

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

Date Stamp RECEIVED MAY 26 2022	CALIFORNIA FORM 460
AMADOR COUNTY ELECTIONS	Page <u>1</u> of <u>1</u>
For Official Use Only	

Statement covers period from <u>4/24/22</u> through <u>5/21/22</u>	Date of election if applicable: (Month, Day, Year) <u>06/07/22</u>
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SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee
<input type="checkbox"/> State Candidate Election Committee
<input type="checkbox"/> Recall
<small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee
<input type="checkbox"/> Sponsored
<input type="checkbox"/> Small Contributor Committee
<input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee
<small>(Also Complete Part 7)</small> |

2. Type of Statement:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input type="checkbox"/> Termination Statement
<small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1445158

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Oneto for Supervisor ~~2021~~ **2022**

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Drytown	CA	95699	[REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Drytown	CA	95699	[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Eugene J. Lowe

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Jackson	CA	95642	[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

Brian Oneto

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Drytown	CA	95669	[REDACTED]

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the 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.

Executed on 5/25/22
Date

Executed on 5/25/22
Date

Executed on _____
Date

Executed on _____
Date

By _____
Signature of Treasurer or Assistant Treasurer

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Brian Oneto

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Supervisor District 5

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
[REDACTED] **Drytown, CA 95699**

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROponent

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
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7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from <u>4/24/22</u>	CALIFORNIA FORM 460
through <u>5/21/22</u>	
Page <u>1</u> of <u>1</u>	
I.D. NUMBER 1445158	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Brian Oneto

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions <i>Schedule A, Line 3</i>	\$ <u>6095.20</u>	\$ <u>36601.14</u>
2. Loans Received <i>Schedule B, Line 3</i>		<u>3500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS <i>Add Lines 1 + 2</i>	\$ <u>6095.20</u>	\$ <u>40101.14</u>
4. Nonmonetary Contributions <i>Schedule C, Line 3</i>		<u>5203.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED <i>Add Lines 3 + 4</i>	\$ <u>6095.20</u>	\$ <u>45304.14</u>

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ _____	\$ _____
21. Expenditures Made	\$ _____	\$ _____

Expenditures Made

	Column A	Column B
6. Payments Made <i>Schedule E, Line 4</i>	\$ <u>8331.12</u>	\$ <u>26666.45</u>
7. Loans Made <i>Schedule H, Line 3</i>		
8. SUBTOTAL CASH PAYMENTS <i>Add Lines 6 + 7</i>	\$ <u>9331.12</u>	\$ <u>26666.45</u>
9. Accrued Expenses (Unpaid Bills) <i>Schedule F, Line 3</i>		<u>5203.00</u>
10. Nonmonetary Adjustment <i>Schedule C, Line 3</i>		
11. TOTAL EXPENDITURES MADE <i>Add Lines 8 + 9 + 10</i>	\$ <u>8331.12</u>	\$ <u>31869.45</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
____/____/____	\$ _____
____/____/____	\$ _____

Current Cash Statement

12. Beginning Cash Balance <i>Previous Summary Page, Line 16</i>	\$ <u>15670.61</u>
13. Cash Receipts <i>Column A, Line 3 above</i>	<u>6095.20</u>
14. Miscellaneous Increases to Cash <i>Schedule I, Line 4</i>	
15. Cash Payments <i>Column A, Line 8 above</i>	<u>8331.12</u>
16. ENDING CASH BALANCE <i>Add Lines 12 + 13 + 14, then subtract Line 15</i>	\$ <u>13434.69</u>

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

*Amounts in this section may be different from amounts reported in Column B.

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED <i>Schedule B, Part 2</i>	\$ _____
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents <i>See instructions on reverse</i>	\$ _____
19. Outstanding Debts <i>Add Line 2 + Line 9 in Column B above</i>	\$ _____

**Schedule A
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period from <u>4/24/22</u>	CALIFORNIA FORM 460
through <u>5/21/22</u>	
Page <u>1</u> of <u>2</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brian Oneto

I.D. NUMBER

1445158

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/3/22	Gary Dora (l) [REDACTED] Pioneer CA 95666	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00		
5/3/22	Michelle Vance [REDACTED] Plymouth CA 95669	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vance Trucking	250.00		
5/3/22	Sierra Rock LLC [REDACTED] Placerville CA 95667	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
5/3/22	Jeanne Deaver [REDACTED] Plymouth, CA 95669	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farmer	185.00	1715.00	
5/3/22	Steve Wiard [REDACTED] Sutter Creek CA 95685	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consulting Forester	200.00		
SUBTOTAL \$				1335.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 4285.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 1810.20
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 6095.20

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

Statement covers period from <u>4/24/22</u> through <u>5/21/22</u>	CALIFORNIA FORM 460
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NAME OF FILER
Brian Oneto

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
5/10/22	Margaret Bellamy [REDACTED] Fiddletown, CA 95629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	150.00		
5/10/22	Christopher Conrad [REDACTED] Sonoma, CA 95370	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00		
5/12/22	Cant Oneto [REDACTED] El Dorado Hills, CA 95762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	attorney	500.00		
5/20/22	Bromworth LLC [REDACTED] Ione CA 95640	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2000.00		
5/18/22	Joe's Logging [REDACTED] Bass Lake, CA 93604	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00		
SUBTOTAL \$				2950.00		

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

**Schedule E
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULEE

Statement covers period from <u>4/24/22</u> through <u>5/21/22</u>	CALIFORNIA FORM 460
	Page <u>1</u> of <u>2</u>
	I.D. NUMBER 1445158

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Italian Picnic ASSOC. [REDACTED] Sutter Creek CA 95685	FND		250.00
Shaaileen Schuiling [REDACTED] Ripon, CA 95366	LIT		2843.43
Amador Ledger Dispatch [REDACTED] Jackson CA 95642	PRT		306.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 3399.43

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 7838.09
2. Unitemized payments made this period of under \$100	\$ 492.23
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 8331.12

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 4/24/22
through 5/21/22

CALIFORNIA FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brian Oneto

I.D. NUMBER
1445158

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Staples [REDACTED] Jackson CA 95642	OFC		123,88
KVGC Radio [REDACTED] Jackson, CA 95642	RAD		300.00
Shanleen Schuiling [REDACTED] Ripon, CA 95366	LIT		3480.08
Amador Ledger Dispatch [REDACTED] Jackson CA 95642	PRT		535.50

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 4439.46