Recipient Committee Campaign Statement	Type or print in ink.	nk.	Date Stamp	CALIFORNIA 460
Government Code Sections 84200-84216.5)				Page of 23
	from 7 2010	(Month, Day, Year)		or Official Use O
SEE INSTRUCTIONS ON REVERSE	through _ 9 30 2010	11-02-2010		
/pe of Recipient Committee: All Committees - (omplete Parts 1, 2, 3, and 4.	73		
ndidate Controlled Committee	Primarily Formed Ballot Measure Committee Controlled	★ Preelection Statement Semi-annual Statement Termination Statement	Quarte Specia	Quarterly Statement Special Odd-Year Report Supplemental Presidentian
	Sponsored (Also Complete Part 6)	(Also file a Form 410 Termination) Amendment (Explain below)	ation)	Supplemental Preelection Statement - Attach Form 495
 Sponsored Sponsored Small Contributor Committee Political Party/Central Committee 	Primarily Formed Candidate/ Officeholder Committee (Also Complete Parl 7)			
3. Committee Information	1315614	Treasurer(s)		
Committee some (or console) to assure a co-committee		NAME OF IREASORER	Allen	
Committee to Elect John D'Agostini Sheriff STREET ADDRESS (NO P.O. BOX)	Sheriff 2010	7800 Bc	Boondock Trail	JE ARFA CODF/PHONE
381 MH AUKUM ROAD			CA 9568	530-
MY AURUM, CA 95656 530	530-620-4510	NAME OF ASSISTANT TREASURER, IF ANY	ER, IF ANY	
PO Box 343	BOX	MAILING ADDRESS		
	ODE AREA CODE/PHONE	CITY	STATE ZIP CODE	DE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS		OPTIONAL: FAX / E-MAIL ADDRESS	SS	
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.	ig this statement and to the best of my known that the foregoing is true and correct.	wledge the information contained here	in and in the attached schedules	s is true and complete. I certify
Executed on	Ву(Signature of Treasurer or Assistant Treasurer	easurer	
Executed on 10/5/5/10	By Signature of Ponts	Signature of Controlling Officemodes, Candidate, State Measure Proponent or Responsible Officer of Sponsor	ment or Responsible Officer of Sponsor	
Executed on	By	Signature of Controlling Officeholder, Candidate, State Measure Proponent	e Measure Proponent	1
Executed on	Ву	Signature of Controlling Officeholder, Candidate, State Measure Proponent	e Measure Proponent	FPPC Form 460 (January/05)

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

Page 2	CALIFORNIA FORM	COVEZ
of 23	460	COVER PAGE - PARI A

5. Officeholder or Cand	Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee	Measure Con	nmittee	
NAME OF OFFICEHOLDER OR CANDIDATE	R CANDIDATE		NAME OF BALLOT MEASURE			***************************************
OFFICE SOUGHT OR HELD (INCLUDE LOCATION	JOHN D'AGOSTINI OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	3ER IF APPLICABLE)	BALLOT NO. OR LETTER	JURISDICTION	S	SUPPORT
SHERIFF (SHERIFF EL DORADO COUNTY	STATE ZIP	Identify the controlling office	oholdor oppdida		OPPOSE
7381 mT 1	7381 MT AUKUM ROAD, MTAUKUM, CA 95650	ukum, CA 95656	Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	eholder, candida	ite, or state measure provent	oponent, if any.
Related Committees	Related Committees Not Included in this Statement: List any committees	nt: List any committees				
not included in this statem contributions or make expe	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.	rimarily formed to receive	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY	ANY
COMMITTEE NAME	I.D. N	I.D. NUMBER				
NAME OF TREASURER	CONT	CONTROLLED COMMITTEE?	officeholder(s) or candidate(s) for which this committee is primarily formed.	for which this con	nmittee is primarily formed	names of I.
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
СІТҮ	STATE ZIP CODE	AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NI	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTI	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)					[
CITY	STATE ZIP CODE	AREA CODE/PHONE	Attacl	continuation st	Attach continuation sheets if necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Type or print in ink.

SUMMARY PAGE

LD. NUMBER 1315614 Column A Column B Calendar Year Summary for Candidates CALENDAR YEAR Running in Both the State Primary and	through $9/36/2010$ Page 3 of 3	Amounts may be rounded Statement covers period CALIFORNIA to whole dollars.
--	-------------------------------------	---

Current Cash Statement 12. Beginning Cash Balance	Expenditures Made	Contributions Received Contributions Received Contributions Received Contributions Received Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) Schedule A, Line 3 Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES) FROMATTACHED SCHEDULES) \$
To calculate Column B, add amounts in Column A to the	66,634- 66,634- 16,643- 86,277-	COlumn B CALENDAR YEAR TOTALTODATE 49, 450- 16, 643- 16, 643- 16, 693-
	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made (If Subject to Voluntary Expenditure Limit) Date of Election (mm/dd/yy) / / / \$	Calendar Year Sum Running in Both the General Elections 1/1 th 20. Contributions Received 21. Expenditures Made \$
φ 	liture Limit Summary for State ates 22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit) of Election nm/dd/yy) }\$	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 \$\$

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 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	\$

oonding amounts olumn B of your last Some amounts in A may be negative that should be ted from previous amounts. If this is t report being filed calendar year, only wer the amounts ines 2, 7, and 9 (if

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

FPPC Toil-Free Helpline: 866/ASK-FPPC (866/275-3772)

Monetary Co Schedule A

Type or print in ink.

Amounts may be rounded

SCHEDULE A

Monetary (Monetary Contributions Received	to .	to whole dollars.	Statement covers period from $-7/1/20/0$		CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	NS ON REVERSE			through 9 30 2010		Page 4 of 23
NAME OF FILER	JOHN D'AGOSTINI				1.D.	1.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 Amaral 2370 Equestrian Way Pilot Hill, CA 95664	⊠IND □COM □OTH □PTY	Owner Ammal Mortgage	100-	100 -	
8/12/10	James & Debra Beck 1640 Lotus Road Placerville, CA 95667	∭IND □COM □OTH □PTY □SCC	,	100-	100-	
9/14/10	Charles Brown 4360 Sweetwater Lane Rescue, CA 95672	∭AIND □COM □OTH □PTY □SCC		100-	100-	
9/4/10	Christ Kim Campbell 3700 Arden Creek Road Sacramento, CA 95864	ØIND □COM □OTH □PTY □SCC		100-	100-	
9 4 10	Gary Colburn 9359 Main Street Plymouth, CA 95009	SCC	Retired	100	000	
		Муландара в на возва в на вод на достава простава пред партива пред партива пред партива пред партива пред парт	\$UBTOTAL\$	500-		

Schedule A Summary

3. Total monetary contributions received this period.

*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

13505 -2662 -

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

Statement covers period CALIFORNIA 160 SCHEDULE A (CONT.)

				from 7/1/2010	010	FORM 400
				through 7/30//0		Page 5 of 23
NAME OF FILER	JOHN D'AGOSTINI					1.D. NUMBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSOENTER 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 AR TODATE (IF REQUIRED)
8/23/10	Roy & Sandra Enos 2720 Illinois Canyon Road Greogetown, CA 95634	ZIND □COM □PTY	Retired	100 -	- 001	
8/11/10	Gene Guten berger 5780 Bucks Bar Road Placerville, CA 95667	SCC	E	- 001	- 00	
9 10	Albert HAZBUN 9220 Forestberry Way El Dorado Hills, CA 95762	OTH COM	Business Owner Albert Hazbun P.E. Consulting Engineer	100-	100	
9/15/10	Timothy Holcomb 360 Pairlane Placerville, CA 95667	MIND SCC	Assessor El Dorado County	100 -	150 -	
9 11 10	mel * Robin Kelley 4800 Sciaroni Road Grizzly Flats, CA 95636	OTH SCC	Tracher Pioneer Union School District	100-	200-	
And the second s			\$ SUBTOTAL	500-		

*Contributor Codes

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

Statement covers period

CALIFORNIA

SCHEDULE A (CONT.)

8(3/10 NAME OF FILER 8/2/10 2 8 10 9 4 10 8/3/10 9/2/10 DATE RECEIVED Dean & Shirley Miller 3021 Cedar Creek Road mt. Aurum, CA 95656 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR | CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE * Committee to Elect RAY Nutting 8:61 HAPPY VAILEY ROAD Somerset, CA 95684 420 Placerville Drive Placerville, CA 95667 4007 Chestout LANC Rich & Melissa Mainwaring William & TAMMy Mitchell US キュ Somerse Placerville, CA 95607 Georgetown, CA 2121 Tipton Hill John & CAthanina D'AGOSTINI 222500 ROAd 95634 大島 SCC SCC SCC SCC OND SCC OSCC PT OTH MOSCC NO SCC NO SCC SCC PT OTH MOON SCC Gold Country Foods Wheeldon Geology El Dorado County IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME Supervisor Geologist Redired Retired Accountant OF BUSINESS) SUBTOTAL \$ through 600 200 100-RECEIVED THIS 100-100-00 PERIOD AMOUNT 7/1/2010 ١ 9/30/2010 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 2545 100 -00 -- 99 160-Page __ I.D. NUMBER 1315614 FORM 6 PER ELECTION
TO DATE (IF REQUIRED) of 23 **460**

*Contributor Codes

IND - Individual

COM - Recipient Committee

OTH - Other (e.g., business entity) (other than PTY or SCC)

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.

SCHEDULE A (CONT.)

Statement covers period

		;		from 7/1/2010	WORKS THE PARTY AND THE PARTY	FORM 400
				through 9/36/2010	2010 Page_	e7_ of23
NAME OF FILER	JOHN D'AGOSTINI				I.D. 7	1315614
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE, ALSO ENTER LD. 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 TODATE (IF REQUIRED)
9/2/10	PAT & Donna O'HAlloran 2241 CABLE ROAD CAMINO, CA	ZIND □ SCC	Grower	100-	350.	
9/4/10	Jason & Karla Read 2149 Fencelie Drive Folsom, CA 95030	SCC SCC		0001	100 -	
8/31/10	Real Construction 5461 Starkes Grade Road Pollock Pines, CA 95726	□ IND □ COM □ PTY SCC		100 -	100 -	
9/22/10	Todd Riebe 205 Court Street Jackson, CA 95642	COM COM PTY	Deputy Sheriff Amador County	100-	100 -	
7/31/10	Michael Romano 2020 Painted Pony Road mt. Aukum, CA Esusu	□ SCC	Consultant Self	00 1	1001	
			\$UBTOTAL\$	500-		

IND – Individual

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

SCC - Small Contributor Committee

NAME OF FILER

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

SCHEDULE A (CONT.)

JOHN D'AGOSTINI from through. Statement covers period 7/1/2010 9 30/2010 Page 8 I.D. NUMBER 1315614 of 23

	9/4/10	9/10/10	01/06/8	9/2/10	01/8/8	DATE RECEIVED
	Thomas & KAThryn Ahrens 2401 Bairdsley Place El Dorado Hills, CA 95762	Rena Harrison 8565 Hwy 193 Grarden Valley, CA 95633	Roger Watson 3753 Carson Road Camino, CA 95709	Brian Varyhn 4407 Alameda Road Placerville, (A 95667	Gloria Tingley 1718 Copperton Road Camino, CA 95667	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER) CODE *
	SCC	SCC SAIND	□ COM OTH SCC	SCC State	SCC	CONTRIBUTOR CODE *
\$ SUBTOTAL			CICA	Retired	Executive Director Quality In-Home CAre Specialists, Inc	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
650-	200-	150-	- 001	00-	100-	AMOUNT RECEIVED THIS PERIOD
	200 -	-051	100 -	360 -	100 -	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
						PER ELECTION TO DATE (IF REQUIRED)

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

SCHEDULE A (CONT.)

Statement covers period 7/1/2010

NAME OF FILER DATE RECEIVED	E OF CONTRIBUTOR	CONTRIBUTOR CODE * FAIND COM OTH PTY SCC	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Retired Retired	AMOUNT CUME PERIOD CAN (JA)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 100 -
8/3/0	ED AKIN 5500 Gold Hill Road Placervilk, CA 95667	BIND COM PTY SCC	Retired	100 -	100 -
9)30/10	Douglas & Vivian Bush 4060 Black OAK Drive Shingle Springs, CA 95682	XIND COM PTY	Retired	-00	100 -
7/31)10	Linda Colombo 7979 Hwy 49 El Dorado, CA 95623	SCC	Owner Home Is Where The Heart Is	100-	100-
9/30/10	Jim & Linda Ctreen 1120 Wolf Creek Road El Dorado Hills, CA 95762	SCC	Retired	100-	00-
8/11/10	Gilbert & Earline Gutenberger 2781 Springer Road Placerville, CA 95667	OTH SCC	Retired	100-	390-
			\$UBTOTAL	500-	

NAME OF FILER

HOHN D'AGOSTIZI

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

from through. Statement covers period 7/1/2010 9/30/2010 CALIFORNIA FORM Page 10 I.D. NUMBER 1315614 SCHEDULE A (CONT.) 약

	7/19/10 183 Silb Folsom,		8)15/10 LArry .	0	0	0 0 0
	Allison Villanueua 183 Silberhorn Drive Folsom, CA a5630	Placerville, CA 95067	+ JACKIC Abel	Boyd Sears Hobo Bear Creek Road Granden Valley, CA 95634 LArry + Jackie Abel Linga Ahal Boad	Thomas Soike 2041 OAK Leaf COUrt Placerville, CA 95667 Boyd Sears Hobo Bear Crek Road Grander Valley, CA 95634 LArry + Jackie Abel Linganhal Road	Rick & Susan Ferriera 3780 Cottontail Road Placerville, CA asul7 Thomas Soike 2041 OAK Leaf Court 2041 OAK Leaf Court Placerville, CA 95667 Boyd Sears Holo Bear Creek Road Granden Valley, CA 95634 LArry & Jackie Abel Larry & Jackie Abel Larry & Jackie Abel
	□ SCC	SCC		M COM COM COM COM COM COM COM COM COM CO	Z C C C C C C C C C C C C C C C C C C C	MOSCC COM COM COM COM COM COM COM COM COM C
SUBTOTAL \$ 232		Abel Construction	Owner	Owner Bear Creek Quarry Owner	Owner Bear Creek Quarry Owner	Director of Ops D. Neerkamp lanstn RETURED Owner Bear Creek Quary Owner
	500 -	(5) (8)		H00-	400-	
	560-	500,		400 .	630 ·	300 -

*Contributor Codes

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

Statement covers period 7/1/2010

SCHEDULE A (CONT.)

	8/11/10	9/24/10	9 1 2010	9/25/10	8[23]10	DATE RECEIVED	NAME OF FILER	
	John & Fran Thomson 501 Kirkwood Court El Dorado Hills, CA 95762	Jovan Strugar 2584 Greenwood Lane #5 Cameron Park, CA 95682	Annemick Storm 4995 Woodland Drive Placerville, CA 95407	Chris Smith 2981 Omo Ranch Road mt. Aukum, CA 95656	Todd & Stephanie Smith 2296 Summer Drive El Dorado Hills, CA 95762	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IFCOMMITTEE ALSOENTER I.D. NUMBER)	JOHN D'AGOSTINI	
	SCC Sind	⊠ND COM DOTH SCC	SCC	⊠IND □COM □PTY □SCC	Quo □COM □PTY SCC	CONTRIBUTOR CODE *		
\$UBTOTAL	Retired	Project Manager Sierra Testing Lab	Care Giver Annemick Storm Assoc	Executive CLC company	Deputy Sheriff Amador County	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		
\$ 500 -	- 00	100-	1001	- 001	100 -	AMOUNT RECEIVED THIS PERIOD		through 9/30/2010
	- 001	-00	100 -	- 001	100 -	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	1.D.7	2010 Page
						PER ELECTION TO DATE (IF REQUIRED)	1315614	of 23

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**

NAME OF FILER

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

from through_ Statement covers period 7/1/2010 9 30/2010 Page 12 **CALIFORNIA** I.D. NUMBER 4195161 SCHEDULE A (CONT.) of 23 460

		4S75-	SUBTOTAL\$ 4S75-			
	1375 -	- 57.01	Owner D'Agostini Delights Restaurant	SCC	Robert & Nikki U'Agostini 6305 Brincwood Road mt. Aukum, CA 95656	7/27/10
	1, 200-	٠ ٥٥٥ -		SCC	Suds Car Wash 4620 Post Street El Dorado Hills, CA 95762	8/22/10
	1060-	1,000 -	Vice President Emergency Magmt	SCC	Martin & Kathleen Pastula 5549 Milton Ranch Road Shingle Springs, CA 95682	8/10/10
), 000-),000-	Retired	□ SCC	R.G. 4 J.T. Hilke 1339 Oro Loma Drive Placerville, CA 9567	9 10
	2002	500 -	Retired	ZIND □COM □OTH □PTY	Jim WAldon 3142 Rugged LANE Placeruitle, CA 95667	9/7/10
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER)	DATE RECEIVED
315614	[2]				JOHN D'AGOSTINI	

*Contributor Codes

NAME OF FILER

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

JOHN D'AGOSTINI from through. Statement covers period 7/1/2010 9/30/2010 CALIFORNIA FORM Page 13 I.D. NUMBER 1315614 SCHEDULE A (CONT.) of 23 460

		1200 -	SUBTOTAL \$ 1200 -			
	300 -	300-	Police Officer Los Rios Community College District	OTH MSCC	Bernie & Emily Brown 1572 Martinique Drive Roseville, CA 95661	9/4/10
	250 -	250-	Owner Kidz Gran	SCC	JACK & LAUrie Peterson 426 Aragon Court El Dorado Hills, CA 95762	9/9/10
	500 -	250-		SCC	Nielson Ranch China Hill Ruad El Dorado, CA 95623	8/10/10
	236-	200 -	Retired	Sind □COM □PTY □SCC	Louis & Ann Schiavon 5667 Bucks Bar Road Placewille, CA 95667	9/6/10
	200 -	200 -	Refired	OCC	Arthur & Kathryn Price 14750 Diamond View Drive Pioneer, CA 95666	9 4 10
PER ELECTION TO DATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE *	DATE RECEIVED

*Contributor Codes

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

NAME OF FILER

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

SCHEDULE A (CONT.)

JOHN D'AGOSTINI from through Statement covers period 7/1/2010 9/30/2010 Page 14 CALIFORNIA FORM I.D. NUMBER 1315614 of 23

		SUBTOTAL\$ 1,000 -	\$UBTOTAL\$			
	200-	200-	Physician Catholic Healthcare West	SCC	Chris of Shiron Olson 2105 Edington Place El Derado Hills, CA 95762	9/4/10
	1260 -	200 -	Owner MrNeal Enterprises	SCC SCC	Bob & Claire McNeal 5761 Bouquet CAnyon Road Somerset, CA 95684	9/4/10
	200 -	200 -	Owner Loder Construction	Mind □COM □PTY □SCC	Rond Kathy Loder 8882 Risley Place Granite Bay, CA 95746	9/4/10
	200-	200-	Physician Tahoe Women's Clinic	ZAND □COM □PTY □SCC	Kris Kobalter 1829 Cold Creek Court South Lake Tahoe, CA 96150	7/26/10
	200 -	200 -	Director Delta Mouie Studio	ÆLIND □COM □OTH □SCC	Dwight & Donna Brooks 2540 Greens boro Road Placcruille, CA 95617	9/4/10
PER ELECTION TODATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSOENTER ID, NUMBER)	DATE RECEIVED

*Contributor Codes

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

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

Statement covers period 7/1 2010

from

CALIFORNIA FORM SCHEDULE A (CONT.) 460

NAME OF FILER JOHN D'AGOSTINI through. 9 30 /2010 Page 15 I.D. NUMBER 1315614 of 23

		USO -	SUBTOTAL\$ (050			
				OSC PT T NO SC		
	250-	250-		SCC SAIND	Richard + Lisa Fulton 1358 Terracina Drive El Dorado Hills, CA 95762	9/30/10
	200 -	200-	Owner Pursuit Oynamics, the	SCC Sind	Hal Barker 6407 Capital Ave Diamond Springs, CA 95619	9/30/10
The second secon	100 -	100-	Retired	SCC	Jon Koslucher PO Box 25 Priot Hill, CA 95664	7/7/10
	100 1	100-	RETIRED	. □ SCC	Michael & Barbara Hopkins 3901 Cosumnes Drive Plymouth, CA 95669	7/2/10
PER ELECTION TODATE (IF REQUIRED)	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	AMOUNT RECEIVED THIS PERIOD	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE *	DATE RECEIVED

*Contributor Codes

Schedule C

RECEIVED

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

CALIFORNIA **FORM** SCHEDULE C **460**

Statement covers period

Nonmonetary Contributions Received

NAME OF FILER SEE INSTRUCTIONS ON REVERSE Attach additional information on appropriately labeled continuation sheets. 7/10/10 8/5/10 4364 Town Center Drive #213 E) Dorado Hills, CA 95762 Louis & Colean Mansour 4035 Erraite Drive El Dorado Hills, CA 95762 5761 Bouquet CAMYON ROAD Somerset, CA 95684 Mario Turpio Placerville, CA 95667 Claire micheal 6400 Kristen Lee Wan Ken areenwood FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Jo キュ D'AGOSTINI CONTRIBUTOR
CODE * X N O □отн X N N N N HIO COM COM SE HIO COM □PTY □PTY MOO □PTY HLO □PTY firearmsInstructor Latrobe Storage Business Owner RS Analysis. com IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER Business Owner Mindeal Enterprises Business Owners (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Hosted Signs Grun SAFETY FANS with DESCRIPTION OF GOODS OR SERVICES Advertising Class SUBTOTAL \$ 4,729 from_ through 9 30 20 10 3358-AMOUNT/ FAIR MARKET 19901 1001 205-7/11/2010 VALUE CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) 0001 3358-- 9901 Page 16 I.D. NUMBER 1315614 PER ELECTION (IF REQUIRED) of 23

Schedule C Summary

01/4/10

8/8/10

(Include all Schedule C subtotals)	 Amount received this period – itemized nonmonetary contributions.

(HICHAGE all ochiedale C subtotals.).....

2. Amount received this period – unitemized nonmonetary contributions of less than \$100

Total nonmonetary contributions received this period

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)

*Contributor Codes

COM - Recipient Committee IND - Individual

6229-

(other than PTY or SCC)

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

.....TOTAL \$

6390-

S

161

Nonmonetary Contributions Received Schedule C

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

SCHEDULE C

JOHN D'AGOSTINI from_ through. Statement covers period 7/1/2010 9 30 2010 Page 17 I.D. NUMBER 1315614 of 23

	□ PTY	COM	SCC	UPTY HIOL	COM	Placenille, CA 95667 PTY	OTH Refired	Diamond Springs, of 13611 Specialists	OTH Architectual	Business Ower	DATE ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1D. NUMBER) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER 1D. NUMBER) FAN INDIVIDUAL, ENTER DOCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)
□ OTH	HTO		SCC	ALO II		□ SCC				N N	
							Retired	Specialists	Architectural	Business Ower	
							Advertising		and/or doors	The Arms	DESCRIPTION OF GOODS OR SERVICES
A							1,000-		500-		AMOUNT/ FAIR MARKET VALUE
							1,000 -		500-		CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)
									***************************************		PER ELECTION TO DATE (IF REQUIRED)

Schedule C Summary

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$	3. Total nonmonetary contributions received this period.	2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$	(Include all Schedule C subtotals.)\$	1. Amount received this period – itemized nonmonetary contributions.
	SCC - Small Contributor Committee	OTH – Other (e.g., business entity)	COM – Recipient Committee (other than PTY or SCC)	IND – Individual

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

*Contributor Codes

Schedule E Payments Made

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

SCHEDULEE

Statement covers period form 7/1/2010 FORM 460

through 9/30/2010 Page 18 of 23

NAME OF FILER SEE INSTRUCTIONS ON REVERSE JOHN D'AGOSTINI I.D. NUMBER 1315614

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column	3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	2. Unitemized payments made this period of under \$100	Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)	* Payments that are contributions or independent expenditures must also be summarized on Schedule D	Dan Dellinger 5281 Granite Creek Road Lotus, CA 95651	C-TA9/TAG Media, LLC 1603 Aviation Blud #11 Redondo Beach, CA 90278	CAFE CAMPANITE 4359 Town Center Blud El Dorado Hills, CA 95762	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP 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)* FRO professional services (legal, accounting) FRO print ads MER member communications MER member communications OFC office expenses SAL campaign workers' salar tv. or cable airtime and product contributions FRO phone banks FRO postage, delivery and messenger services FRO print ads FRO print ads MER member communications RAD radio airtime and product contributions FRO professional services (legal, accounting) FRO postage, delivery and messenger services FRO print ads FRO print ads
ne Summary Page, Colun	1, Column (e).)			arized on Schedule D.	CNS	CMP	FND	CODE OR	ayment, you may enter the code. Omember communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads
A, Line 6.) TOTA	\$		₩,	SUBTOTAL\$				DESCRIPTION OF PAYMENT	therwise, describe the payment. 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 TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)
15,451-	Ø	1,846-	13,605 -	\$ 3013 -	1500-	250 -	1263 -	AMOUNT PAID	sts sme candidate/sponsor e-mail)

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

	through 9 30 2010	Statement covers period from 7/1/2010
1.D. NUMBER 1315614	Page 19 of 23	CALIFORNIA 460

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. SEE INSTRUCTIONS ON REVERSE NAME OF FILER JOHN D'AGOSTINI

SUBTOTAL \$ 4218-	SUBT	zed on Schedule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
250 -		FND	Sportsman's Expo 100 Placerville Drive Placerville, CA 95467
901 -			Showcase Promotions 1007 Mt. Auxum RoAd Somerset, CA 95684
33 1		MTG	Round Table Pizza 3975 Missouri Floot Road Placerville, CA 95667
2424-		LIT	Premium Graphicx Sign 5512 mitchelldale Houston, Tx 77092
312-		†ND	Pioneer Volunteer Firefighters Assoc PO Box 467 Somerset, CA 95684
AMOUNT PAID	R DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
osts ition costs d meals f the same candidate/sponsor nternet, e-mail)	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 Senger services TSF transfer between committees of the same candidate/sponsor voter registration WEB information technology costs (internet, e-mail)	member communications meetings and appearances office expenses petition circulating phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	CMP campaign paraphernalia/misc. CNS campaign consultants CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings MBR member MBR member MBR member MBR member MBR method MRT meetings OFC office ex PET petition of PHO phone bate POL polling and POL

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

Statement covers period from 7 1 2010 FORM 4.60 through 9 30 2010 Page 20 of 23

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. civic donations campaign paraphernalia/misc.
campaign consultants
contribution (explain nonmonetary)* JOHN D'AGOSTINI MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating meetings and appearances office expenses 로 왕 campaign workers' salaries t.v. or cable airtime and production costs radio airtime and production costs returned contributions 1315614

1429-	SUBTOTAL \$ 1429 -	marized on Schedule D.	*Payments that are contributions or independent expenditures must also be summarized on Schedule D
240-		CTB	NRA Foundation 11250 Waples Mill Road Fairfax, VA 22030
289-		PRT	Mountain Democrat Newspaper 1360 Broadway Placerville, CA 9567
670-		LIT	Minuteman Press 2861 Placeruille Drive Placeruille, CA 95667
- 001		CTB	Marshall Foundation PO Box 1990 Placeruille, CA 9567
130 -		MBR	LOS Hermanos Restaurant 6524 Pony Express Trail Pollock Pines, CA 95726
AMOUNT PAID	DESCRIPTION OF PAYMENT	CODE OR	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)
ts me candidate/sponsor ∍-mail)	TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TRS transfer between committees of the same candidate/sponsor accounting) VOT voter registration WEB information technology costs (internet, e-mail)	phone banks phone banks polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	FIL candidate filing/ballot fees FND fundraising events FND independent expenditure supporting/opposing others (explain)* FNS LEG legal defense FRO LT campaign literature and mailings FRI FRI FRO FRI

Payments Made Schedule E (Continuation Sheet)

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

SCHEDULE E (CONT.

from through Statement covers period 7/1/2010 9 30/2010 **CALIFORNIA** Page 21 I.D. NUMBER FORM 1315614 of 23 460

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

JOHN D'AGOSTINI

B B P * Payments that are contributions or independent expenditures must also be summarized on Schedule D. CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. El Dorado Hills, El Dorado County Elections Knights of Columbus PO BOX 5055 7381 Mt. Aukum Road Mt. Aukum, CA 95656 2850 FAIr LAME 3500 D Street John D'Agastini SAcramento, CA 95816 placeruille, Don Whitting ton 3540 Elderberry Rond placerville, CA 95467 campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations fundraising events candidate filing/ballot fees campaign literature and mailings legal defense independent expenditure supporting/opposing others (explain)* Dorado Hills Chamber of CA 95667 NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CA 95762 Dept (commerce H OF G MBR P member communications office expenses meetings and appearances postage, delivery and messenger services professional services (legal, accounting) polling and survey research phone banks petition circulating なの もしと つとり ココ CODE サニ **DESCRIPTION OF PAYMENT** ME STREET SAL staff/spouse travel, lodging, and meals transfer between committees of the same candidate/sponsor information technology costs (internet, e-mail) voter registration candidate travel, lodging, and meals t.v. or cable airtime and production costs campaign workers' salaries radio airtime and production costs returned contributions 20 275 1805 3494-270 -532-AMOUNT PAID •

SUBTOTAL \$

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.

Statement covers period from 7/1/2010 CALIFORNIA 460 through 9/30/2010 Page 22 of 23 I.D. NUMBER [345614]

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

JOHN D'AGOSTINI

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. Windfall Classified biamond springs, CA 95619 The Durple Place 363 Green Valley Road El Dorado Hills, CA 95762 placerville, CA 95667 344 placerville Drive Placerville, CA 95667 Todd White 3987 missouri Flat RoAd, Suite 340 Rescue, CA 95672 90 BOX 176 The UPS Store The Center for Violence. Free Relationships campaign paraphernalia/misc. fundraising events candidate filing/ballot fees civic donations contribution (explain nonmonetary)* campaign consultants independent expenditure supporting/opposing others (explain)* campaign literature and mailings legal defense NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) P P P M member communications office expenses meetings and appearances print ads professional services (legal, accounting) polling and survey research postage, delivery and messenger services phone banks petition circulating **CNC** CTB PRI TNU ニコ CODE 유 DESCRIPTION OF PAYMENT WEB TRS 世を習 information technology costs (internet, e-mail) voter registration transfer between committees of the same candidate/sponsor staff/spouse travel, lodging, and meals candidate travel, lodging, and meals t.v. or cable airtime and production costs radio airtime and production costs campaign workers' salaries returned contributions SUBTOTAL \$ 1451-36b 125-1961 000 125 AMOUNT PAID

Misc Schedule I

Type or print in ink.

SCHEDULE

Miscellanec	Miscellaneous Increases to Cash	Amounts may be rounded to whole dollars.	Statement covers period $\frac{1}{2010}$	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE	ON REVERSE		77	Page 23 of 23
NAME OF FILER	JOHN D'AGOSTINI			I.D. NUMBER
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DE	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	N/A			
Attach addition	Attach additional information on appropriately labeled continuation sheets.		SUBTOTAL \$	8
Cahadula I C				

Schedule I Summary

N		
2. Unitemized increases to cash of under \$100 this period\$	1. Itemized increases to cash this period\$	
€	\$	

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)\$___

Summary Page, Line 14.) TOTAL \$ 3252-