

**Officeholder and Candidate  
Campaign Statement –  
Short Form**

(Government Code Section 84206)

Type or print in ink.

SHORT FORM

CALIFORNIA FORM 470

For Official Use Only

Date of election if applicable:  
(Month, Day, Year)

11/4/08

Amendment (Explain Below)

\_\_\_\_\_  
\_\_\_\_\_

Date Stamp

RECEIVED

OCT 06 2008

CITY OF RANCHO CUCAMONGA  
CITY CLERK

1. Statement Covers Calendar Year 20 08.

**2. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE

SCHIAVONE, FRANK

STREET ADDRESS

8060 CRESTVIEW COURT

CITY

STATE

ZIP CODE

RANCHO CUCAMONGA, CA 91701

AREA CODE/DAYTIME PHONE NUMBER

OPTIONAL: FAX/E-MAIL ADDRESS

(909) 987-6805

FSCHIAVONE@VERIZON.NET

**3. Office Sought or Held**

OFFICE SOUGHT OR HELD

CITY COUNCIL

JURISDICTION (LOCATION)

CITY OF RANCHO CUCAMONGA

DISTRICT NUMBER  
(IF APPLICABLE)

**4. Committee Information**

List all committees of which you have knowledge that are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME AND I.D. NUMBER	COMMITTEE ADDRESS	NAME OF TREASURER
<u>NONE</u>		

**5. Verification**

I declare under penalty of perjury that to the best of my knowledge I anticipate that I will receive less than \$1,000 and that I will spend less than \$1,000 during the calendar year and that I have used all reasonable diligence in preparing this statement. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on OCT 6, 2008  
DATE

By Frank Schiavone  
SIGNATURE OF OFFICEHOLDER OR CANDIDATE

**Officeholder and Candidate  
Campaign Statement  
Form 470 Supplement**  
(Government Code Section 84206)

Type or print in ink.

FORM 470 SUPPLEMENT

<input type="checkbox"/> <b>Amendment</b> (Explain Below)  _____  _____	Date Stamp	<b>CALIFORNIA FORM 470 SUPPLEMENT</b>
		For Official Use Only

SEE INSTRUCTIONS ON REVERSE

This form is written notification that the officeholder/candidate listed below has received contributions totaling \$1,000 or more or has made expenditures of \$1,000 or more during the calendar year.

**1. Officeholder or Candidate Information**

NAME OF OFFICEHOLDER OR CANDIDATE  
SCHIAVONE, FRANK

STREET ADDRESS  
8060 CRESTVIEW COURT

CITY STATE ZIP CODE  
RANCHO CUCAMONGA, CA. 91701

AREA CODE/DAYTIME PHONE NUMBER OPTIONAL: FAX / E-MAIL ADDRESS  
(909) 987-6805 FSCHIAVONE@VERIZON.NET

**2. Office Sought**

OFFICE SOUGHT DISTRICT NUMBER (IF APPLICABLE)  
RANCHO CUCAMONGA CITY COUNCIL

DATE OF ELECTION (MONTH, DAY, YEAR)  
11-4-08

**3. Date Contributions Totaling \$1,000 or More Were Received or Date Expenditures of \$1,000 or More Were Made**

I HAVE NOT SOLICITED OR RECEIVED ANY CONTRIBUTIONS.  
(MONTH, DAY, YEAR)  
I HAVE NOT EXPENDED MORE THAN \$1,000.

*Frank Schiavone*