

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Statement covers period from <u>10/10/10</u> through <u>10/16/10</u>	Date of election if applicable: (Month, Day, Year) <u>11/02/10</u>	Date Stamp RECEIVED OCT 21 2010 ELECTIONS DEPARTMENT	CALIFORNIA FORM 460
SEE INSTRUCTIONS ON REVERSE			Page <u>1</u> of <u>21</u> For Official Use Only

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

- Officerholder, 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 Candidate/Officerholder Committee (Also Complete Part 7)
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)

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)

I.D. NUMBER
1315614

Treasurer(s)

NAME OF TREASURER

Lindy Allen

Committee to Elect John D'Agostini Sheriff 2010

STREET ADDRESS (NO P.O. BOX)

7381 Mt. Avukum Road

CITY STATE ZIP CODE AREA CODE/PHONE

Mt. Avukum, CA 95166 530-620-4510

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

Po Box 343

CITY STATE ZIP CODE AREA CODE/PHONE

Mt. Avukum, CA 95166

OPTIONAL: FAX / E-MAIL ADDRESS

MAILING ADDRESS
7800 Boordock Trail

CITY STATE ZIP CODE AREA CODE/PHONE
Somerset, CA 95184 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 10/20/10 Date
 Executed on 10/19/10 Date
 Executed on _____ Date
 Executed on _____ Date

By _____ Signature of Treasurer or Assistant Treasurer
 By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent
 By _____ Signature of Controlling Officerholder, 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 DAGOSTINI

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. AUKUM ROAD, MT AUKUM, CA 95156

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	<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.

SUMMARY PAGE

Statement covers period
from 10/01/10
through 10/16/10

CALIFORNIA
FORM
460
Page 3 of 21
I.D. NUMBER
1315614

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
JOHN D'AGOSTINI

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 14,167	\$ 63,617-
2. Loans Received	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 14,167	\$ 63,617-
4. Nonmonetary Contributions	\$ 8079	\$ 24,722-
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 22,246-	\$ 88,339-

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 17,806-	\$ 84,440-
7. Loans Made	Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 17,806-	\$ 84,440-
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment	Schedule G, Line 3	\$ 8079-	\$ 24,722-
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 25,885-	\$ 109,162-

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 7042-
13. Cash Receipts	Column A, Line 3 above	\$ 14,167-
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ 6,579-
15. Cash Payments	Column A, Line 8 above	\$ 17,806-
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 <i>If this is a termination statement, Line 16 must be zero.</i>	\$ 9,982-

LOAN GUARANTEES RECEIVED

Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ 0
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0

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.

Schedule A
Monetary Contributions Received

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

CALIFORNIA
FORM
460

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 10/01/10
through 10/16/10

Page 4 of 21

NAME OF FILER

JOHN O'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 TODAY (IF REQUIRED)
10/2/10	Committee to Elect Ray Nutting 8161 Happy Valley Road Somerset, CA 95068 FPPC # 1222500	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1700 -	4245 -	
10/13/10	Gold Country Bail Bonds 165 Placerville Drive Placerville, CA 95667	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 -	1000 -	
10/6/10	High Hill Ranch 2901 High Hill Road Placerville, CA 95667	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 -	1000 -	
10/01/10	Shingle Springs Band Miwok Indians 6368 Pleasant Valley Road El Dorado, CA 95023	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 -	1000 -	
10/4/10	John & Ellen Mooney 1980 Broadway Placerville, CA 95667	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chiropractor - owner - Mooney Chiropractic	610 -	610 -	
SUBTOTAL \$				2610 -		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals) \$ 8189 -
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 5378 -
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 14,167 -

*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.
Amounts may be rounded
to whole dollars.

Statement covers period
from 10/01/10
through 10/16/10

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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)
10/14/10	Greg & Kelly Dean 590 Skyline Drive Placerville, CA 95667	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Carmmndoo Equip Repair	550 -	825 -	
10/10/10	Steven Kimble 3101 Tripp Road 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	Business Owner - Kimble Maintenance & Repair	500 -	750 -	
10/01/10	Robert Bergeron 4010 Arkview Drive 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	500 -	500 -	
10/02/10	Rob Findleton 4530 Pleasant Valley Road Diamond Springs, CA 95623	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	450 -	450 -	
10/11/10	Chuce Holland 4496 Pretty Good 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	Business Owner - Gold Country Bail Bonds	450 -	450 -	
SUBTOTAL \$				2450 -		

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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.)
CALIFORNIA
FORM
460

Statement covers period
 from 10/01/10
 through 10/10/10

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 I.D. NUMBER
1315014

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)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/2/10	Kelly & Angela Smith 4630 Forni 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	Sergeant - SAN Mateo Co. Sheriff's Department	340 -	340 -	
10/8/10	John & Catharina Koll 2121 Tipton Hill Road Georgetown, CA 95034	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250 -	500 -	
10/5/10	Dennis Smith 325 Southwind Lane Dillon, MT 59725	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250 -	250 -	
10/7/10	Elmer & Helen Atchley 2600 Mockingbird Lane Carming, CA 95709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200 -	200 -	
10/8/10	Chapel of the Pines 2855 Cold Springs Road Placerville, CA 95667	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200 -	200 -	
SUBTOTAL \$				1240 -		

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

Type or print in ink.
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Statement covers period
from 10/01/10
through 10/16/10

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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)
10/5/10	Scott & Ann Spradley 6596 Topaz Drive Palo Alto, CA 94326	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive - Hewlett-Packard	200 -	200 -	
10/5/10	David St. Onge 3340 Heavenly Valley Road South Lake Tahoe, CA 91550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner 7-11 store	200 -	200 -	
10/2/10	Lauren King 2840 Camino Heights Drive Camino, CA 95709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clerk - Taco Bell	150 -	150 -	
10/1/10	Trauis & Lesa Boeck 4707 Fresno 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	Director Hewlett-Packard	125 -	125 -	
10/2/10	Bertuccelli Designs PO Box 710 Mt. Auburn, CA 95656	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		105 -	105 -	
SUBTOTAL \$				780 -		

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

Type or print in ink.
Amounts may be rounded
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Statement covers period
from 10/01/10
through 10/16/10

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**CALIFORNIA
FORM 460**

SCHEDULE A (CONT.)

NAME OF FILER JOHN D'AGOSTINI ID 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>
10/2/10	John & Katherine Miller 5371 Elite 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	Retired	100 -	200 -	
10/12/10	Mike Sullivan 1238 Weller Way Sacramento, CA 95818	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DA Investigator Sacramento County	100 -	200 -	
10/1/10	Jim & Linda Green 1120 Wolf Creek Road 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 -	200 -	
10/3/10	Coy Baugh 4085 Monte Mar 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	Retired	100 -	100 -	
10/2/10	Craig Holderman 8500 Lode Stone Road Somerset, CA 95084	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Underwriter - First American Title	100 -	100 -	
SUBTOTAL \$				500 -		

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(Other than PTY or SCC)
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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 10/01/10
through 10/16/10

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NAME OF FILER: JOHN DAGASTINI 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>
10/10/10	Larry & Kay Hull 2383 Storybook 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		100-	100-	
10/15/10	Ray & Geraldine Hyder 3800 N. Canyon Road Carmino, CA 95709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner - Indian Rock Tree Farm	100-	100-	
10/10/10	Franklin Johnson 4688 Mt. Auburn 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-	
10/01/10	Bernard & Sherri Lapos 6550 Britewood Lane Mt. Auburn, CA 95666	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cummins West Field Service Rep	100-	100-	
10/10/10	N.J. Mahallich 2288 Fieldstone 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	100-	100-	
SUBTOTAL \$				500-		

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

Type or print in ink.
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to whole dollars.

SCHEDULE A (CONT.)

Statement covers period
from 10/16/10
through 10/16/10

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**CALLIFORNIA
FORM
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NAME OF FILER: JOHN DAGOSTINI 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 TOP DATE <small>(IF REQUIRED)</small>
10/1/10	The Riordan Company 3110 Camerona Circle Cameron Park, CA 95682	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100-	100-	
10/2/10	Tom & Lory Sage PO Box 207 Pine Grove, CA 95665	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner - Sage Construction	100-	100-	
10/4/10	Procapio & Mirria Sciafani 3052 Braeher Drive 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	Business Owner - RamA Technologies	100-	100-	
10/10/10	Ed Hagan 6325 Hagan Ranch Road El Dorado, CA 95623	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	99-	278-	
10/2/10	David & Jo Rogers 3105 Deep Haven Road Pollock Pines, CA 95726	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Interior Design	60-	130-	
SUBTOTAL \$				459-		

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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)

Statement covers period
from 10/01/10
through 10/16/10

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**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 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)
10/2/10	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	Business Owner - Abel Construction	50-	550-	
10/2/10	Timothy Holcomb 360 Fair 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	Assessor - El Dorado County	50-	200-	
10/2/10	John Bailey 6500 Furlong 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	CASE Manager CHI monitoring	50-	120-	
10/10/10	Tom & Theresa George 8327 Bramble Road Pacific House, CA 95726	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	50-	100-	
10/11/10	Bernadine Smith 215 EAST AMBER Hanford, CA 93230	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Smith welding & Machine Shop	50-	100-	
SUBTOTAL \$				250-		

*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 C
Nonmonetary Contributions Received

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

SCHEDULE C
CALIFORNIA
FORM
460

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 10/01/10
through 10/16/10

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I.D. NUMBER

1315614

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)
10/1/10	Annie Bernies 3250 Main Street Placerville, CA 95667	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Kids Gift Basket	119 -	119 -	
10/1/10	Dynamic Designs Screen Printing 5850-A Mother-Lode Drive Placerville, CA 95667	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Spa Gift Basket	250 -	250 -	
10/1/10	Joyce Latham 2864 Omo Ranch Road Somerset, CA 95068	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Business Owner Latham Winery	2 Handmade Quilts	350 -	350 -	
10/1/10	Perry Creek Winery 7400 Perry Creek Road Somerset, CA 95068	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1 case wine	300 -	300 -	
SUBTOTAL \$					1019 -		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period - itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 7644 -
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ 435 -
- 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 \$** 8079 -

*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 C
Nonmonetary Contributions Received

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

Statement covers period
from 10/01/10
through 10/16/10

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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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
10/16/10	Granite Springs Winery 5050 Granite Springs Road Somerset, CA 95624	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1 CASE wine	300-	300-	
10/11/10	Capital Sierra Catering PO Box 800 El Dorado, CA 95623	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Bread for Event	120-	120-	
10/11/10	Marina Ramos Facials 2716 Coloma 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	SKIN CARE CONSULTANT WATERFALL SPA	Facial	130-	130-	
10/11/10	Cosmo Salon 2944 Coloma Road Placerville, CA 95667	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Gift Basket	115-	115-	
SUBTOTAL \$					<u>665-</u>		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

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

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

Schedule C Nonmonetary Contributions Received

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



SEE INSTRUCTIONS ON REVERSE

Statement covers period
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through 10/12/10

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NAME OF FILER JOHN D'AGOSTINI

I.D. NUMBER
1315214

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)
10/1/10	Iverson Winery 8061 Perry Creek Road Somerset, CA 95684	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1 case wine	270 -	335 -	
10/1/10	Latham Vineyard 2860 Ono Ranch Road Somerset, CA 95684	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1 case wine	300 -	375 -	
10/2/10	Gringer Murphy 8131 Fairplay Road Fairplay, CA 95684	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor - Realty World	Delta cruise	600 -	600 -	
10/2/10	Chuck Holland 4496 Petty Good 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	Business Owner Gold Country Bail Bonds	Gun	500 -	500 -	
SUBTOTAL \$					1670 -		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

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

*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 C
Nonmonetary Contributions Received

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER **JOHN DIAGOSTINI**

Statement covers period
from 10/01/10
through 10/16/10

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I.D. NUMBER
1315614

CALIFORNIA FORM 460

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)
10/11/10	Nathan Foltz 987 Edgewood Circle #1 South Lake Tahoe, CA 96151	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Gun	800 -	800 -	
10/7/10	Claire McNeal 5761 Bouquet Canyon Road Somerset, CA 95084	<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	Advertisement	2450 -	2655 -	
10/11/10	Dorothy Mattingly 500 Francis Avenue Seaside, CA 93955	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	Quit	120 -	450 -	
10/11/10	Findleton Winery 3500 Carson Road Carmelo, CA 95709	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1 case wine	320 -	320	
SUBTOTAL \$					3690 -		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

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

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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 C
Nonmonetary Contributions Received**

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 10/01/10
through 10/16/10

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CALIFORNIA FORM 460
I.D. NUMBER 1315614

SCHEDULE C

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 TODAY DATE (IF REQUIRED)
10/1/10	Dennis DUSEK 6931 Kona 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	Business Owner - Dusek Blacksmithing	Dinner Gang	400-	1020-	
10/2/10	Sierra Carpet 424 Placerville Drive Placerville, CA 95667	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2 rugs	200-	200-	
SUBTOTAL \$					600-		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

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

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(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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JOHN D'AGOSTINI

Statement covers period
from 10/01/10
through 10/16/10

CALIFORNIA
FORM
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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.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LT campaign literature and mailings
- MBR 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
- TFS 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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Costco 1800 CAWTH COURT Folsom, CA 95630	FND		1214-
The Clipper PO Box 1145 El Dorado, CA 95623	LIT		7474-
TJMAXX 3959 Missouri Flat Road Placerville, CA 95667	FND		112-
SUBTOTAL \$			8800-

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

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 17573-
2. Unitemized payments made this period of under \$100 \$ 233-
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 17,806

**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 10/01/10
through 10/16/10

**CALIFORNIA
FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER JOHN D'AGOSTINI

ID NUMBER
1315614

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
- FL candidate filing/ballot fees
- FND fundraising events
- FND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET 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, airline and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airline 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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Mountain Democrat Newspaper 1360 Broadway Placerville, CA 95667	PRT			606-
Minuteman Press 2861 Placerville Drive Placerville, CA 95667	LIT			267-
US Postal Service 8171 Mt Auburn Road Mt. Auburn, CA 95656	POS			7900-

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

SUBTOTAL \$ 8773-

Schedule I
Miscellaneous Increases to Cash

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

Statement covers period
from 10/01/10
through 10/16/10

CALIFORNIA
FORM
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SCHEDULE I

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

JOHN D'AGOSTINI

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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
10/2/10	Janine D'Agostini 7381 Mt. Auburn Road Mt. Auburn, CA 95656	Auction Item	400 -
10/2/10	Tim DePiazzy 4268 Winthrop Road Placerville, CA 95667	Auction Item	130 -
10/2/10	Tom Murray 6001 Pleasant Valley Road El Dorado, CA 95623	Auction Item	175 -
10/2/10	Chris Smith 2981 Omo Ranch Road Mt. Auburn, CA 95656	Auction Items	250 - 125 -
10/2/10	Larry Abel 5189 Abel Road Placerville, CA 95667	Auction Item	275 -
SUBTOTAL \$			1355 -

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

- Itemized increases to cash this period: \$ 4595
- Unitemized increases to cash of under \$100 this period: \$ 1984 -
- 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 \$** 6579 -

Schedule I
Miscellaneous Increases to Cash

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

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 10/01/10
through 10/16/10

SCHEDULE I
CALIFORNIA
FORM 460

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JOHN D'AGOSTINI

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
10/2/10	Sarah Stanhope 758 Avondale Court Gait, CA 95632	Auction Item	185-
10/2/10	Jeff Lowe 4620 Post Street El Dorado Hills, CA 95762	Auction Item	275-
10/2/10	Michelle Bowman 5740 La Verne Lane Placerville, CA 95667	Auction Item	105-
10/2/10	Morgan Allen 7800 Boondock Trail Somerset, CA 95684	Auction Item	325-
10/2/10	Committee to Elect Ray Nutting 8161 Happy Valley Road Somerset, CA 95684	Auction Items	1025-
SUBTOTAL \$			1915-

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

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

Schedule I Miscellaneous Increases to Cash

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

Statement covers period
from 10/01/10
through 10/16/10

SCHEDULE I
CALIFORNIA 460
FORM

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NAME OF FILER
JOHN D'AGOSTINI

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
10/2/10	K.S. Smith 4630 Fern Road Placerville, CA 95667	Auction Item Raffle Items	275 -
10/2/10	Kelly Dean 590 Skyline Drive Placerville, CA 95667	Auction Item	500 -
10/2/10	John & Catharina Koll 2121 Tipton Hill Road Georgetown, CA 95634	Auction Item Raffle Items	250 -
10/2/10	Rick Gabri 18951 Clinton Road Jackson, CA 95642	Auction Item	300 -
SUBTOTAL \$			1325 -

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

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