

MAR 15 2011

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COVER PAGE

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Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Novelli Theodore F.

1. Office, Agency, or Court

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

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 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. -or- Leaving Office: Date Left (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: 7
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
None - No reportable interests on any schedule



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

Date Signed 3-9-11 (month, day, year)

Signature

Additional Board and Commission seats held by Supervisor Theodore F. Novelli in 2010

Central Sierra Child Support (Vice-Chairman)

Upper Mokelumne River Watershed Authority (Member/Alternate)

Calaveras Amador Mokelumne River Association (Treasurer)

Local Area Formation Commission (Board of Directors)

California State Association of Counties (Alternate)

Central Sierra Planning Council/Economic District

Amador County Transportation Commission (Alternate)

Mountain Counties Air Basin

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

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name _____

- **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

DATE(S): 01 / 19 / 10 - / / AMT: \$ \$150.00
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: Food and Drinks at Installation of Officers

▶ NAME OF SOURCE
Carter Goble Lee

ADDRESS (Business Address Acceptable)
11 Turning Leaf Way

CITY AND STATE
Azusa, CA 91702

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

DATE(S): 11 / 16 / 10 - / / AMT: \$ \$300.00
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: dinner for wife and I

▶ 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: _____

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

CALIFORNIA FORM 700 <small>FAIR POLITICAL PRACTICES COMMISSION</small>
Name <u>Novelli, Theodore F.</u>

- **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
Carter Goble Lee

ADDRESS (Business Address Acceptable)
11 Turning Leaf Way

CITY AND STATE
Azusa, CA 91702

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

DATE(S): 11 / 16 / 10 - / / AMT: \$ \$300.00
(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: _____

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SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts (Ownership Interest is 10% or Greater)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION AMENDMENT

1. BUSINESS ENTITY OR TRUST

Name: NOVELLI'S MAINT CO
Address: 12096 N. MEADOW DR PIONEER
Check one: [] Trust, go to 2 [X] Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY: General Building Maintenance
FAIR MARKET VALUE: [X] \$10,001 - \$100,000
IF APPLICABLE, LIST DATE: 1/10 ACQUIRED
NATURE OF INVESTMENT: [X] Sole Proprietorship
YOUR BUSINESS POSITION: OWNER

2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)

[] \$0 - \$499 [X] \$10,001 - \$100,000
[] \$500 - \$1,000 [] OVER \$100,000
[] \$1,001 - \$10,000

3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (Attach a separate sheet if necessary.)

MC CURE ELECTRIC CO

4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST

Check one box: [] INVESTMENT [] REAL PROPERTY

Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property

Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE: [] \$2,000 - \$10,000 [] \$10,001 - \$100,000 [] \$100,001 - \$1,000,000 [] Over \$1,000,000
IF APPLICABLE, LIST DATE: 1/10 ACQUIRED

NATURE OF INTEREST: [] Property Ownership/Deed of Trust [] Stock [] Partnership

[] Leasehold [] Other
Yrs. remaining

[] Check box if additional schedules reporting investments or real property are attached

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Comments:

Verification

Print Name: THEODORE F NOVELLI

Office, Agency or Court: County Supervisor Dist III

Statement Type: [X] 2010/2011 Annual [] Annual [] Assuming [] Leaving [] Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any 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.

Date Signed: (d)(5) 10-31-2011 (month, day, year)

Signature: (d)(5) 10-31-2011

Received [Signature]

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SCHEDULE B
Interests in Real Property
(Including Rental Income)

STREET ADDRESS OR PRECISE LOCATION
16445 McKenzie Dr

CITY
Plover CA 95266

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

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

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
N/A

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER* _____

ADDRESS (Business Address Acceptable) _____

BUSINESS ACTIVITY, IF ANY, OF LENDER _____

INTEREST RATE _____% None TERM (Months/Years) _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

STREET ADDRESS OR PRECISE LOCATION _____

CITY _____

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

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

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

Comments: _____

Verification

Print Name Theresa F Nozelli

Office, Agency or Court County Superior Dist IV

Statement Type 2010/2011 Annual Assuming Leaving
 (yr) Annual Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that (d)(5) _____

Date Signed _____ (month, day, year)

Signature 10-31-2011 (d)(5) _____