Made***
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
___/___/___	$
___/___/___	$

*Amounts in this section may be different from amounts reported in Column B.

a

Schedule A
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period
from 7/1/16
through 9/24/16

CALIFORNIA FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Stallard for City Council 2016

I.D. NUMBER
1386668

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
7-18-16	John Anagnostou 239 N. College St. #15 Woodland, CA 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Developer Anagnostou + Caceres	250 ^d	250	
8-15-16	Jenny Stallard Lillge 10 TOYon Drive Woodland 95695	☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney legislative Intent Services	250 ^cd	250	
8-15-16	DAVID HOSLEY 444 4th Street DAVIS, CA 95616	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250 ^d	250	
8-15-16	Clark Pacific 1980 South River Rd West Sac 95691	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		250 ^d	250	
8-15-16	Gary Rawlings 19548 Hillcrest Dr Woodland 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Gifted Penguin	100 ^d	100	
			SUBTOTAL $	1100 ^d		

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... $ 17047
2. Amount received this period – unitemized monetary contributions of less than $100 ..... $ 2174
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL $ 19221

*Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/16
through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER
Stallard for City Council 2016

I.D. NUMBER
1386668

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8-15-16	Francisco Rodriguez 204 Cedar Lane Woodland, CA 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chancellor L.A. Community College District	100.00	100	
8/15/16	Steve Roberts 3901 Lake Rd. #30 W. Sacramento 95691	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Employment Specialist Yolo County	250.00	250	
8-15-16	Lisa Shelley 1116 Elm Street Woodland, CA 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Pharmacist Corner Drug	250.00	250	
8-15-16	Stacie Barrow 659 1st Street Woodland, CA 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Business Owner Resodyn Corp	250.00	250	
8-15-16	Cathy Engstrom 227 Buena Tierra Woodland, CA 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	homemaker	250.00	250	
			SUBTOTAL $	1100.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/16
through 9/24/16

CALIFORNIA FORM 460

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NAME OF FILER
Stalland for City Council 2016

I.D. NUMBER
1386468

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8-15-16	Duane Thomson 3230 Magpie St Davis, CA 95616	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Architect Duane R. Thomson AIA	250.00	250	
8-15-16	Diane Cliff 217 Marshall Ave Woodland, CA 95695	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Analyst Champ Systems	100.00	100	
8-15-16	Mary Ann Brown 2038 Jordon Hill way Gold River, Ca 95670	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	250.00	250.00	
8-15-6	Dennis Mangers 1017 Harrington Way Carmichael 95608	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired	100.00	100	
8-15-16	David Wilkinson 745 1st Street Woodland 95695	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Real Estate Consultant N.C. Community Loan	100.00	100	
			SUBTOTAL $	800		

*Contributor Codes
IND – Individual
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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/16
through 9/24/16

CALIFORNIA FORM 460

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NAME OF FILER: Stallard for City Council 2016

I.D. NUMBER: 1386668

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8-15-16	Walt Mangy 716 1st Street Woodland, CA 95695	IND	Attorney	250.00	250.00	
8-19-16	Roz Stone 606 Buena Tierra Woodland CA	IND	Retired	100.00	100.00	
8-19-16	Terry Miller 27325 Willowbank Rd DAVIS CA 95618	IND	Retired	100.00	100.00	
8-19-16	Lucinda Talkington 131 Hays Street 95695	IND	Retired	100.00	100.00	
8-19-16	John Hodgson 2514 Chinatown Alley Sacramento 95816	IND	Attorney Hodgson Co	250.00	250.00	
			SUBTOTAL $	800.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/16
through 9/29/16

CALIFORNIA FORM 460

NAME OF FILER: Stallard for City Council 2016

I.D. NUMBER: 1386668

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8-19-16	Nate Lillge 19 Toyon Woodland CA 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Activity coordinator Tule youth	250.00	250.00	
8-19-16	Kathy Payne 201 West Monte Vista Woodland CA 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100.00	
8-19-16	Ron Caceres 1207 Cleveland Woodland CA 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Developer Caceres	250.00	250.00	
8-19-16	Ken Hammill 418 Pendegast Woodland CA 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Contractor Capital Sheet metal	250.00	250.00	
8-19-16	Robert Kittredge P.O Box 2052 Woodland CA 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00	250.00	
			SUBTOTAL $	1100.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/16
through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER
Stallard for City Council 2016

I.D. NUMBER
1386468

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8-19-16	Rob Blickle 1416 Madrone Way Woodland, CA 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	$100	100.00	
8-23-16	Charles Mack 512 Greenwood Woodland CA 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00	250.00	
8-23-16	Rogen Kohlmeier 173 Court Street Suite B Woodland CA 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired	250.00	250	
8-23-16	Robert Selby 301 Greenwood Woodland CA 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200.00	200	
8-23-16	Larry Crawford 532 Elm Street Woodland CA 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired	150.00	150	
			SUBTOTAL $	950.00		

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COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

11

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/16
through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER
Tom Stallard for City Council 2016

I.D. NUMBER
1386668

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8-23-16	Carol Jack 101 Monte Vista Woodland, CA 95695	IND COM OTH PTY SCC	travel agent Woodland World Wide travel	$100	100	
8-23-16	Carrie Wright 86 Utah Ave Woodland, CA 95695	IND COM OTH PTY SCC	teacher Cross Court Athletic Club	$100	100	
8-23-16	Maurice Rasmussen 211 Gibson Road Woodland, CA 95695	IND COM OTH PTY SCC	Retired	$100	100	
8-23-16	James Nolan 22 Cypress Dr. Woodland, CA 95695	IND COM OTH PTY SCC	Attorney Gardner, Jane Nolan, Hugh Allan	100	100	
8-23-16	Andrew Hurst 2105 Liberty Drive Woodland, CA 95776	IND COM OTH PTY SCC	Supervisor State of Calif	100	100	
			SUBTOTAL $	500		

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11

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/16
through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER
Tom Stallard for City Council 2016

I.D. NUMBER
1386668

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8-23-16	Charles Wilts 710 Donner Way Woodland, CA 95695	IND COM OTH PTY SCC	Retired	100.00	100	
8-23-16	NORMA AMACIC 2 Redwood Dr. Woodland, CA 95695	IND COM OTH PTY SCC	Retired	100.00	100	
8-23-16	Mervin Nelsen 112 Toyon Dr Woodland CA 95695	IND COM OTH PTY SCC	Retired	100.00	100	
8-23-16	Ken Burtis 813 First Street Woodland, CA 95695	IND COM OTH PTY SCC	Professor UC DAVIS	100.00	100	
8-23-16	Carol Atkins 207 Toyon Drive Woodland 95695	IND COM OTH PTY SCC	Scientist State of CA	100.00	100	
			SUBTOTAL $	500.00		

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PTY – Political Party
SCC – Small Contributor Committee

11

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/16
through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER
Tom Stallard for City Council 2016

I.D. NUMBER
1386648

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8-26-16	Rick Fowler 1901 Cenacle Carmichael, CA 95608	IND	Executive KMTG	250 ad	250	
8-26-16	San Francisco Spice Co. P.O. Box 2205 Woodland, CA 95695	OTH		249 ad	249	
8-26-16	Michael Read 205 Cedar Lane Woodland CA 95695	IND	Attorney	250 ad	250	
8-26-16	Rudy Howald 32 Toyon Dr. Woodland, CA 95695	IND	Retired	250 ad	250	
8-26-16	Marcus Ullrich 433 2nd Street Woodland CA 95695	IND	Accountant Ullrich Rekvah	100 ad	100	
			SUBTOTAL $	1099		

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11

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/16
through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER: Stallard for City Council 2016

I.D. NUMBER: 1386668

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8-26-16	Doreen Adzy 917 Cleveland Woodland CA 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200 a	200	
8-26-16	Jeanne Reaves 2282 Swarthmore Sacramento CA 95825	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant Reaves Consulting	250 a	250	
8-26-16	Carolyn Johnsm 23 Toyon Dr. Woodland, CA 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	200 a	200	
8-26-16	Nancy Van Sant 1540 Trucker Woodland CA 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	teacher Great Oaks Preschool	200 a	200	
8-26-16	Robert Bzlman 1710 Donna Way Woodland CA 9569	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired	100 a	100	
			SUBTOTAL $	950		

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11

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/16
through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER: Stallard for City Council 2016

I.D. NUMBER: 1386668

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8-26-16	Tom Manley 1304 Jimenez Ln Woodland CA 95695	IND	Retired	100.00	100	
8-26-16	Scott Johnsm 1100 main St, Suite 200 Woodland	IND	CPA Johnston	100.00	100	
8-26-16	D. S. Clark 321 Bartlett Woodland CA 95695	IND	Retired	100.00	100	
8-26-16	Nora Jimenez 216 Toyon Dr Woodland, CA 95695	IND	Senior development officer Sutter Health	100.00	100	
8-26-16	Mack Aulman 904 1st St Woodland, CA 95695	IND	Retired	100.00	100	
			SUBTOTAL $	500.00		

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IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7-1-16
through 9-24-16

CALIFORNIA FORM 460

NAME OF FILER: Stallard for City Council 2016

I.D. NUMBER: 1386668

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
8-26-16	Stephen Mock 109 Monte Vista Woodland, CA 95695	IND	Retired	100.00	100	
9-2-16	VK Singh 9 Monte Vista Woodland, CA 95695	IND	Retired	250.00	250	
9-2-16	Dubbu Singh 9 Monte Vista Woodland CA 95695	IND	analyst UC DAVIS	250.00	250	
9-2-16	Karmen Strens 528 Hermosa Pl DAVIS, CA 95616	IND	Retired	200.00	200	
9-2-16	Gary Sandy 553 Elm St Woodland CA 95695	IND	analyst UC DAVIS	250.00	250	
			SUBTOTAL $	1050		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/16
through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER
Stallard for City Council 2016

I.D. NUMBER
1386668

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9-2-16	William Adams 208 Toym Dr Woodland, CA 95695	IND	Retired	250 00	250	
9-2-16	Mark Sanders 201 Avocet Ave DAVIS, CA 95616	IND	Retired	250 00	250	
9-2-16	Jonathan Lewis 621 Georgetown DAVIS CA 95616	IND	Retired	250 00	250	
9-2-16	Michael Vinnicombe 61 El Cerrito Ave SAN MATEO, CA 94402	IND	owner SF Spice Compan	249 00	249	
9-2-16	Michelle Vinnicombe 1510 16th Street #314 Sacramento CA 95814	IND	market/analyst SF. Spice	249 00	249	
			SUBTOTAL $	1248		

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PTY – Political Party
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11

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/16 through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER: Stalland for City Council 2014

I.D. NUMBER: 1386668

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9-2-16	Janice Adams 208 Toyon Drive Woodland, CA 95695	IND	Retired	250.00	250	
9-2-16	Debbie Stolz 19244 Hillcrest Dr Woodland, CA 95695	IND	SALES CPI Elonco Division	100.00	100	
9-2-16	Bob Sims 418 Buena Vista Way Woodland, CA 95695	IND	Retired	100.00	100	
9-2-16	Mark Jones 829 Lewis Ave Woodland CA 95695	IND	Retired	100.00	100	
9-2-16	Brewer Lofgren 650 University Ave Sacramento, CA 95825	COM		250.00	250	
			SUBTOTAL $	800.00		

*Contributor Codes
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OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

11

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/16
through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER: Stallard for City Council 2016

I.D. NUMBER: 1386668

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9-2-16	Steve Sabbadini 36 Palm Ave Woodland, CA 95695	IND	Attorney Steve Sabbadini Inc	100.00	100	
9-2-16	Tom Wendt 824 Sycamore Lane Woodland, CA 95695	IND	Business Owner Amanz Essentials	100.00	100	
9-2-16	Richard Jenness 1510 McKinley Ave Woodland, CA 95695	IND	Retired	100.00	100	
9-2-16	Ann JOULE 750 First Street Woodland, CA 95695	IND	owner Aldersm convalescent Hospital	100.00	100	
9-2-16	Myriam Gonzalez 450 Mintle Vista Dr Woodland, CA 95695	IND	self property management	100.00	100	
			SUBTOTAL $	500.00		

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IND – Individual
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PTY – Political Party
SCC – Small Contributor Committee

11

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/16
through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER: Stallard for City Council 2016

I.D. NUMBER: 1386668

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9-2-16	Pat Monley 421 Pendegast Woodland, CA 95695	IND COM OTH PTY SCC	Construction Monley	100.00	100	
9-2-16	Lm Springer 900 Third St Woodland, CA 95695	IND COM OTH PTY SCC	Retired	100.00	100	
9-9-16	Sharon Dodds 524 1st St. Woodland, CA 95695	IND COM OTH PTY SCC	Retired	100.00	100	
9-9-16	Bert Grant 105 Tuyon Drive Woodland, CA 95695	IND COM OTH PTY SCC	Retired	100.00	100	
9-9-16	Steven Thomson 1403 Midway Woodland CA 95695	IND COM OTH PTY SCC	Dentist Steven Thomson DDS	100.00	100	
			SUBTOTAL $	500.00		

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PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from 7/1/16 through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER: Stallard for City Council 2016

I.D. NUMBER: 1386668

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9-9-16	Julia L Jenness 3954 Oakhurst Circle Fair Oaks CA 95628	IND	Attorney Boutin/Jones	100.00	100	
9-9-16	Tom Scarlett 211 Toyon Dr. Woodland CA 95695	IND	Insurance Scarlett + Wraith	100.00	100	
9-9-16	Muriel Chollis 1515 Camino Way Woodland CA 95695	IND	Retired	100.00	100	
9-9-16	Robert Bess 25 Redwood Woodland. CA 95695	IND	Engineer Brown + Caldwell	100.00	100	
9-9-16	Bud Gassen 36 Toyon Woodland, CA 95695	IND	Retired	100.00	100	
			SUBTOTAL $	500.00		

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SCC – Small Contributor Committee

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/16
through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER
Stallard for ~~[illegible]~~ City Council 2016

I.D. NUMBER
1386668

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9-9-16	Patty Crittenden 1744 McKinley Ave Woodland CA 95695	IND COM OTH PTY SCC	Retired	250.00	250	
9-9-16	Dennis Bright 740 Andegast Circle Woodland CA 95695	IND COM OTH PTY SCC	retired	250.00	250	
9-16-16	Larry Birch 1412 Spruce Dr Woodland CA 95695	IND COM OTH PTY SCC	Retired	100.00	100	
9-16-16	DAn Best 75 W Gibson Woodland CA 95695	IND COM OTH PTY SCC	farmer Dan Best Ranch	250	250	
9-16-16	Robert Martinez P.O. BX 578 Woodland CA 95695	IND COM OTH PTY SCC	Retired	100	100	
			SUBTOTAL $	950.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/16
through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER: Stallard City Council 2016

I.D. NUMBER: 1386668

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9-16-16	Roger Hahn 14806 Jimeno Lane Woodland, CA 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100	
9-16-16	Helen Thomson 44 College Park Davis CA	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	100.00	100	
9-16-16	David Young 440 Lindsay East St. Woodland, CA 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Young Attorney	100.00	100	
9-16-16	Lynnel Pollock P.O Box 468 Yolo, CA 95697	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	farmer Pollock Farms	100.00	100	
9-16-16	Dennis Styne 502 Scripps Dr. 95616 Davis, CA	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Professor UC Davis	100.00	100	
			SUBTOTAL $	500.00		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/16
through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER: Stallard for City Council 2016

I.D. NUMBER: 1386668

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9-16-16	Mark L Friedman 2002 Fox Hollow Ln Sacramento CA 95864	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Developer Fulcrum prop	250 ᴬ	250	
9-16-16	Teichert Inc 3500 American River Sacramento CA 95864	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250 ᴬ	250	
9-16-16	Meg Stallard 10 Toyon Dr Woodland CA 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired	250 ᴬ	250	
9-23-16	Money Crmin Inc 419 Main Street Woodland CA 95695	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		150 ᴬ	150	
9-24-16	Alan Flory 6 Juniper Ct Woodland CA 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	retired	100 ᴬ	100	
			SUBTOTAL $	1000 ᴬ		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 7/1/16
through 9/24/16

CALIFORNIA FORM 460

NAME OF FILER: Stallard for City Council 2016

I.D. NUMBER: 1386668

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9-24-16	Bridget Levich 622 3rd Street Woodland CA 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	nurse UC DAVIS med center	100.00	100	
9-24-16	Beverly Sanden 3595 Lewiston Rd West Sacramento	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Director Yolo Community Foundation	250.00	250	
9-24-16	Matthew Rexroad 2355 Alexander Pl. Woodland CA 95695	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Political Consultant Meridian	250.00	250	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC				
			SUBTOTAL $	600		

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SCC – Small Contributor Committee

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Schedule B – Part 1
Loans Received

Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/16
through 9/24/16

SCHEDULE B - PART 1
CALIFORNIA FORM 460
Page 25 of 28

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Stallard for City Council 2016

I.D. NUMBER
1386668

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Tom Stallard 10 TOYON DR WOODLAND, CA 95695 † ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Lawyer legislative Intent Service	$ -0-	$ 5000 (a)	☑ PAID $ 5000 (a) ☐ FORGIVEN $	$ _____ DATE DUE	_____ % RATE $	$ _____ DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION ** $
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ _____ DATE DUE	_____ % RATE $	$ _____ DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION ** $
† ☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ _____ DATE DUE	_____ % RATE $	$ _____ DATE INCURRED	CALENDAR YEAR $ _____ PER ELECTION ** $
		SUBTOTALS $	$	$	$			

Schedule B Summary

1. Loans received this period ..... $ 5000 (a)
   (Total Column (b) plus unitemized loans of less than $100.)
   (Enter (e) on Schedule E, Line 3)
2. Loans paid or forgiven this period ..... $ 5000 (a)
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract** Line 2 from Line 1.) ..... NET $ -0-
   Enter the net here and on the Summary Page, Column A, Line 2.
   (May be a negative number)

†Contributor Codes
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OTH – Other (e.g., business entity)
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SCC – Small Contributor Committee

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

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Schedule C
Nonmonetary Contributions Received

Amounts may be rounded to whole dollars.

SCHEDULE C
CALIFORNIA FORM 460

Statement covers period
from 7/1/16
through 9/24/16

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Stallard for City Council 2016

I.D. NUMBER
1386668

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
8/25/16	JACK Hoffart Cookie Connection 710 Main Street Woodland	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		cookies	$100	$100	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL $**

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... $ $100.00
2. Amount received this period – unitemized nonmonetary contributions of less than $100 ..... $ —
3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL $** $100.00

*Contributor Codes
IND – Individual
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PTY – Political Party
SCC – Small Contributor Committee

SCHEDULE E

Schedule E
Payments Made

Amounts may be rounded to whole dollars.

Statement covers period
from 7/1/16
through 9/24/16

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Stalland for City Council 2016

I.D. NUMBER
1386668

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DAN Sharp 300 Shining Horse Way Vacaville CA 95688	CMP			5516
Daily Democrat 711 MAin Street Woodland CA 95695	PRT			1500
Bobs Bouncing Bungalows	FND			150

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 7166

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	$	8198
2. Unitemized payments made this period of under $100	$	9800
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	$	—
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL**	$	8296

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Schedule E (Continuation Sheet) Payments Made

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 7-1-16 through 9-24-16

CALIFORNIA FORM 460

Page 28 of 28

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Stallard for City Council 2016

I.D. NUMBER: 1386668

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
County of Yolo 625 Court Street Woodland, CA 95695	FIL			375.00
Bank of America PO Box 15019 Wilmington Delaware 19886	cmp			422.00
Capital One P.O. Box 60599 City of Industry	cmp			235.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL $ 1032.00