

ELECTIONS
MAR 30 2011
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GP

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Plasse III Maurice John

1. Office, Agency, or Court

Agency Name Board of Amador County Supervisors
Division, Board, Department, District, if applicable District 1
Your Position Supervisor

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

Agency: See Attachment Position: _____

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

State Judge (Statewide Jurisdiction)
 Multi-County Amador Alpine, Calaveras, Mariposa, Tuolumne 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-
The period covered is _____ through December 31, 2010.
 Assuming Office: Date _____
 Candidate: Election Year _____ Office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2010, through the date of leaving office.
 The period covered is _____ through the date of leaving office.

4. Schedule Summary

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

Total number of pages including this cover page: 5

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date Signed 3-30-11 (month, day, year) Signature _____

John Plasse

Additional Boards and Commissions for 2010

Amador County Recreation Agency (Leaving Office Form)

Amador-Tuolumne Community Action Agency (A-TCAA)

Central Sierra Planning Council/Central Sierra Economic Development District

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

Local Community Benefit Committee



OCT 2 2011
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Investments, Income, and Assets
of Business Entities/Trusts
(Ownership Interest is 10% or Greater)

1. BUSINESS ENTITY OR TRUST

Name J&J Goldsmiths, Inc.
Address (Business Address Acceptable) P.O. Box 261, Jackson, CA 95642

Check one
 Trust, go to 2 Business Entity, complete the box, then go to 2

GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Jewelry Sales/Repairs
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
ACQUIRED / / 10 DISPOSED / / 10
NATURE OF INVESTMENT
 Sole Proprietorship Partnership Corporation
Other
YOUR BUSINESS POSITION President

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

\$0 - \$499 \$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)

Corporation is currently in transition regarding business activity hence the extremely low income.

Comments: _____

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 IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000
 \$10,001 - \$100,000
 \$100,001 - \$1,000,000
 Over \$1,000,000
ACQUIRED / / 10 DISPOSED / / 10

NATURE OF INTEREST
 Property Ownership/Deed of Trust Stock Partnership

Leasehold _____ Yrs. remaining Other _____

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

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FAIR POLITICAL PRACTICES COMMISSION

Verification
Print Name John Plasse
Office, Agency or Court Amador County Board of Supervisors
Statement Type 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 (d)(5)
Date Signed 10-27-2011 Signature _____
(month, day, year)