



Please type or print in ink.

2013 APR -2 PM 3:55

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

**1. Office, Agency, or Court**

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

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

Agency: **See Attached** Position: \_\_\_\_\_

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

- State  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County **See Attached**  County of \_\_\_\_\_
- City of \_\_\_\_\_  Other \_\_\_\_\_

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

- Annual:** The period covered is January 1, 2012, through December 31, 2012.  **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Check one)
- Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  The period covered is January 1, 2012, through the date of leaving office.
- Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_  The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

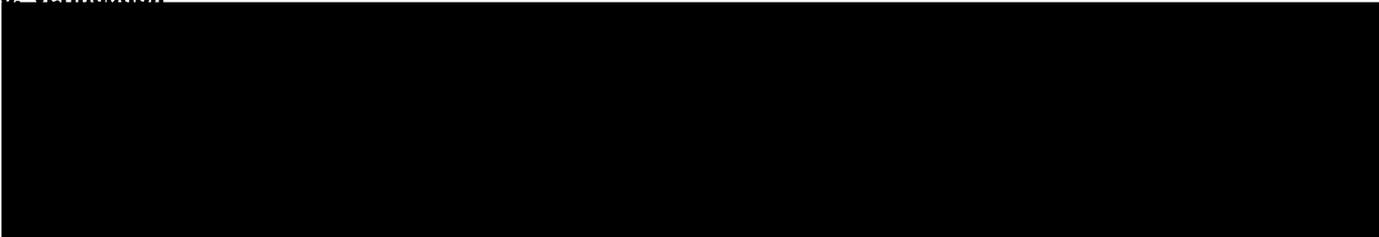
**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 6

- Schedule A-1 - Investments** - schedule attached  **Schedule 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**

**5. Verification**



I certify under penalty of perjury under the laws of the State of \_\_\_\_\_

Date Signed 3-26-13  
 (month, day, year)

**JOHN PLASSE**

**ADDITIONAL BOARDS AND COMMISSIONS FOR 2012**

**AMADOR COUNTY TRANSPORTATION COMMISSION**

**AMADOR TUOLUMNE COMMUNITY ACTION AGENCY (A-TCAA)**

**EMERGENCY MEDICAL CARE COMMITTEE (EMCC) AND MOUNTAIN VALLEY EMERGENCY MEDICAL SERVICES AGENCY (EMSA)**

**LOCAL COMMUNITY BENEFIT COMMITTEE**

**\*COUNTIES/JURISDICTIONS COVERED BY THE ABOVE COMMITTEES OR COMMISSIONS ARE:**

**AMADOR, TUOLUMNE, ALPINE, CALAVERAS, STANISLAUS AND MARIPOSA**

**JOHN PLASSE**

**ADDITIONAL BOARDS AND COMMISSIONS FOR 2012**

**AMADOR COUNTY TRANSPORTATION COMMISSION**

**AMADOR COUNTY RECREATION AGENCY**

**AMADOR TUOLUMNE COMMUNITY ACTION AGENCY (A-TCAA)**

**EMERGENCY MEDICAL CARE COMMITTEE (EMCC) AND MOUNTAIN VALLEY EMERGENCY MEDICAL SERVICES AGENCY (EMSA)**

**LOCAL COMMUNITY BENEFIT COMMITTEE**

**AMADOR ECONOMIC DEVELOPMENT CORPORATION (AEDC)**

**CALAVERAS AMADOR MOKELUMNE RIVER AUTHORITY (CAMRA)**

**\*COUNTIES/JURISDICTIONS COVERED BY THE ABOVE COMMITTEES OR COMMISSIONS ARE:**

**AMADOR, TUOLUMNE, ALPINE, CALAVERAS, STANISLAUS AND MARIPOSA**

**SCHEDULE A-2**  
**Investments, Income, and Assets**  
**of Business Entities/Trusts**  
(Ownership Interest is 10% or Greater)

Name  
**Maurice John Plasse, III**

**▶ 1. BUSINESS ENTITY OR TRUST**

**J&J Goldsmiths, Inc.**  
Name  
**P.O. Box 261, Jackson, CA 95642**  
Address (Business Address Acceptable)  
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:  
 \$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
 Partnership     Sole Proprietorship     **Corporation**     Other

YOUR BUSINESS POSITION **President**

**▶ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO 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.)**

None

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

Check one box:  
 INVESTMENT     REAL PROPERTY

**7535 French Bar Road**  
Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
**Jackson**  
Description of Business Activity or City or Other Precise Location of Real Property

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$2,000 - \$10,000                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

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

**▶ 1. BUSINESS ENTITY OR TRUST**

Name  
Address (Business Address Acceptable)  
Check one  
 Trust, go to 2     Business Entity, complete the box, then go to 2

**GENERAL DESCRIPTION OF BUSINESS ACTIVITY**

FAIR MARKET VALUE                      IF APPLICABLE, LIST DATE:  
 \$0 - \$1,999                                      \_\_\_\_\_/\_\_\_\_\_/12                      \_\_\_\_\_/\_\_\_\_\_/12  
 \$2,000 - \$10,000                                      ACQUIRED                      DISPOSED  
 \$10,001 - \$100,000  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

NATURE OF INVESTMENT  
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YOUR BUSINESS POSITION \_\_\_\_\_

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

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None

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Check one box:  
 INVESTMENT     REAL PROPERTY

Name of Business Entity, if Investment, or Assessor's Parcel Number or Street Address of Real Property  
Description of Business Activity or City or Other Precise Location of Real Property

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 \$10,001 - \$100,000                                      ACQUIRED                      DISPOSED  
 \$100,001 - \$1,000,000  
 Over \$1,000,000

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

Comments: \_\_\_\_\_



