

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
DISTRICT 4
Your Position
SUPERVISOR

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

Agency: _____ Position: _____

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

- State
- Multi-County SEE ATTACHED LIST
- City of _____
- Judge or Court Commissioner (Statewide Jurisdiction)
- County of _____
- Other _____

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

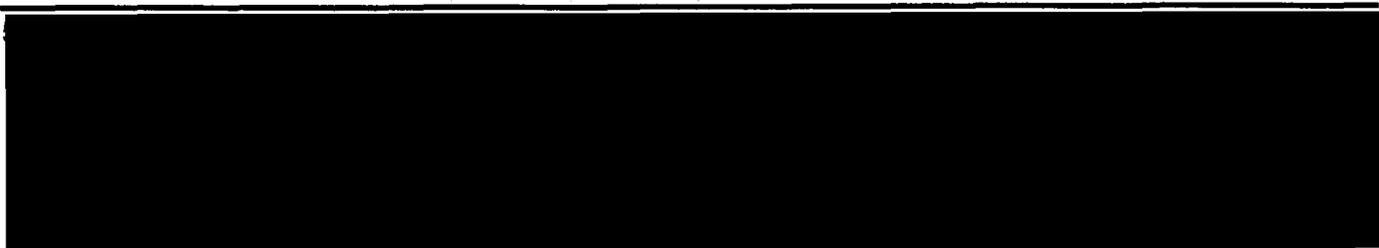
- Annual: The period covered is January 1, 2012, through December 31, 2012.
-or-
The period covered is ____/____/____, through December 31, 2012.
- Assuming Office: Date assumed ____/____/____
- Candidate: Election year _____ and office sought, if different than Part 1: _____
- Leaving Office: Date Left ____/____/____ (Check one)
 - The period covered is January 1, 2012, 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: 8

- 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



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

Date Signed 03/15/2013
(month, day, year)

Louis D. Boitano

Additional Boards and Commissions

January 1, 2012 through December 31, 2012

Area 12 Agency on Aging

California State Association of Counties (CSAC)

Central Sierra Child Support Agency

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

Local Agency Formation Commission (LAFCO)



Upper Mokelumne River Watershed Authority (UMRWA)

Amador Fire Protection District (AFPD)

***JURISDICTION OF OFFICE (MULTI-COUNTY)**

Alameda	Glenn	Marin	Placer	San	Stanislaus
Alpine	Humboldt	Mariposa	Plumas	Mateo	Sutter
Amador	Imperial	Mendocino	Riverside	Santa	Tehama
Butte	Inyo	Merced	Sacramento	Barbara	Trinity
Calaveras	Kern	Modoc	San Benito	Santa	Tulare
Colusa	Kings	Mono	San	Clara	Tuolumne
Contra	Lake	Monterey	Bernardino	Santa	Ventura
Costa	Lassen	Napa	San Diego	Cruz	Yolo
Del Norte	Los	Nevada	San	Shasta	Yuba
El Dorado	Angeles	Orange	Francisco	Sierra	
Fresno	Madera		San Joaquin	Siskiyou	
			San Luis	Solano	
			Obispo	Sonoma	

SCHEDULE A-1

Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

Name
BOITANO, LOUIS

▶ 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:
 _____/_____/ **12** _____/_____/ **12**
 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

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:
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(Describe)
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IF APPLICABLE, LIST DATE:
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 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____/_____/ **12** _____/_____/ **12**
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 Stock Other _____
(Describe)
 Partnership Income Received of \$0 - \$499
 Income Received of \$500 or More *(Report on Schedule C)*

IF APPLICABLE, LIST DATE:
 _____/_____/ **12** _____/_____/ **12**
 ACQUIRED DISPOSED

Comments: _____

INVESTMENT SCHEDULE FOR BOITANO FAMILY TRUST

ATTACHMENT TO SCHEDULE A/ - Investments Held
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 MKRT 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

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name
BOITANO, LOUIS

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
SEE ATTACHED

CITY _____

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 / /12 DISPOSED / /12

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ 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.
 None

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS _____

CITY _____

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 / /12 DISPOSED / /12

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ 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.
 None

* 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

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

Comments: _____

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 S6T6R111.82	\$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 (Not an Acronym)
Best Best & Krieger

ADDRESS (Business Address Acceptable)
500 Capitol Mall, Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE
LAFCO Conference

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 03 / 12	\$ 95.04	Dinner
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

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

Comments: _____



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Washington, DC
(202) 785-0600

Katey Lamke
(916) 329-3680
katey.lamke@bbklaw.com

January 31, 2013

Re: Valuation of the Wednesday, October 3, 2012 BB&K Hosted Dinner.

We hope you enjoyed sharing an evening with us in Monterey. We are glad that you were able to join us.

Under the FPPC regulations for reporting gifts on Form 700, you may need to report the value of the dinner, which is your “pro-rata share” of the cost of the event. According to FPPC Regulations section 18946.2, for “invitation-only” events, such as our dinner, a public official’s “pro rata share” of the cost of the event means: “the cost of all food and beverages, rent of the facilities, decorations, entertainment, and all other costs associated with the event, divided by the number of acceptances or the number of attendees.”

Based on this FPPC regulation, we have calculated the value of the dinner to be **\$95.04** per person. If a guest accompanied you at the dinner, the value of his/her dinner is also attributable to you as a gift and is required to be reported on your Form 700. However if a spouse accompanied you to the dinner you are not required to report them.

If you have questions about reporting this information on your Form 700, please don’t hesitate to contact us.

Sincerely,

Katey Lamke
Marketing Events Specialist
for BEST BEST & KRIEGER LLP

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