

**Recipient Committee
Campaign Statement
Cover Page**

Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

RECEIVED OCT 06 2008 CITY OF RANCHO CUCAMONGA CITY CLERK	CALIFORNIA 2001/02 FORM 460
	Page <u>1</u> of <u>6</u> For Official Use Only

Statement covers period from <u>07/01/08</u> through <u>09/30/08</u>	Date of election if applicable: (Month, Day, Year) <u>November 4, 2008</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
(Also Complete Part 5)

<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"/> Ballot Measure Committee
<input type="checkbox"/> Primarily Formed
<input type="checkbox"/> Controlled
<input type="checkbox"/> Sponsored
(Also Complete Part 6)

<input type="checkbox"/> Primarily Formed Candidate/
Officeholder Committee
(Also Complete Part 7) |
|--|---|

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER
1310854

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

JIM FROST CAMPAIGN COMMITTEE

STREET ADDRESS (NO P.O. BOX)

12996 VICTORIA STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE
RANCHO CUCAMONGA	CA	91739	909-899-1127

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

rancho_cucamonga_treasurer@hotmail.com

Treasurer(s)

NAME OF TREASURER

JAMES C. FROST

MAILING ADDRESS

12996 VICTORIA STREET

CITY	STATE	ZIP CODE	AREA CODE/PHONE
RANCHO CUCAMONGA	CA	91739	909-899-1127

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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.

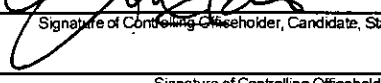
Executed on 10/6/08
Date

Executed on 10/6/08
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

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 6

i. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
JAMES C. FROST
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
RANCHO CUCAMONGA CITY TREASURER
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
12996 VICTORIA STREET, RANCHO CUCAMONGA, CA 91739

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.

Table with 2 columns: Committee Name, I.D. Number, Name of Treasurer, Controlled Committee?, Committee Address, Street Address, City, State, Zip Code, Area Code/Phone.

6. Ballot Measure Committee

NAME OF BALLOT MEASURE
BALLOT NO. OR LETTER JURISDICTION
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 Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

Table with 3 columns: Name of Officeholder or Candidate, Office Sought or Held, Support/Oppose checkboxes.

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>07/01/08</u>	CALIFORNIA FORM 460
through <u>09/30/08</u>	
Page <u>3</u> of <u>6</u>	I.D. NUMBER <u>1310854</u>

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

JIM FROST CAMPAIGN COMMITTEE

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>1250.00</u>	\$ <u>1250.00</u>
2. Loans Received Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>1250.00</u>	\$ <u>1250.00</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>1250.00</u>	\$ <u>1250.00</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	\$ <u>1250.00</u>	\$ <u>1250.00</u>
21. Expenditures Made	\$ <u>0.00</u>	\$ <u>0.00</u>

Expenditures Made

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Payments Made Schedule E, Line 4	\$ _____	\$ _____
2. Loans Made Schedule H, Line 3		
3. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ _____	\$ _____
4. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ <u>2981.04</u>	\$ <u>2981.04</u>
5. Nonmonetary Adjustment Schedule C, Line 3		
6. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>2981.04</u>	\$ <u>2981.04</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

2. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>0.00</u>
3. Cash Receipts Column A, Line 3 above	\$ <u>1250.00</u>
4. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>0.00</u>
5. Cash Payments Column A, Line 8 above	\$ <u>0.00</u>
6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1250.00</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).

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

7. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ _____

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>3541.04</u>

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>07/01/08</u> through <u>09/30/08</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JIM FROST CAMPAIGN COMMITTEE

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)
8/22/08	Cole and Tracy Burr 35560 De Portola Road Temecula, CA 92592	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Burrtec Waste Industries	500.00	500.00	500.00
8/20/08	Paul Biane For Supervisor 30151 Tomas Rancho Santa margarita, CA 92688	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00
9/25/08	Rancho Cucamonga Professional Firefighters Assn PAC P.O. Box 8491 Rancho Cucamonga, CA 91701	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 1250.

Schedule A Summary

Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ 1250.00
Amount received this period – unitemized contributions of less than \$100	\$ 0.00
Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$ 1250.00

*Contributor Codes
IND – Individual
COM – Recipient Committee
(other than PTY or SCC)
OTH – Other
PTY – Political Party
SCC – Small Contributor Committee

**Schedule B - Part 1
Loans Received**

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

Statement covers period from <u>07/01/08</u> through <u>09/30/08</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

JIM FROST CAMPAIGN COMMITTEE

I.D. NUMBER

1310854

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 PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
JIM & GWYN FROST 12996 VICTORIA STREET RANCHO CUCAMONGA, CA 91739 <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CITY TREASURER	\$ 250.	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ 250. DATE DUE	% RATE \$	\$ 250.00 DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** 250. \$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$ DATE DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$
SUBTOTALS \$					\$ 250.00 \$			

Schedule B Summary

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

1. Loans received this period (Total Column (b) plus unitemized loans less than \$100.)	\$ 0
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)	\$ 0
3. Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2.	NET \$ 0.00 (May be a negative number)

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

** If required.

† Contributor Codes

IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

**Schedule F
Accrued Expenses (Unpaid Bills)**

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

Statement covers period from <u>07/01/08</u> through <u>09/30/08</u>	CALIFORNIA FORM 460
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
JIM & GWYN FROST 12996 VICTORIA STREET RANCHO CUCAMONGA, CA 91739	FIL	560.00	2930.00	0	3490.00	
JIM & GWYN FROST 12996 VICTORIA STREET RANCHO CUCAMONGA, CA 91739	OFC		51.04	0	51.04	
Payments that are contributions or independent expenditures must also be summarized on Schedule D.						
		SUBTOTALS \$	560.00 \$	2981.04 \$	0 \$	3541.04

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	INCURRED TOTALS \$	2981.04
2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	PAID TOTALS \$	0
3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)	NET \$	2981.04

May be a negative number