

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

<p>RECEIVED</p> <p>AUG 02 2011</p> <p>CITY CLERK CITY OF RANCHO CUCAMONGA</p>	Date Stamp	<p>CALIFORNIA 2001/02 FORM</p>	<p>460</p>
		Page <u>1</u> of <u>4</u>	
		For Official Use Only	

Statement covers period
from 01/01/2010
through 06/30/2010

Date of election if applicable:
(Month, Day, Year)
11/02/2010

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
<i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
<i>(Also Complete Part 5)</i> |
| <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
<i>(Also Complete Part 7)</i> |

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1266387

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
L. DENNIS MICHAEL FOR RANCHO CUCAMONGA CITY COUNCIL

STREET ADDRESS (NO P.O. BOX)
8320 CAMINO SUR

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>RANCHO CUCAMONGA</u>	<u>CA</u>	<u>91730</u>	<u>909-982-8919</u>

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
J.M. OLCHAWA

MAILING ADDRESS
11773 ARLISS DELL

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>GRAND TERRACE</u>	<u>CA</u>	<u>92313</u>	<u>909-825-6899</u>

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

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 7/28/10
Date

Executed on 7-31-10
Date

Executed on _____
Date

Executed on _____
Date

By J.M. Olchawa
Signature of Treasurer or Assistant Treasurer

By L. Dennis Michael
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

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: L. DENNIS MICHAEL
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): RANCHO CUCAMONGA CITY COUNCIL
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP: 8320 CAMINO SUR R. CUCAMONGA, CA 91730

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: L. DENNIS MICHAEL FOR MAYOR I.D. NUMBER: 1323223
NAME OF TREASURER: J.M. OLCHAWA CONTROLLED COMMITTEE? [X] YES [] NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX): 11773 ARLISS DELL
CITY STATE ZIP CODE AREA CODE/PHONE: GRAND TERRACE CA 91313 909-825-6899

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE
BALLOT NO. OR LETTER JURISDICTION [] SUPPORT [] OPPOSE
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

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 [] SUPPORT [] OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD [] SUPPORT [] OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD [] SUPPORT [] OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD [] SUPPORT [] 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>01/01/2010</u> through <u>06/30/2010</u>	CALIFORNIA FORM 460
	Page <u>3</u> of <u>4</u>
	I.D. NUMBER 1266387

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

L. DENNIS MICHAEL

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
2. Loans Received Schedule B, Line 3	\$ <u>15000.00</u>	\$ <u>15000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>15000.00</u>	\$ <u>15000.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>15000.00</u>	\$ <u>15000.00</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 TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>0.00</u>	\$ <u>0.00</u>
7. Loans Made Schedule H, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>0.00</u>	\$ <u>0.00</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>0.00</u>	\$ <u>0.00</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 Previous Summary Page, Line 16	\$ <u>16369.35</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>0.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0.00</u>
15. Cash Payments Column A, Line 8 above	\$ <u>15000.00</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1369.35</u>

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0.00</u>
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ <u>0.00</u>
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>0.00</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.

**Schedule H
Loans Made to Others***

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

Statement covers period from <u>01/01/2010</u> through <u>06/30/2010</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

L. DENNIS MICHAEL

I.D. NUMBER

1266387

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (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 LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
L. DENNIS MICHAEL FOR MAJOR COMMITTEE # 1323223 8320 CAMINO SUR RANCHO CUCAMONGA, CA 91730		\$ 0.00	\$ 15000.00	<input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 15000.00 DATE DUE	0.00% RATE \$ 0.00	\$ 15000.00 05/25/10 DATE INCURRED	CALENDAR YEAR \$ 15000.00 PER ELECTION** \$
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS		\$	\$	\$	\$	

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period (Total Column (b) plus unitemized loans of less than \$100.)	\$ 15000.00
2. Payments received on loans (Total Column (c) plus unitemized payments of less than \$100.)	\$ 00.00
3. Net change this period. (Subtract Line 2 from Line 1.) (Enter the net here and on the Summary Page, Column A, Line 7.)	NET \$ 15000.00 <small>(May be a negative number)</small>

****If Required**