

FILED

Date Initial Filing  
JAN 20 2015

CALAVERAS COUNTY  
BOARD OF SUPERVISORS  
BY: *[Signature]*

Please type or print in ink.

2015 MAR 19 PM 4:36

NAME OF FILER (LAST) OLIVEIRA (FIRST) MICHAEL (MIDDLE) CAETONE

1. Office, Agency, or Court

Agency Name (Do not use acronyms)  
COUNTY OF CALAVERAS  
Division, Board, Department, District, if applicable  
BOARD OF SUPERVISORS Your Position  
DISTRICT 3

► 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  Judge or Court Commissioner (Statewide Jurisdiction)
- Multi-County \_\_\_\_\_  County of CALAVERAS
- City of \_\_\_\_\_  Other \_\_\_\_\_

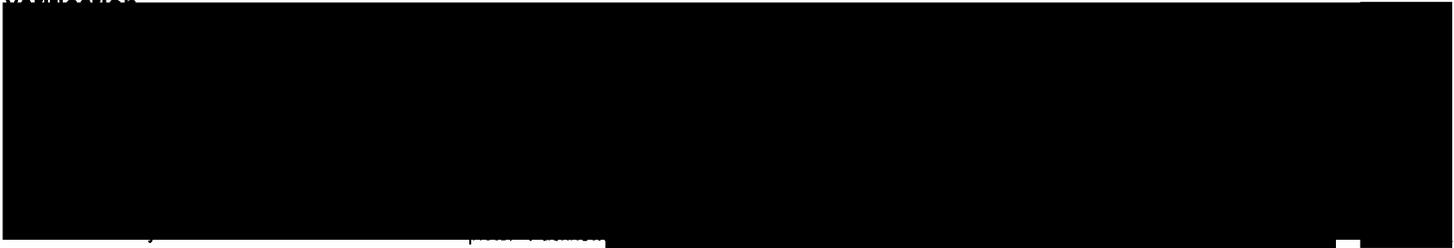
3. Type of Statement (Check at least one box)

- Annual: The period covered is January 1, 2014, through December 31, 2014.
- Assuming Office: Date assumed 01/13/2015
- Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_ (Check one)
- The period covered is January 1, 2014, through the date of leaving office.
- The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.
- 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
- or-  
 None - No reportable interests on any schedule

5. Verification



I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 01/20/2015  
(month, day, year)