

GP

CRAIG A. KRAMER, CLERK
By (d)(5)

11 MAR 28 PM 4:15

Please type or print in ink.

NAME OF FILER (LAST) DEPUTY (FIRST) (MIDDLE)
NOTTOLI DON W.

1. Office, Agency, or Court

Agency Name
BOARD OF SUPERVISORS
Division, Board, Department, District, if applicable
DISTRICT 5
Your Position
BOARD MEMBER

▶ 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 SACRAMENTO
 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."
▶ Total number of pages including this cover page: 6
 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



I certify under penalty of perjury under the laws of the State of California that
Date Signed MARCH 26, 2011
(month, day, year)

FAIR POLITICAL PRACTICES COMMISSION
11 APR -5 AM 11:38

BOARDS/COMMISSIONS/AGENCIES	POSITION	DUE DATE SENT	CONTACT	ADDRESS	MC
Area 4 Agency on Aging	Board Member		Tai	2260 Park Towne Circle, Ste 100, Sacramento, CA 95825-0416	
Board of Supervisors	Board Member		Lorraine Silva	700 H Street, Ste 2450, Sacramento, CA 95814	
Cal-ID RAN Board	Board Member		Vince Brewer	On file with Lorraine Silva, Clerk of the Board	
Capital Southeast Connector, JPA	Board Member		Pamel Keen	10640 Mather Blvd., Ste 120, Mather, CA 95655	
Delta Protection Commission	Director		Sheila Singleton	P O Box 530 Walnut Grove, CA 95690	
Delta Stewardship Council	Council Member		Lynn Darby	980 9th Street, Suite 1500, Sacramento, CA 95814	
Freeport Regional Water Authority	Board Member	4/1/2011	Lorraine Silva	700 H Street, Ste 2450, Sacramento, CA 95814	
Regional Human Rights/Fair Housing Comm Governing Bd	Board Member		Barbara Lehman	1112 I Street, Ste.250, Sacramento, CA 95814	
Sac Regional Co. Sanitation Dist./SASDist.	Board Member		Linda Hill	10060 Goethe Road, Sacramento, CA 95827	139-001
Sacramento Abandoned Vehicle Service Authority	Board Member		Lorraine Silva	700 H Street, Ste 2450, Sacramento, CA 95814	
Sacramento Area Flood Control Agency	Board Member	4/1/2011	Lyndee Russell	1007 7th Street, 7th Flr., Sacramento, CA 95814	30-001
Sacramento Central Groundwater Authority	Board Member		Brian Gallucci	Sac Co Water Agency ,827 7th St., Rm. 301, Sac, CA 95814	
Sacramento County Mental Health Board	Board Member		Lorraine Silva	700 H Street, Ste 2450, Sacramento, CA 95814	
Sacramento Employment and Training Agency(SETA)	Board Member		Nancy Hogan	925 Del Paso Blvd., Ste. 100, Sacramento, CA 95815	
Sacramento Metropolitan Air Quality Management District	Board Member		Nancy Abeels	777 12th Street, 3rd. Flr. Sacramento, CA 95814	100-03
Sacramento Metropolitan Cable Television Commission	Commissioner	4/1/2011	Karen Liu		49-206
Sacramento Public Library, JPA	Board Member		Paula McDonald	828 I Street, Sacramento, CA 95814	
Sacramento Regional Solid Waste Authority	Board Member	4/1/2011	Lorraine Silva	700 H Street, Ste 2450, Sacramento, CA 95814	
Sacramento Regional Transit District	Board Member	4/1/2011	Cindy Brooks	P.O. Box 2110, Sacramento, CA 95812-2110	
Sacramento Transportation Authority/SAVSA	Board Member	4/1/2011	Lorraine Silva	700 H Street, Ste 2450, Sacramento, CA 95814	
Sacramento Valley Basinwide Air Pollution Control Council	Council Member	4/1/2011	Amy Gwinup	P O Box 561, Maxwell, CA 95955	
Sacramento-Placerville Transportation Corridor JPA	Board Member	4/1/2011	John Segerdell, CEO	Sac-Placer TC, JPA,1321 Howe Ave. Ste 110 Sac, 95825Attn: Lopri Merkle	
Delta Conservancy Board	Alternate	4/1/2011	Nancy Ullrey	DWR Bldg., 3500 Industrial Blvd. 2nd Flr. W. Sacramento 95691	

SCHEDULE D
Income – Gifts

Name
DON W. NOTTOLI

▶ NAME OF SOURCE
BILL & LAVERNE SIMAS
 ADDRESS (Business Address Acceptable)
4839 SEBRING CT. ELK GROVE, CA 95758
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
REAL ESTATE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 29 / 10</u>	\$ <u>75.</u>	<u>MACARONI GRILL</u>
<u> / / </u>	\$ <u> </u>	<u>GIFT CARD</u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE
MICHELLE SMIRA-MMS STRATEGIES
 ADDRESS (Business Address Acceptable)
7700 COLLEGE TOWN, STE. 218, SACRAMENTO
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
PROJECT MANAGEMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 28 / 10</u>	\$ <u>70.</u>	<u>AMERICAN LEADER</u>
<u> / / </u>	\$ <u> </u>	<u>FORUM AWARD</u>
<u> / / </u>	\$ <u> </u>	<u>DINNER</u>

▶ NAME OF SOURCE
RANCHO CORDOVA CHAMBER OF COMMERCE
 ADDRESS (Business Address Acceptable)
2729 PROSPECT PARK, #117, RANCHO CORDOV
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
BUSINESS ORGANIZATION

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>02 / 11 / 10</u>	\$ <u>55.</u>	<u>DINNER-INSTALL.</u>
<u> / / </u>	\$ <u> </u>	<u> </u>
<u> / / </u>	\$ <u> </u>	<u> </u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE
JOHN CHUCK, M.D., KAISER PERMANENTE
 ADDRESS (Business Address Acceptable)
1955 COWELL BLVD., DAVIS, CA 95616
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
MEDICAL, KAISER PERMANENTE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>04 / 16 / 10</u>	\$ <u>75.</u>	<u>TKT-SEROTONIN</u>
<u> / / </u>	\$ <u> </u>	<u>SURGE CHARITIES</u>
<u> / / </u>	\$ <u> </u>	<u>SPRING BREAK 2010</u>

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____

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

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name DON W. NOTTOLI

- **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
 ALANTA REGIONAL COMMISSION

ADDRESS (Business Address Acceptable)
 40 COURTLAND STREET, N.E.,

CITY AND STATE
 ATLANTA, GA 30303

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

DATE(S): 06 / 02 / 10 - 06 / 02 / 10 AMT: \$ 593.
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: AIR FARE TO PARTICIPATE IN
 ATLANTA REGIONAL TRANSIT
 GOVERNANCE RETREAT (SPEAKER)

▶ 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
 BEVERLY SCOTT, CEO/GM, MARTA

ADDRESS (Business Address Acceptable)
 2424 PIEDMONT RD. NE,

CITY AND STATE
 ATLANTA, GA 30324

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
 METROPOLITAN ATLANTA REGIONAL TRANSIT

DATE(S): 06 / 09 / 10 - ____ / ____ / ____ AMT: \$ 59.
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: FRUIT BASKET ARRANGEMENT GIFT
 FOR SPEAKING AT RETREAT

▶ 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: AIR FARE IS NOT SUBJECT TO THE \$420. GIFT LIMIT-SERVICES OF EQUAL OR GREATER VALUE WERE PROVIDED.

Received 5/1/2011

FAIR POLITICAL PRACTICES COMMISSION

**SCHEDULE E
Income – Gifts**

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

**Travel Payments, Advances,
and Reimbursements**



- **Reminder – you must mark the gift or income box.**
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▶ **NAME OF SOURCE**
CALIFORNIA NATIONAL GUARD

ADDRESS (Business Address Acceptable)
ATLANTIC AVIATION, 10510 SUPERFORTRESS AV

CITY AND STATE
MATHER, CA 95655

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
U.S. MILITARY

DATE(S): 11 / 15 / 10 - 11 / 15 / 10 AMT: \$ 391.
(If applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: MILITARY FLIGHT PROVIDED.
COMPARABLE COMMERCIAL FLIGHT
VALUED AT \$391. SOUTHWEST

▶ **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: _____

Verification

Print Name DON W. NOTTOLI

Office, Agency or Court BOARD OF SUPERVISORS

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 the foregoing is true and correct.

Date Signed APRIL 20, 2011

Signature (d)(5)

Comments: _____

Received 5/1/2011

FAIR POLITICAL PRACTICES COMMISSION
11 AUG -1 PM 2011

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

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
AMENDMENT



- **Reminder – you must mark the gift or income box.**
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▶ **NAME OF SOURCE**
CALIFORNIA NATIONAL GUARD

ADDRESS (Business Address Acceptable)
ATLANTIC AVIATION, 10510 SUPERFORTRESS AV
CITY AND STATE
MATHER, CA 95655

BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3)
U.S. MILITARY

DATE(S): 11 / 15 / 10 - 11 / 15 / 10 AMT: \$ 391.
(if applicable)

TYPE OF PAYMENT: (must check one) Gift Income

DESCRIPTION: MILITARY FLIGHT PROVIDED.
COMPARABLE COMMERCIAL FLIGHT
VALUED AT \$391. SOUTHWEST

▶ **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: _____

Verification

Print Name DON W. NOTTOLI

Office, Agency or Court BOARD OF SUPERVISORS

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

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 APRIL 20, 2011

Signature (d)(5)

Comments: _____