

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Boitano Louis D.

1. Office, Agency, or Court

Agency Name
Amador County Board of Supervisors
Division, Board, Department, District, if applicable Your Position
Board Member Supervisor District IV

▶ If filing for multiple positions, list below or on an attachment.

Agency: See Attached List Position: _____

2. Jurisdiction of Office (Check at least one box)

State Judge (Statewide Jurisdiction)
 Multi-County See Attached list County of _____
 City of _____ Other _____

3. Type of Statement (Check at least one box)

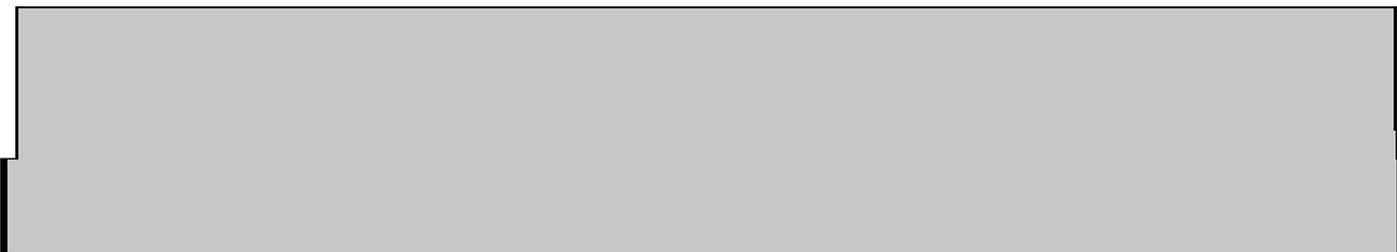
Annual: The period covered is January 1, 2010, through December 31, 2010. **Leaving Office:** Date Left ____/____/____
-or- (Check one)
The period covered is ____/____/____, through December 31, 2010. The period covered is January 1, 2010, through the date of leaving office.
 Assuming Office: Date ____/____/____ The period covered is ____/____/____, through the date of leaving office.
 Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

▶ Total number of pages including this cover page: 9

Schedule A-1 - Investments - schedule attached **Schedule C - Income, Loans, & Business Positions** - schedule attached
 Schedule A-2 - Investments - schedule attached **Schedule D - Income - Gifts** - schedule attached
 Schedule B - Real Property - schedule attached **Schedule E - Income - Gifts - Travel Payments** - schedule attached
-or-
 None - No reportable interests on any schedule



herein and in any attached schedules is true and complete. I acknowledge this is a
I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-22-11
(month, day, year)

Signature

Louis D. Boitano

Additional Boards and Commissions

January 1, 2010 through December 31, 2010

Upper Mokelumne River Watershed Authority-Member Alternate

California State Association of Counties-Board Member

Area 12 Agency on Aging

Central Sierra Child Support Agency

Emergency Medical Care Committee (EMCC) and Emergency Medical Services Agency (EMSA)

Local Area Formation Commission (LAFCO)

Motherlode Job Training Agency Governing Board

Counties Affiliated with various Boards and Commissions

Amador

Calaveras

Tuolumne

Alpine

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Boitano, Louis D.

▶ NAME OF BUSINESS ENTITY
Boitano Family Trust

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
See Attachment

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

▶ NAME OF BUSINESS ENTITY

GENERAL DESCRIPTION OF BUSINESS ACTIVITY

FAIR MARKET VALUE
 \$2,000 - \$10,000 \$10,001 - \$100,000
 \$100,001 - \$1,000,000 Over \$1,000,000

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 ACQUIRED DISPOSED

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 Stock Other _____
(Describe)
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 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
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 Stock Other _____
(Describe)
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 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
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 \$100,001 - \$1,000,000 Over \$1,000,000

NATURE OF INVESTMENT
 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More (Report on Schedule C)

IF APPLICABLE, LIST DATE:
 _____ / _____ / 10 _____ / _____ / 10
 ACQUIRED DISPOSED

Comments: _____

INVESTMENT SCHEDULE FOR BOITANO FAMILY TRUST

**ATTACHMENT TO SCHEDULE A1 - Investments Held by
Business Entity or Trust**

Interest in Investments Held By: Boitano Family Tr

**for
Louis D. Boitano
County of Amador, Supervisor District 4
Filing**

DESCRIPTION OF SECURITY	FAIR MRKT VALUE
BANKAMERICA CORP COMMON STOCK	\$1,000.00- \$10,000.00
FIRST INTERSTATE BANCORP COMMON STOCK	\$1,000.00- \$10,000.00
IMO INDUSTRIES INC COMMON STOCK	under \$1,000.00
PACIFIC GAS & ELECTRIC CO COMMON STOCK	\$1,000.00- \$10,000.00
SIERRA PACIFIC RESOURCES COMMON STOCK	\$1,000.00- \$10,000.00
TRANSAMERICA CORP COMMON STOCK	\$1,000.00- \$10,000.00
WELLS FARGO & CO COMMON STOCK	\$10,000.00- \$100,000.00

Property Schedule for Boitano Family Trust

Attachment to Schedule B : Interest in Real Property held by Business Entity or Trust

Interest in Real Property held by : Boitano Family Trust for Louis D. Boitano

PARCEL NUMBER	FAIR MARKET VALUE	CITY
18-070-026-00 POR S6 T6 R11 6.78	\$10,000.00-\$100,000.00 (Trust)	Sutter Creek
18-061-001-00 POR Lot 10 Blk 4	\$1,000.00-\$10,000.00 (Trust)	Sutter Creek
15-100-065-00 Golden Crown QM Lot 44 and 60	\$1,000.00-\$10,000.00 (Tenants in Common)	County of Amador
40-010-019-01 POR S6T6R11.82	\$1,000.00-\$10,000.00 (Trust)	County of Amador
15-100-064-00 POR S19T7R11	\$1,000.00-\$10,000.00 (Tenants in Common)	County of Amador
18-163-008 Foundry Field	\$10,000.00-\$100,000.00 (Trust)	Sutter Creek
18-133-010 90 Fullen St.	\$10,000.00-\$100,000.00 (100% Ownership)	Sutter Creek
018-163-004 70 Randolph	\$10,000.00-\$100,000.00 (100% Ownership)	Sutter Creek
18-121-009-02 Mineral Rights	\$10,000.00-\$100,000.00 (Trust)	Sutter Creek
18-172-001 Mineral Rights	\$10,000.00-\$100,000.00 (Trust)	Sutter Creek

SCHEDULE D
Income – Gifts

Name
 Boitano, Louis

▶ NAME OF SOURCE

California State Association of Counties

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Annual Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / / 10	\$ 200.00	television
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Boitano, Louis

- **Reminder – you must mark the gift or income box.**
- **You are not required to report income from government agencies.**
- **You may mark the box 501(c)(3) for a travel payment received from a nonprofit 501(c)(3) organization. When the payment is a gift it is reportable but is not subject to the \$420 gift limit.**

▶ NAME OF SOURCE
 Regional Council of Rural Counties

ADDRESS (Business Address Acceptable)
 1215 K. Street

CITY AND STATE
 Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 Annual Installation of Officers Dinner

DATE(S): 01 / 19 / 10 - / / - / / AMT: \$ 274.28
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): / / - / / AMT: \$
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): / / - / / AMT: \$
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

▶ NAME OF SOURCE

ADDRESS (Business Address Acceptable)

CITY AND STATE

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)

DATE(S): / / - / / AMT: \$
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: _____

Comments: _____