

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

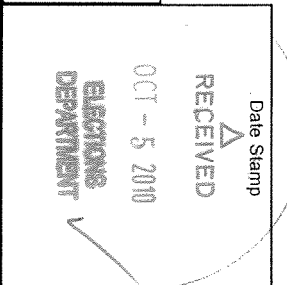
**CALIFORNIA
FORM
460**

COVERPAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 7/1/2010
through 9/30/2010

Date of election if applicable:
(Month, Day, Year)
11-02-2010



Page 1 of 23
For Official Use Only

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

- Offholder, 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/Offholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) Committee to Elect John D'Agostini Sheriff 2010
I.D. NUMBER 1315614

Treasurer(s)

NAME OF TREASURER Lindy Allen

STREET ADDRESS (NO P.O. BOX) 7381 Mt Auburn Road
CITY Mt Auburn, CA STATE CA ZIP CODE 95656 AREA CODE/PHONE 530-620-4510
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX PO Box 343
CITY Mt Auburn, CA STATE CA ZIP CODE 95656 AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS

MAILING ADDRESS 7800 Boondock Trail
CITY Somerset, CA STATE CA ZIP CODE 95684 AREA CODE/PHONE 530-620-5716
NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE
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 10/1/2010 By [Signature] Signature of Treasurer or Assistant Treasurer
Executed on 10/5/10 By [Signature] Signature of Controlling Offholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
Executed on _____ By _____ Signature of Controlling Offholder, Candidate, State Measure Proponent
Executed on _____ By _____ Signature of Controlling Offholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
JOHN D'AGOSTINI

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
SHERIFF EL DORADO COUNTY

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
7381 MT AVKUM ROAD, MTAUKUM, CA 95650

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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 <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN D'AGOSTINI

Statement covers period
from 7/1/2010
through 9/30/2010

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CALIFORNIA
FORM
460

SUMMARY PAGE

I.D. NUMBER
1315614

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 16,167-	\$ 49,450-
2. Loans Received	Schedule B, Line 3 Ø	Ø
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 16,167-	\$ 49,450-
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 6,390-	\$ 16,643-
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 22,557-	\$ 66,093-

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	\$ _____	\$ _____

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 15,451-	\$ 66,634-
7. Loans Made	Schedule H, Line 3 Ø	Ø
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 15,451-	\$ 66,634-
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 Ø	Ø
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ 6,390-	\$ 16,643-
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 21,841-	\$ 86,277-

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	Total to Date
(If Subject to Voluntary Expenditure Limit)	
Date of Election (mm/dd/yy)	
/ /	\$ _____
/ /	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 3074-
13. Cash Receipts	Column A, Line 3 above 16,167-
14. Miscellaneous Increases to Cash	Schedule I, Line 4 3,252-
15. Cash Payments	Column A, Line 8 above 15,451-
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 7,042-

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

17. LOAN GUARANTEES RECEIVED

Cash Equivalents and Outstanding Debts

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

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).

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/2010
through 9/30/2010

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER JOHN D'AGOSTINI

I.D. NUMBER
1315614

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)
8/23/10	Dennis & Antonia Amara 2370 Equestrian Way Pilot Hill, CA 95664	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	owner Amara Mortgage	100-	100-	
8/12/10	James & Debra Beck 1640 Lotus Road Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100-	100-	
9/14/10	Charles Brown 4360 Sweetwater Lane Rescue, CA 95672	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100-	100-	
9/4/10	Chris & Kim Campbell 3700 Arden Creek Road Sacramento, CA 95864	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100-	100-	
9/4/10	Gary Colburn 9359 main street Plymouth, CA 95669	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100-	100-	
SUBTOTAL \$				500 -		

Schedule A Summary

- Amount received this period - itemized monetary contributions:
(Include all Schedule A subtotals.) \$ 13505 -
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 2662 -
- Total monetary contributions received this period:
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 16,167 -

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
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Statement covers period
from 7/1/2010
through 9/30/10

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SCHEDULE A (CONT.)
**CALIFORNIA
FORM
460**

NAME OF FILER JOHN D'AGOSTINI I.D. NUMBER 1315614

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTERED ID 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 TODAY (IF REQUIRED)
8/23/10 9/6/10	Roy & Sandra Enos 2720 Illinois Canyon Road Georgetown, CA 95634	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 -	100 -	
8/11/10	Gene Gutenberger 5780 Bucks Bar Road Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EID	100 -	100 -	
9/1/10	Albert Hazbun 9220 Forestberry Way El Dorado Hills, CA 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Albert Hazbun P.E. Consulting Engineer	100 -	100 -	
9/15/10	Timothy Holcomb 360 Fairlane Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assessor El Dorado County	100 -	150 -	
9/11/10	Mel & Robin Kelley 4800 Sciaroni Road Grizzly Flats, CA 95636	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Pioneer Union School District	100 -	200 -	
SUBTOTAL \$				500 -		

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(Other than PTY or SCC)
OTH - Other (e.g., business entity)
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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/2010
through 9/30/2010

SCHEDULE A (CONT.)
CALIFORNIA FORM 460
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NAME OF FILER: JOHN D'AGOSTINI I.D. NUMBER: 1315614

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)
8/3/10	John & Catharina Koll 2121 Tipton Hill Road Georgetown, CA 95634	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 -	100 -	
8/8/10	Rich & Melissa Mainwaring 4007 Chestnut Lane Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant Gold Country Foods	100 -	100 -	
9/2/10	Dean & Shirley Miller 3021 Cedar Creek Road Mt. Auburn, CA 95656	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 -	160 -	
8/3/10	William & Tammy Mitchell 420 Placerville Drive Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Geologist Wheldon Geology	100 -	100 -	
8/2/10	Committee to Elect Ray Nutting 8161 Happy Valley Road Somerset, CA 95684 FPPC # 1222500	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Supervisor El Dorado County	200 -	2545 -	
SUBTOTAL \$				600 -		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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SCHEDULE A (CONT.)
**CALIFORNIA
FORM 460**
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I.D. NUMBER
1315614

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER ID. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
	NAME OF FILER JOHN D'AGOSTINI					
9/2/10	PAT & DONNA O'HALLORAN 2201 Cable Road Carmine, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Grower	100 -	350 -	
9/4/10	JASON & KARLA REED 2149 Fencelie Drive Folsom, CA 95630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100 -	100 -	
8/31/10	Real Construction 5401 Starks Grade Road Pollock Pines, CA 95726	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100 -	100 -	
9/22/10	Todd Riebe 205 Court Street Jackson, CA 95642	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff Amador County	100 -	100 -	
7/31/10	Michael Romano 2020 Painted Pony Rd Mt. Auburn, CA 95656	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant Self	100 -	100 -	
SUBTOTAL \$				500 -		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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I.D. NUMBER
1315614

NAME OF FILER
JOHN D'AGOSTINI

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8/3/10	Gloria Tingley 1718 Copperton Road Camino, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director Quality In-Home Care Specialists, Inc	100 -	100 -	
9/12/10	Brian Vaughn 4407 Alameda Road Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 -	300 -	
8/30/10	Roger Watson 3753 Carson Road Camino, CA 95709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CICP Director	100 -	100 -	
9/10/10	Rena Harrison 8565 Hwy 193 Garden Valley, CA 95633	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150 -	150 -	
9/14/10	Thomas & Kathryn Ahrens 2401 Bairdsley Place El Dorado Hills, CA 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200 -	200 -	
SUBTOTAL \$				650 -		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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NAME OF FILER JOHN D'AGOSTINI I.D. NUMBER 1315614

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE ALSO ENTERED, ID NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
8/3/10	ED AKIN 5500 Gold Hill Road Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 -	100 -	
9/30/10	Douglas & Vivian Bush 4060 Black Oak Drive Shingle Springs, CA 95682	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 -	100 -	
7/31/10	Linda Colombo 7979 Hwy 49 E1 Dorado, CA 95623	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Home Is Where The Heart Is	100 -	100 -	
9/30/10	Tim & Linda Green 1120 Wolf Creek Road E1 Dorado Hills, CA 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 -	100 -	
8/11/10	Gilbert & Earline Gutenberger 2781 Springer Road Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 -	390 -	
SUBTOTAL \$				500 -		

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Schedule A (Continuation Sheet)
Monetary Contributions Received

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NAME OF FILER: **JOHN D. AGOSTINI**
 I.D. NUMBER: **1315614**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTERED ID 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 TODAY DATE (IF REQUIRED)
9/14/10	Rick & Susan Ferriera 3780 Cottonail Road Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of Ops D. Veerkamp Constr	300 -	300 -	
7/9/10 9/9/10	Thomas Soike 2041 Oak Leaf Court Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retured	630 -	630 -	
9/15/10	Boyd Sears 4060 Bear Creek Road Garden Valley, CA 95634	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Bear Creek Quarry	400 -	400 -	
8/15/10	Larry & Jackie Abel 5189 Abel Road Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Abel Construction	500 -	500 -	
7/9/10	Allison Villanueva 183 Silberhorn Drive Folsom, CA 95630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 -	560 -	
SUBTOTAL \$				2330 -		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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**CALIFORNIA
FORM
460**

SCHEDULE A (CONT.)

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NAME OF FILER: **JOHN D'AGOSTINI** I.D. NUMBER: **1315614**

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID 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)
8/23/10	Todd & Stephanie Smith 2296 Summer Drive El Dorado Hills, CA 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Deputy Sheriff Amador County	100 -	100 -	
9/25/10	Chris Smith 2981 Orno Ranch Road Mt. Auburn, CA 95656	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive CLC company	100 -	100 -	
9/1/2010	Annemiek Storm 4995 Woodland Drive Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Care Giver Annemiek Storm Assoc	100 -	100 -	
9/24/10	Jovan Strugar 2584 Greenwood Lane #5 Cameron Park, CA 95682	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Project Manager Sierra Testing Lab	100 -	100 -	
8/11/10	John & Fran Thomson 501 Kirwood Court El Dorado Hills, CA 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 -	100 -	
SUBTOTAL \$				500 -		

*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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
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**CALIFORNIA
FORM 460**

SCHEDULE A (CONT)

NAME OF FILER
JOHN D'AGOSTINI

I.D. NUMBER
1315614

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTERED, ID. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TODAY CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TODAY DATE (IF REQUIRED)
9/7/10	Jim Waldon 3142 Rugged Lane Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500 -	500 -	
9/11/10	R. G. & J.T. Hike 1339 One Loma Drive Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,000 -	1,000 -	
8/10/10	Martin & Kathleen Pastula 5549 Milton Ranch Road Single Springs, CA 95682	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Emergency Mgmt	1,000 -	1066 -	
8/22/10	Suds Car Wash 4620 Post Street El Dorado Hills, CA 95762	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000 -	1,200 -	
7/27/10	Robert & Nikki D'Agostini 6305 Brinwood Road Mt. Auburn, CA 95656	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner D'Agostini Delights Restaurant	1075 -	1375 -	
SUBTOTAL \$				4575 -		

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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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/2010
through 9/30/2010

**CALIFORNIA
FORM 460**

SCHEDULE A (CONT.)

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NAME OF FILER
JOHN D'AGOSTINI

I.D. NUMBER
1315614

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN. 1 - DEC. 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
9/4/10	Arthur & Kathryn Price 14750 Diamond View Drive Pioneer, CA 95666	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200 -	200 -	
9/6/10	Louis & Ann Schiavon 5667 Bucks Bar Road Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200 -	235 -	
8/10/10	Nielson Ranch China Hill Road El Dorado, CA 95623	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250 -	500 -	
9/9/10	Jack & Laurie Peterson 426 Aragon Court El Dorado Hills, CA 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Kidz Gear	250 -	250 -	
9/4/10	Bernie & Emily Brown 1572 Martinique Drive Roseville, CA 95661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Police Officer Las Rios Community College District	300 -	300 -	
SUBTOTAL \$				1200 -		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)
**CALIFORNIA
FORM
460**

Statement covers period
from 7/1/2010
through 9/30/2010

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NAME OF FILER
JOHN D'AGOSTINI

I.D. NUMBER
1315614

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTERED ID 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)
9/4/10	Dwight & Donna Brooks 2540 Greensboro Road Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director Delta Movie Studio	200 -	200 -	
7/26/10	Kris Kobalter 1829 Cold Creek Court South Lake Tahoe, CA 96150	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Tahoe Women's Clinic	200 -	200 -	
9/4/10	Ron & Kathy Loder 8882 Risley Place Granite Bay, CA 95746	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Loder Construction	200 -	200 -	
9/4/10	Bob & Claire McNeal 5761 Bouquet Canyon Road Somerset, CA 95684	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner McNeal Enterprises	200 -	1260 -	
9/4/10	Chris & Shiron Olson 2105 Edington Place El Dorado Hills, CA 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Catholic Healthcare West	200 -	200 -	
SUBTOTAL \$				1,000 -		

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**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/2010
through 9/30/2010

**CALIFORNIA
FORM 460**

SCHEDULE A (CONT)

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NAME OF FILER
JOHN D'AGOSTINI

I.D. NUMBER
1315614

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)
7/2/10	Michael & Barbara Hopkins 3901 Cosumes Drive Plymouth, CA 95669	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100 -	100 -	
7/7/10	Jon Koslucher PO Box 25 Pilot Hill, CA 95664	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100 -	100 -	
9/30/10	Hal Barker 6407 Capital Ave Diamond Springs, CA 95619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner Pursuit Dynamics, LLC	200 -	200 -	
9/30/10	Richard & Lisa Fulton 1358 Terracina Drive El Dorado Hills, CA 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250 -	250 -	
SUBTOTAL \$				650 -		

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Schedule C
Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/2010
through 9/30/2010

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I.D. NUMBER
1315614

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

JOHN D'AGOSTINI

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)
7/10/10	Claire McNeal 5761 Bouquet Canyon Road Somerset, CA 95064	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner McNeal Enterprises	Fans with Advertising	205-		
8/5/10	Ken Greenwood 6400 Kristen Lee Way Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self Firearms Instructor	Gun Safety Class	100-	100-	
8/8/10	Mario Turpin 4035 Errante Drive El Dorado Hills, CA 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner RS Analysis.com	Signs	1066-	1066-	
9/4/10	Louis & Coleah Mansour 4364 Town Center Drive #213 El Dorado Hills, CA 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owners Lafrobe Storage	Hosted Event	3358-	3358-	
SUBTOTAL \$					4,729-		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period - itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 6229-
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ 161-
- 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 \$** 6390-

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IND - Individual
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Schedule C
Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/2010
through 9/30/2010

Page 17 of 23

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

JOHN DIAGOSTINI

I.D. NUMBER
1315614

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)
9/6/10	Bruce Nielson 6051 Enterprise Drive Diamond Springs, CA 95619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Architectural Specialists	Windows and/or doors	500 -	500 -	
8/2010	Al Hamilton 1186 Walkabout Way Placerville, CA 95667	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	Advertising	1,000 -	1,000 -	
				SUBTOTAL \$ 1500 -			

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

1. Amount received this period - itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ _____
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 \$** _____

*Contributor Codes
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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

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/2010
through 9/30/2010
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I.D. NUMBER
1315614

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JOHN D'AGOSTINI

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| CNP | 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 |
| LT | 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
CAFE Campaignite 4359 Town Center Blvd E1 Dorado Hills, CA 95762	FND			1263 -
C-TAG/TAG Media, LLC 1603 Aviation Blvd #11 Redondo Beach, CA 90278	CMP			250 -
Dan Dellinger 5281 Granite Creek Road Lotus, CA 95651	CNS			1500 -
SUBTOTAL \$ 3013 -				

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 13,605 -
- Unitemized payments made this period of under \$100 \$ 1,846 -
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 15,451 -

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

**CALIFORNIA
FORM 460**

Statement covers period
from 7/1/2010
through 9/30/2010

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I.D. NUMBER
1315614

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

JOHN D'AGOSTINI

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| OMP | campaign paraphernalia/misc. | MER | 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 |
| FL | 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
Pioneer Volunteer Firefighters Assoc PO Box 467 Somerset, CA 95684	FND			312-
Premium Graphics Sign 5512 Mitchelldale Houston, TX 77092	LIT			2424-
Round Table Pizza 3975 Missouri Flat Road Placerville, CA 95667	MTG			331-
Showcase Promotions 1007 Mt. Auburn Road Somerset, CA 95684	LIT			901-
Sportsman's Expo 100 Placerville Drive Placerville, CA 95667	FND			250-

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

SUBTOTAL \$ 4218 -

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT)

**CALIFORNIA
FORM 460**

Statement covers period
from 7/1/2010
through 9/30/2010

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I.D. NUMBER
1315614

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

JOHN D'AGOSTINI

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| OMP | campaign paraphernalia/misc. | MER | 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 |
| LT | 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
Los Hermanos Restaurant 6524 Pony Express Trail Pollock Pines, CA 95726	MBR			130-
Marshall Foundation PO Box 1996 Placerville, CA 95667	CTB			100-
Minuteman Press 2861 Placerville Drive Placerville, CA 95667	LIT			670-
Mountain Democrat Newspaper 1360 Broadway Placerville, CA 95667	PRT			289-
NRA Foundation 11250 Whyles Mill Road Fairfax, VA 22030	CTB			240-

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

SUBTOTAL \$ 1429--

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

JOHN D'AGOSTINI

Statement covers period
from 7/1/2010
through 9/30/2010

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I.D. NUMBER
1315614

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

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MER member communications
- MTG meetings and appearances
- OFC office expenses
- FET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSE transfer between committees of the same candidate/sponsor
- VOT voter registration
- 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
Don Whittington 3540 Elderberry Road Placerville, CA 95667	LIT			532-
E1 Dorado County Elections Dept 2850 Fair Lane Placerville, CA 95667	FIL			1805-
E1 Dorado Hills Chamber of Commerce PO Box 5055 E1 Dorado Hills, CA 95762	MTG			275-
John D'Agostini 7381 Mt. Avukum Road Mt. Avukum, CA 95656	TRC			612-
Knights of Columbus 3500 D Street Sacramento, CA 95816	CVC			270-

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

SUBTOTAL \$ **3494-**

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT)

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

JOHN D'AGOSTINI

Statement covers period
from 7/1/2010
through 9/30/2010

CALIFORNIA
FORM
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I.D. NUMBER
1345614

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

OMP	campaign paraphernalia/misc.	MER	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
The Center for Violence-Free Relationships 344 Placerville Drive Placerville, CA 95667	CVC			125-
The Purple Place 363 Green Valley Road El Dorado Hills, CA 95762	FND			995-
The UPS Store 3987 Missouri Flat Road, Suite 340 Placerville, CA 95667	LIT			106-
Todd White PO Box 176 Rescue, CA 95672	CTB			100-
Windfall Classified 624 Pleasant Valley Road Diamond Springs, CA 95619	PRT			125-

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

SUBTOTAL \$ 1451-

Schedule I Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 7/1/2010
through 9/30/2010

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**CALIFORNIA
FORM
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SCHEDULE I

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER JOHN DIAGOSTINI

I.D. NUMBER
1315614

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
N/A			
		SUBTOTAL \$	<u>0</u>

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

- Itemized increases to cash this period. \$ 0
- Unitemized increases to cash of under \$100 this period. \$ 3252-
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL \$ 3252-