

JAN 12 2014

COVER PAGE



Please type or print in ink.

Received

NAME OF FILER (LAST) (FIRST) (MIDDLE)
NOVELLI THEODORE FRANK

1. Office, Agency, or Court

Agency Name (Do not use acronyms)
AMADOR COUNTY
Division, Board, Department, District, if applicable
BOARD OF SUPERVISORS
Your Position
SUPERVISOR DISTRICT III

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
2014 APR 28 AM 9:07

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

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, 2013, through December 31, 2013.
- Leaving Office: Date Left ____/____/____
- Assuming Office: Date assumed ____/____/____
- Candidate: Election year _____ and office sought, if different than Part 1: _____

4. Schedule Summary

- Check applicable schedules or "None." Total number of pages including this cover page: _____
- 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
- None - No reportable interests on any schedule

5. [Redacted Signature Area]

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

Date Signed 1-12-2014
(month, day, year)

Additional Board and Commission seats held by Supervisor Theodore F. Novelli in 2013

- *Central Sierra Child Support (Chairman)
- *Upper Mokelumne River Watershed Authority (Member Alternate)
- *Calaveras Amador Mokelumne River Association (Treasurer)
- *Local Area Formation Commission (Chairman)
- *California State Association of Counties (Alternate)
- *Central Sierra Planning Council/Economic Development District
- Amador County Transportation Commission (Board Member)
- *Mountain Counties Air Basin
- Amador County Recreation Agency (ACRA)
- *Amador-Tuolumne Community Action Agency (ATCAA)

Commission on Aging

***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	

Attachment of Additional Board and
Commission seats held by
Supervisor Theodore F. Novelli in 2013

California State Association of Counties
Excess Insurance Authority - Board Member
American Legion Ambulance - Board Member
Mountain Counties Resource Association, Board Rep.

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

Name
 NOVELLI: THEODORE

- Mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym)
 BEST BEST AND KRIEGER

ADDRESS (Business Address Acceptable)
 500 CAPITOL MALL SUITE 1700

CITY AND STATE
 SACRAMENTO, CA 95814

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

DATE(S): 08 / 28 / 13 - / / - / / AMT: \$ 200.00
 (If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

DINNER FOR ALL CALAFCO AND CALAFCO
 COMMISSION

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): / / - / / AMT: \$

(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): / / - / / AMT: \$

(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

CITY AND STATE

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

DATE(S): / / - / / AMT: \$

(If gift)

TYPE OF PAYMENT: (must check one) Gift Income

Made a Speech/Participated in a Panel

Other - Provide Description

Comments: _____