Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print in i	nk.	PECEIVED	700	FORM 460
SEE INSTRUCTIONS ON REVERSE	Statement covers period 1/1/22 from 4/23/22	Date of election if applicable: (Month, Day, Year)	APR 2 8 2022 MADOR COUNTY LEED N	Page	For Official Use Only
 State Candidate Election Committee Recall (Also Complete Part 5) General Purpose Committee Sponsored Small Contributor Committee 	mplete Parts 1, 2, 3, and 4. Primarily Formed Ballot Measure Committee Controlled Sponsored Also Complete Part 6) Primarily Formed Candidate/ Officeholder Committee Also Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 T Amendment (Explain b	ermination)	Supplement	afement I-Year Report al Preelection Attach Form 495
	ODE AREA CODE/PHONE	Treasurer(s) NAME OF TREASURER Eugene J. Lowe MAILING ADDRESS CITY Jackson NAME OF ASSISTANT TREASU Brian Oneto MAILING ADDRESS CITY Drytown OPTIONAL: FAX / E-MAIL ADD	STATE	ZIP CODE 95642 ZIP CODE 95669	AREA CODE/PHONE
I have used all reasonable diligence in preparing and reviewing under penalty of perjury under the laws of the State of Californi Executed on 428/22 Executed on Date Executed on Date	a that the foregoing is true and correct.	Signature of Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candidate, Signature of Controlling Officeholder, Candidate,	t Treasurer roponent or Responsible Officer of S State Measure Proponent		rue and complete. I certify

COVER PAGE

Recipient Committee Campaign Statement Cover Page — Part 2

	COVE	RPAGE	- PART
	ORNI ORM	^A 4	60
Page _	2	of_	2

. Officeholder or Candidate Controlled Commi	itee	6.	Primarily Formed Ballot	Measure Co	ommittee		
NAME OF OFFICEHOLDER OR CANDIDATE			NAME OF BALLOT MEASURE				
Brian Oneto							
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTION		!	SUPPORT
Supervisor District 5			Value				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CIT	Y STATE ZIP , CA 95669		Identify the controlling office	eholder, cand	date, or st	ate measure	proponent, if any.
			NAME OF OFFICEHOLDER, CANE	DIDATE, OR PROF	PONENT		
Related Committees Not Included in this Statement included in this statement that are controlled by you of contributions or make expenditures on behalf of your canditures.	r are primarily formed to receive		OFFICE SOUGHT OR HELD			DISTRICT NO	. IF ANY
COMMITTEE NAME	I.D. NUMBER						
NAME OF TREASURER	CONTROLLED COMMITTEE?	7.	Primarily Formed Cand officeholder(s)	idate/Office	holder Co	ommittee s primarily fo	List names of rmed.
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOU	IGHT OR HELD	SUPPORT OPPOSE
CITY STATE ZIP CO	DDE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR CA	ANDIDATE	OFFICE SOU	IGHT OR HELL	SUPPORT OPPOSE
COMMITTEE NAME	I.D. NUMBER		NAME OF OFFICEHOLDER OR C.	ANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	IGHT OR HELL	SUPPORT OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			Attac	h continuation	sheets if	necessary	

Campaign Disclosure Statement Summary Page

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

SUIVINANT FAGE
CALIFORNIA 460
Page1 of1
I.D. NUMBER 1445158

CLIMANANDV DAGE

NAME OF FILER **Brian Oneto** Column B Calendar Year Summary for Candidates Column A Contributions Received TOTAL THIS PERIOD CALENDAR YEAR Running in Both the State Primary and (FROMATTACHED SCHEDULES) TOTALTODATE General Elections 1. Monetary Contributions Schedule A, Line 3 1/1 through 6/30 7/1 to Date 3500.00 2. Loans Received Schedule B, Line 3 34005,94 20. Contributions 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 Received 5203,00 Nonmonetary Contributions Schedule C, Line 3 21. Expenditures 39208,94 Made 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 **Expenditure Limit Summary for State Expenditures Made** 18335 33 **Candidates** 6. Payments Made Schedule E. Line 4 7. Loans Made Schedule H, Line 3 22. Cumulative Expenditures Made* 18335.33 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 (If Subject to Voluntary Expenditure Limit) 9. Accrued Expenses (Unpaid Bills)Schedule F, Line 3 Total to Date Date of Election (mm/dd/yy) 5203.00 10. Nonmonetary Adjustment Schedule C, Line 3 Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 To calculate Column B, add amounts in Column A to the 13. Cash Receipts Column A. Line 3 above corresponding amounts *Amounts in this section may be different from amounts 14. Miscellaneous Increases to Cash Schedule I, Line 4 from Column B of your last reported in Column B. 18335.33 report. Some amounts in 15. Cash Payments Column A, Line 8 above Column A may be negative 15670.61 figures that should be 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 subtracted from previous If this is a termination statement, Line 16 must be zero. period amounts. If this is the first report being filed for this calendar year, only 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ carry over the amounts from Lines 2, 7, and 9 (if Cash Equivalents and Outstanding Debts any). 18. Cash Equivalents See instructions on reverse FPPC Form 460 (January/05) 19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

ichedule A Monetary Contributions Received Type or print in ink. Amounts may be rounded to whole dollars.				Statement cov			SCHED		
		from1/1/22		CALIFORNIA 460					
EE INSTRUCTIONS ON REVERSE				through4/23/22		Page .	1	of	3
AME OF FILER						I.D. NU	MBER		
Brian One	to					14451	58		
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	AMOUNT RECEIVED THIS	CUMULATIVE TO CALENDAR Y			LECTION DATE	N

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
Brian Oneto Drytown, CA 95699	☑IND □COM □OTH □PTY □SCC		1000.00		
G & O Truck Parts Jackson,CA 95642	☐IND ☐COM ØOTH ☐PTY ☐SCC		1500.00		
Carol Sleeper Plymouth, CA 95669	☑IND □COM □OTH □PTY □SCC		100.00		
Dave Wardel Ione, CA 94640	☑IND □COM □OTH □PTY □SCC		300.00		
Susan Brown Carson, NV 89706	☑IND □COM □OTH □PTY □SCC		100.00		
	Brian Oneto Drytown, CA 95699 G & O Truck Parts Jackson, CA 95642 Carol Sleeper Plymouth, CA 95669 Dave Wardel lone, CA 94640 Susan Brown	Brian Oneto COM	Brian Oneto Drytown, CA 95699 G & O Truck Parts Jackson, CA 95642 Carol Sleeper Plymouth, CA 95669 Dave Wardel Ione, CA 94640 Carson, NV 89706 CODE * (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (IND COM OTH PITY (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (IND COM OTH PITY (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (IND COM OTH PITY (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (IND COM OTH PITY (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (IND COM OTH PITY (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (IND COM OTH PITY (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (IND COM OTH PITY (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (IND COM OTH PITY (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (IND COM OTH PITY (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (IND COM OTH PITY (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (IND COM OTH PITY (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (IND COM OTH PITY (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (IND COM OTH PITY (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (IND COM OTH PITY (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) (IND COM OTH PITY (IF SELF-EMPLOYED	CODE * C	Brian Oneto

Schedule A Summary

1. Amount received this period – itemized monetary contributions.

3. Total monetary contributions received this period. *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

FPPC Form 460 (January/05)

Schedule A (Continuation Sheet)

Type or print in ink.

⊿IND ПСОМ □ OTH

□PTY SCC

CMND □сом □OTH

□ PTY □ scc SCHEDULE A (CONT.)

Contributions Received			from1/1/	/22	Page _	2 of	
0					14451	58	
FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CALENDAR Y	EAR	TOI	ECTION DATE QUIRED)
Michael Preskar D.D.S. Ione, CA 95640	☑IND □COM □OTH □PTY □SCC		500.00				
Plymouth, CA 95669	CMCOMCOTHCOTY		100.00				
Scott's Appliance Repair Sutter Creek, CA 95685	□IND □COM □ØTH □PTY □SCC		150.00				
	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) MICHAEL Preskar D.D. S- Ione, CA 95640 Shelle Hajbritter Plymouth, CA 95669 Scott's Appliance Repair	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERILD, NUMBER) CONTRIBUTOR CODE * Michael Pres Kar D.D. 5- Indicated Pres Kar D.D. 5- Indicated Pres Kar D.D. 5- Shellie Hajbritter Plymouth, CA 95669 Scott & Appliance Repair CONTRIBUTOR CONTRIBUTOR CODE *	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTERNAME OF BUSINESS) MICHAEL Pres Kar D.D. 5- Tone, CA 95640 Shell le Hajbritter Plymouth, CA 95669 Scott's Appliance Repair [IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYED EMPLO	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * CODE * COLUPATION AND EMPLOYER RECEIVED THIS PERIOD MICHAEL Preskar D.D. 5. Indicated Preskar D.D. 5. Shellie Hajbritter Plymouth, CA 95669 Scott & Appliance Repair Indicated Preskar D.D. 5 Community	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * (IF COMMITTEE, ALSO ENTERLD, NUMBER) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * (IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER OCCUPATION OCCUP	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * CODE * OCCUPATION AND EMPLOYER (IF SCIENCE NAME) OF BUSINESS) MICHAEL Pres Kar D.D. 5- IND COM	FORM through 4/23/22 FORM through 4/23/22 FORM through 4/23/22 FORM Page 2 of I.D. NUMBER 1445158 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (CODE * OCCUPATION AND EMPLOYER (FELF-EMPLOYED, ENTERNAME OF BUSINESS) MICHAEL Pres Kar D.D. 5 OF BUSINESS FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * OCCUPATION AND EMPLOYER (FELF-EMPLOYED, ENTERNAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * OCCUPATION AND EMPLOYER (FELF-EMPLOYED, ENTERNAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * OCCUPATION AND EMPLOYER (FELF-EMPLOYED, ENTERNAME OF BUSINESS) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * OCCUPATION AND EMPLOYER (JAN. 1 - DEC. 31) FORM FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * OCCUPATION AND EMPLOYER (JAN. 1 - DEC. 31) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * OCCUPATION AND EMPLOYER (JAN. 1 - DEC. 31) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * OCCUPATION AND EMPLOYER (JAN. 1 - DEC. 31) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * OCCUPATION AND EMPLOYER (JAN. 1 - DEC. 31) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * OCCUPATION AND EMPLOYER (JAN. 1 - DEC. 31) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * OCCUPATION AND EMPLOYER (JAN. 1 - DEC. 31) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * OCCUPATION AND EMPLOYER (JAN. 1 - DEC. 31) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * OCCUPATION AND EMPLOYER (JAN. 1 - DEC. 31) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * OCCUPATION AND EMPLOYER (JAN. 1 - DEC. 31) FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE * OCCUPATION AND EMPLOYER (JAN. 1 - DEC. 31) FULL NAME, STREET ADDRESS AND ZIP CODE OF CODE

SUBTOTAL\$ 23	80.00	

100-00

1530.00

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

3/31/22 Janet Wardell

Jeanne, Deaver

OTH - Other (e.g., business entity)

PTY - Political Party

NAME OF FILER
Brian Oneto

Type or print in Ink.

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)
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s may be rounded whole dollars.	Statement covers period 1/1/22	CALIFORNIA 460		
	through4/23/22	Page 3 of 13		
		1.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, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
3 31 22	Pine Grove, CA 95665	☑IND □COM □OTH □PTY □SCC		250.00				
3/31/22	Volcano CA 95 689	COM COM OTH PTY		500.00				
4/3/22	Jone, CA 95640	☐MD ☐COM ☐OTH ☐PTY ☐SCC	l/	100,00				
4/4/22	Shingle Springs, CH 45682	☐ COM ☐ COTH ☐ PTY ☐ SCC		200.00				
4/4/22	Jan - Paul Sommes	☐ COM ☐ OTH ☐ PTY ☐ SCC		100.00				
	SUBTOTAL\$ 1/50.00							

*Contributor Codes

IND - Individuai

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in Ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (C	CONT.)
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CALIFORNIA 460

Statement covers period

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		to whole dollars.		from		FORM 400		
				through 4/2	23/22		4_ of 13_	
NAME OF FILER Brian Oneto						1.D. NUME 144515		
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
06/22	Plymouth CA 95669 Pacific Coast Horse choeing	DIND COM OTH PTY SCC		150.00				
4/06/22	Plymouth CA 95669 Denise Tober	DIND COM DOTH PTY SCC		500.00				
4/12/22	Denise tober Drytown, CA 95699 Robertson Ranches	DIND COM OTH PTY SCC		106.00			-	
4/12/22	Plymouth CA 95669	□IND □COM □YOTH □PTY □SCC		500.00				
4/12/22	Veer Kamp Engineering Placerville CA 95667	□IND □COM □OTH □PTY □SCC		500.00				
			SUBTOTAL	\$ 1750.00	PATTIENT.			

*Contributor Codes

IND - Individual

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(other than PTY or SCC)

OTH - Other (e.g., business entity)
PTY - Political Party

SCC - Small Contributor Committee

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.)				
Statement covers period from 1/1/22	CALIFORNIA 460				
through 4/23/22	Page 5 of 13				

I.D. NUMBER

Brian Oneto			37		1	144515	58
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 D CALENDAR YEA (JAN. 1 - DEC. 3	AR	PER ELECTION TO DATE (IF REQUIRED)
4/14/22	Plumouth CA 95669	☑IND □COM □OTH □PTY □SCC		100.00			
4/15/22	cole Bratton sackson CA 95642	□ZHÑD □COM □OTH □PTY □SCC		200.00			The state of the s
4/18/22	Dino Corove CA 95665	COM COM TH TY		500.00			
4/18/22	ann & John Green	COM COTH PTY		100.00			
4/18/22	a wan a Bark Qual Box Co.	☐IND ☐COM ☐OTH ☐PTY ☐SCC		100.00			
			SUBTOTAL	\$ 1000.00			

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IND ~ Individual

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Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE A (CONT.)					
Statement covers period 1/1/22	CALIFORNIA 460					
through4/23/22	Page 6 of 13					

NAME OF FILER Brian Oneto)					1.D. NUI 14451	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
4/18/22	Fiddletown, CA 95629	☑IND □COM □OTH □PTY □SCC		100.00			
4/22/22	church & Kelly Zaccaria	DÍÑD □COM □OTH □PTY □SCC		200.00			
4/19/22	J. E. & Carol Greene Pine Grove CA 95665	☐ COM ☐ COH ☐ PTY ☐ SCC	~	100,00			
High	Pine Grove, CH 95665	□ COM □ COM □ OTH □ PTY □ SCC		150.00			
4/19/22	2 22 - ALL MA 1000	□COM □COM □OTH □PTY □SCC		100.00			
			SUBTOTAL	\$ 650.00			

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(other than PTY or SCC)
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Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDUL	EA (CONT.)
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CALIFORNIA 460

Statement covers period

1/1/22

NAME OF FILER Brian Oneto)			through 4/2	3/22	Page	
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
4/21/22	Plymouth, CA 95669 Rick Vicini	☑IND □COM □OTH □PTY □SCC		200.00			
4/21/22	Plymouth CA95669 John & Janet Bergeron	COM COTH PTY SCC		100.00			1.
4/21/22	Pine Grove CA 95665 michael Lawson	☐ COM ☐ OTH ☐ PTY ☐ SCC	,	100.00			
4hihr	tone, CA 95640	DIND COM OTH PTY Scc		200.00			
4/22/22		□ MND □ COM □ OTH □ PTY □ SCC		200.00			
			SUBTOTAL	\$ 800.00	A THE STA		

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SCC - Small Contributor Committee

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in lnk.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

Statement covers period

1/1/22

			11	Irom			
				through	23/22		8 of 13
NAME OF FILER						I.D. NUM	
Brian Oneto			- F-1	·		144515	08
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
4/22/22	Braddmary Robertson Plymouth, CA 95669 Chery / Clark	☑IND □COM □OTH □PTY □SCC		200.00			
4/22/22	Ione CA95640	COM COM OTH PTY SCC		300.00			04-1/-1/
4/22/22	Jett Reed Modesto CA 95354	☐ COM ☐ COTH ☐ PTY ☐ SCC	3	100.00			
4/22/22	Modesto CA 95354 Peter Bambald, PoBox 41 Swtter Creek CA 95685	□#ND □COM □OTH □PTY □SCC		100.00			
4/22/22	- martact	□ COM □ OTH □ PTY □ SCC		150.00			
			SUBTOTAL	\$ 850,00			

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(other than PTY or SCC)

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Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A (CONT.)

CALIFORNIA

FORM

Statement covers period

1/1/22

				JN 1.		9 of 13	
NAME OF FILER						1.D. NUM	
Brian Oneto				T T		11101	
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 CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
4/22/22	Susan Slivick po Box 1466 Jackson CA 95640	☑IND □COM □OTH □PTY □SCC		100.00			
4/20/20	The state of the s	SCC		100.00			
4/22/22		□IND □COM □OTH □PTY □SCC	-	100.00			
4/22/22	Ray Stacey	☐TÑD ☐COM ☐OTH ☐PTY ☐SCC		100.00			
4/22/22	Ione CA 9564U RI Agri Consulting INC Fone CA 9564U	□IND □COM □OTH □PTY □SCC		100.00			
			SUBTOTAL	\$ 500.00			

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Type or print in Ink.

Amounts may be rounded to whole dollars.

SCHEDULE A	(CONT.)
CALIFORNIA A	60

FORM

Statement covers period

1/1/22

NAME OF FILER Brian Oneto				through 4/2	3/22	Page _/.	
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 CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Harla	Findel Lemaux Jone CA 95640	☑IND □COM □OTH □PTY □SCC		,00.00			
4/22/22	Chair Fusano	COM COTH PTY SCC		700.00			
4/22/22	Jackson CA 95642	□IND □COM □OTH □PTY □SCC		250.00			
4/22/22	Jackson, CA 95642	☐COM ☐OTH ☐PTY ☐SCC		100.00			
4/22/22	Plymouth CA 95669	COM COM DOTH PTY		500.00			
			SUBTOTAL	\$ 1650.00			

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NAME OF FILER

Type or print in Ink.

Amounts may be rounded to whole dollars.

		SCHEDULE A (CONT.)
Staten	nent covers period 1/1/22	CALIFORNIA 460
through_	4/23/22	Page 11 of 13
	A STATE OF THE STA	I.D. NUMBER

Brian Oneto	0				1445	158
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTERILD, 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)
4/22/22	Jone, CA 95640	☑IND □COM □OTH □PTY □SCC		200,00		
4/21/22	Park Town Con	□COM □OTH □PTY □SCC	*	100,00		
4/22/22	Jackson CA 95642	□ COM □ COM □ OTH □ PTY □ SCC	11	400.00		
4/22/22	Sparamento, CA	GHND COM OTH PTY		100.00		
4/22/22	Loyde Rose Oneto	□COM □COM □OTH □PTY □SCC		100.00		
			SUBTOTAL	\$ 900.00		

*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

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

		SCHEDULE A (CONT.)
Statem from	ent covers period 1/1/22	CALIFORNIA 460
through	4/23/22	Page 12 of 13
	·	I.D. NUMBER

Brian Onet					1445	158
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. 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)
4/2/2	Proneer, CH 93666	☑IND □COM □OTH □PTY □SCC		100.00		
4/22/22	anne & John Heissenbuttel	DIND COM OTH PTY SCC		150.00		
4/22/22	Ione CA 95640	☐MÓD ☐COM ☐OTH ☐PTY ☐SCC	,	200.00		
4/22/22	Frank moreno Plymouth CA 95669	☐#ND ☐COM ☐OTH ☐PTY ☐SCC		500.00		
4/22/22	Plymouth, CA 95669 Ruhard wagstaft Sutter Creek, CA 95685	COM COM OTH PTY		100.00		
			SUBTOTAL	\$ 1050.00		

*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

Type or print in ink. Amounts may be rounded

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CALIFORNIA AGO

Statement covers period

		to whole d	OHATS.	from 1/1	/22	FO	RM 400
				through4/2	23/22		13 of 13
NAME OF FILER Brian Oneto	1					1.D. NUM 14451	
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, ENTERNAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
4/22/22	Jan Bernedo BRAY Jackson CA 95642	☑IND □COM □OTH □PTY □SCC		100.00			
4/22/22	ply mouth Sand & Gravel Ply mouth, CA 95669	□IND □COM □OTH □PTY □SCC		1000.00			
		□IND □COM □OTH □PTY □SCC	4				
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
		□IND □COM □OTH □PTY □SCC					
			SUBTOTAL	\$1200.00		inc	

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)
OTH - Other (e.g., business entity)

PTY - Political Party

		F	:=t				SCHE	DULE B - PART
Schedule B – Part 1 Loans Received	Type or print in ink. Amounts may be rounded to whole dollars.				overs period 1/1/22	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through	4/23/22	Page1	of
NAME OF FILER							I.D. NUMBER	
Brian Oneto							1445158	
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PA OR FORGIVI THIS PERIO	EN CLOSE OF TH	PAID THIS	ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTION TO DATE
Brian & Janine Oneto	Rancher	7 511100		PAID				CALENDAR YEAR
Drytown, CA 95699				\$FORGIVEN	_ s	RATE %	\$	\$PER ELECTION
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		s	\$900.00	\$	DATE DUE	\$	3/10/22 DATE INCURRED	\$
Brian & Janine Oneto				PAID				CALENDAR YEAR
Drytown, CA 95699				\$FORGIVEN	. \$	RATE	\$	\$ PER ELECTION
[†] ☑ IND □ COM □ OTH □ PTY □ SCC		\$	\$_2600.00	\$	DATE DUE	_ \$	3/17/22 DATE INCURRED	\$
				PAID				CALENDAR YEAR
				\$FORGIVEN	_ s	RATE %	\$	\$ PER ELECTION
† IND COM OTH PTY SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
		SUBTOTALS	\$ 3500.00	\$	\$	\$		
Schedule B Summary						(Enter (e) on Schedule E, Line:	3)	
Loans received this period				\$	3500.0	00		
(Total Column (b) plus unitemized loan						_ (†Contributor Code	S
2. Loans paid or forgiven this period				\$_			IND Individual COM Recipient C	committee

*Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

Enter the net here and on the Summary Page, Column A, Line 2.

(Include loans paid by a third party that are also itemized on Schedule A.)

(Total Column (c) plus loans under \$100 paid or forgiven.)

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

(other than PTY or SCC)

OTH - Other (e.g., business entity)

SCC - Small Contributor Committee

PTY - Political Party

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period
from 1/1/22 CALIFORNIA 460

through 4/23/22 Page i of 5

I.D. NUMBER
1445158

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brian Oneto

Drian On	010						
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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	Campbell Construction General Engineering Sutter Creek CA 95685	□IND □COM □OTH □PTY □SCC		work/ materials value	750.00		
4/22/22	Fiddletown CA95624	□IND □COM □PTY □SCC		wine	240,00		
4/22/22	Plymouth CA 95669	□IND □COM □PTY □SCC		wine	240.00		
4/2/2	Balt CA 95632	☐IND ☐COM ☐OTH ☐PTY ☐SCC	3 10	Fishing	500.00		

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1730,00

1.	Amount received this period – itemized nonmonetary contributions.	\$ 5113.00
	(Include all Schedule C subtotals.)	\$ 11000
2	Amount received this period – unitemized nonmonetary contributions of less than \$100	s 90 00

 *Contributor Codes

IND-Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

Type or print in Ink.

Amounts may be rounded to whole dollars.

Statement covers period from 1/1/22 CALIFORNIA 460 FORM 4/23/22 Page 2 of 5

I.D. NUMBER 1445158

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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Brian One	eto .					1774	0100
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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEA (JAN 1 - DEC 31	TO DATE
4/22/22	10ne la 95640	□COM □COM □PTY □SCC		Raggle Prizes	#637,		
4/22/22	Parge Luekan	□COM □OTH □PTY □SCC	1	Paffle	# a30,		
4/22/80	Michelle Fargas Pine Grore, Ca. 95465	□COM □COM □OTH □PTY □SCC		Rafte	#280:		
4/22/88	Cole Zonton	□IND □COM □OTH □PTY □SCC		Reste	\$332.		
Attach ad	ditional information on appropriately labe	led continuat	ion sheets.	SUBTOTAL	\$1469.00		

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

 *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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 1/1/22 CALIFORNIA 460 FORM 4/23/22 through 4/23/22 Page 3 of 5

I.D. NUMBER 1445158

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brian Oneto

DATÉ 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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
	Poaring Camp Mining Co. Pine Grove, Ca. 95665	□IND □COM □OTH □PTY □SCC		Raffe	\$330.		
	Jim Eakin Fille town, a 95629	☐COM ☐OTH ☐PTY ☐SCC		Ressle	\$325.		
	Sulson, la 95642 Desse Garfinlel	□COM □OTH □PTY □SCC		Paffe	\$ 150.		
	Plymouth, Ca 957069	IND COM OTH PTY SCC		Ragh	# 250.		
Attach ad	ditional information on appropriately label	ed continuat	ion sheets.	SUBTOTAL	\$ 945.00		The state of

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

 *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

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period CALIFORNIA **FORM** I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1445188 Brian Oneto IF AN INDIVIDUAL, ENTER CUMULATIVE TO PER ELECTION FULL NAME, STREET ADDRESS AND AMOUNT/ CONTRIBUTOR DATE OCCUPATION AND EMPLOYER DESCRIPTION OF DATE ZIP CODE OF CONTRIBUTOR FAIR MARKET TO DATE CALENDAR YEAR RECEIVED CODE* GOODS OR SERVICES (IF SELF-EMPLOYED, ENTER (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) VALUE NAME OF BUSINESS) (JAN 1 - DEC 31) ✓ IND B300. Псом □отн PTY □ scc Псом \$150. **☑**OTH PTY □scc IND \$150. СОМ **⊿**отн PTY □ scc MIND \$125. Псом □ OTH □ PTY □ scc SUBTOTAL \$ 725,00 Attach additional information on appropriately labeled continuation sheets. Schedule C Summary *Contributor Codes IND - Individual Amount received this period – itemized nonmonetary contributions. COM - Recipient Committee (Include all Schedule C subtotals.).....\$ (other than PTY or SCC) OTH - Other (e.g., business entity) 2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$ PTY - Political Party SCC - Small Contributor Committee Total nonmonetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)......TOTAL \$ _

Amounts may be rounded to whole dollars.

SCHEDULE C Statement covers period CALIFORNIA **FORM** I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

1445158 Brian One to IF AN INDIVIDUAL, ENTER CUMULATIVE TO PER ELECTION FULL NAME, STREET ADDRESS AND AMOUNT/ DATE CONTRIBUTOR OCCUPATION AND EMPLOYER DESCRIPTION OF DATE TO DATE ZIP CODE OF CONTRIBUTOR FAIR MARKET CALENDAR YEAR RECEIVED CODE* GOODS OR SERVICES (IF SELF-EMPLOYED, ENTER (IF REQUIRED) VALUE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (JAN 1 - DEC 31) NAME OF BUSINESS) □ IND 244,00 □ COM **□Ø**TH □ PTY □ SCC □ COM □отн **□** PTY □ scc СОМ □ OTH □ PTY □ scc Псом □ OTH □ PTY □ scc SUBTOTAL \$ 244.00 Attach additional information on appropriately labeled continuation sheets.

Schedule	С	Summary	
----------	---	---------	--

Amount received this period – itemized nonmonetary contributions.	
(Include all Schedule C subtotals.)\$	

2. Amount received this period – unitemized nonmonetary contributions of less than \$100\$

3.	Total nonmonetary contributions received this period.
	(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)TOTAL \$

IND - Individual COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

*Contributor Codes

SCC - Small Contributor Committee

www.fppc.ca.gov

Schedule E	
Payments Ma	de

Brian Oneto

LП

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

			SCHEDULEE
Statement covers period		CALIFORNIA	160
from	1/1/22	FORM 4	400
through _	4/23/22	Page1	f_5
***************************************		I.D. NUMBER	
		1445158	

001 1501 11 55

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

LD. NUMBER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. MBR member communications RAD radio airtime and production costs campaign paraphernalia/misc. returned contributions campaign consultants meetings and appearances RFD campaign workers' salaries contribution (explain nonmonetary)* OFC office expenses SAL t.v. or cable airtime and production costs petition circulating TEL CVC civic donations PET candidate travel, lodging, and meals TRC FIL candidate filing/ballot fees PHO phone banks TRS staff/spouse travel, lodging, and meals fundraising events polling and survey research transfer between committees of the same candidate/sponsor postage, delivery and messenger services TSF ND independent expenditure supporting/opposing others (explain)* VOT voter registration professional services (legal, accounting) LEG

legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE O	DESCRIPTION OF PAYMENT	AMOUNT PAID
Amader Ledger print Jackson CA 115642	FND	Copies/Tickets	500.19
staples tackson CA 95642		Copies/INK	167.83
Amador Ladger Print Jackson CA 95642		Tickets	148.69

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

SUBTOTAL\$ 826.71

Schedule E Summary

SCHEDU	JEE	(CONT.
		- (001111

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

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

Statement covers period CALIFORNIA **FORM** 1/1/22 from 4/23/22 Page 2 through I.D. NUMBER 1445158

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Brian Oneto

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD., NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
amader Ledge Dispatch Jackson CA 95642		ads	306.00
Amador Ledger Print	cmp	8	150-85
Yolcano, Ca 95689	FMD		291,86
Dlymouth CA 95669	FND		148.34
Beth Sogaard Costering Plymonth, Ca 95669	FND		58 92.00

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

SUBTOTAL \$

Schedule E	
(Continuation §	Sheet)
Payments Made	Α.

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

SCHEDULE E (CONT.)

Statement covers period	CALIFORNIA 160
from1/1/22	FORM 400
through4/23/22	Page 3 of 5
	I.D. NUMBER
	1445158

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Brian Oneto

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. RAD radio airtime and production costs member communications OMP campaign paraphernalia/misc. returned contributions CNS campaign consultants MTG meetings and appearances campaign workers' salaries office expenses SAL OFC CTB contribution (explain nonmonetary)* t.v. or cable airtime and production costs TEL. petition circulating CVC clvic donations PET candidate travel, lodging, and meals phone banks TRC candidate fling/ballot fees PHO FIL staff/spouse travel, lodging, and meals TRS polling and survey research FND fundraising events POL transfer between committees of the same candidate/sponsor TSF independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services professional services (legal, accounting) VOT voter registration LEG legal defense WEB information technology costs (Internet, e-mall) campaign literature and mailings PRT print ads

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE C	DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Jackson CA95642	Pos		174,00
Amador Count Elector Dept Jackson CA95642			350.00
Jackson CA 95642	Pos		.638.00
Sharleen Schulling Ripon CA 95366		Flyers	2001,26
Amador Ledger Dispatch Jackson CA 95642	PAT	=	153.00

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

SUBTOTAL \$ 3316,26

Schedule E	
(Continuation	Sheet)
Daymanta Mac	4-

Type or print in Ink.

Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period CALIFORNIA FORM 1/1/22 from. Payments Made 4/23/22 Page 4 of through. SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF FILER 1445158 **Brian Oneto**

COD	ES: If one of the following codes accurately describes	the	payment, ye	ou may e	enter the code.	Otherwise,	describe the payment.	
	campaign paraphernalla/misc.	MBR	member come			RAD	radio airtime and production costs	
CNS	campaign consultants	MTG	meetings and	d appearan	ces	RFD	returned contributions	
	contribution (explain nonmonetary)*	OFC	office expens	ses		SAL	campaign workers' salaries	
		PET	petition circul	lating		TEL	t.v. or cable airtime and production cost	\$
FIL	candidate filing/ballot fees	PHO	phone banks			TRC	candidate travel, lodging, and meals	
FND	fundraising events	POŁ	polling and s			TRS	staff/spouse travel, lodging, and meals	
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, deli	ivery and n	nessenger services	TSF	transfer between committees of the sai	me candidate/sponsor
LEG	legal defense	PRO	professional	services (I	egal, accounting)	VOT	voter registration	
LIT	campaign literature and mailings	PRT	print ads			WEB	information technology costs (internet,	e-mail)
	NAME AND ADDRESS OF PAYEE			CODE	OR	DESCRIPTIO	ON OF PAYMENT	AMOUNT PAID

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
26th District Ag Assoc. Plymouth CA 95669	FND		1700.00
Richard Gorreman Jenks, OK 74037		social media	500.00
WIXS	Web	New Website Host	291.60
Amador Ledger Dispatch sackson CA 95642	FNA	*	153,00
Merzlak Signs Jackson CA95642	стр		210.11

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

SUBTOTAL \$ 2782,7

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

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

Statement covers period CALIFORNIA 460 **FORM** 1/1/22 from 4/23/22 through. I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 1445158 **Brian Oneto**

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. radio airtime and production costs member communications campaign paraphemalia/misc. returned contributions MTG meetings and appearances CNS campaign consultants campaign workers' salarles SAL office expenses contribution (explain nonmonetary)* OFC CTB t.v. or cable airtime and production costs TEL. PET petition circulating CVC civic donations candidate travel, lodging, and meals TRC PHO phone banks candidate fling/ballot fees FIL staff/spouse travel, lodging, and meals TRS polling and survey research POL FND fundralsing events transfer between committees of the same candidate/sponsor TSF POS postage, delivery and messenger services independent expenditure supporting/opposing others (explain)* ND VOT voter registration professional services (legal, accounting) PRO LEG legal defense WEB information technology costs (Internet, e-mail) campaign literature and mailings PRT print ads AMOUNT PAID NAME AND ADDRESS OF PAYEE OR DESCRIPTION OF PAYMENT CODE (IF COMMITTEE, ALSO ENTER I.Q. NUMBER) Amador Ledger Disputch 267.75 PRT Jackson CA 95642 Richard Gorreman

Web 1000.00 Jenks, OK 74037 Staples 183.19 OFC Jackson CA 95642 capital Promotions SLANS 290,00

Glenside, PA 19038 photo Farrel Photography

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

actison, Ca. 95642

SUBTOTAL \$ 2790,94

450.00