

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01-01-09
through 06-30-09

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

Date Stamp
RECEIVE
JUL 30 2009
CITY CLERK
CITY OF RANCHO CUCAMONGA

CALIFORNIA
2001/02
FORM
460

Page 1 of 9
For Official Use Only

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

- Officeholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- 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 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Friends of Diane Williams

I.D. NUMBER
902332

Treasurer(s)

NAME OF TREASURER
Paul C. Williams

MAILING ADDRESS
7251 Amethyst Avenue

STREET ADDRESS (NO P.O. BOX)
7251 Amethyst Avenue

CITY Rancho Cucamonga STATE CA ZIP CODE 91701 AREA CODE/PHONE 909-980-6336

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

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

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 7-30-09 Date
By Paul C. Williams Signature of Treasurer or Assistant Treasurer

Executed on 7-30-09 Date
By Diane Williams Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Diane Williams

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member - City of Rancho Cucamonga

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
7251 Arnehyst Avenue Rancho Cucamonga, CA 91701

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	
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	
CITY STATE ZIP CODE AREA CODE/PHONE	

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 <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

CALIFORNIA FORM 460

Statement covers period from 01-01-09 through 06-30-09

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I.D. NUMBER 902332

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Diane Williams

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ -0-	\$ -0-
2. Loans Received	Schedule B, Line 3 -0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ -0-	\$ -0-
4. Nonmonetary Contributions	Schedule C, Line 3 -0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ -0-	\$ -0-

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 1,800	\$ 1,800
7. Loans Made	Schedule H, Line 3 -0-	-0-
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 1,800	\$ 1,800
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 -0-	-0-
10. Nonmonetary Adjustment	Schedule C, Line 3 -0-	-0-
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 1,800	\$ 1,800

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 26,994	
13. Cash Receipts	Column A, Line 3 above -0-	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 -0-	
15. Cash Payments	Column A, Line 8 above 1,800	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 25,194	

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ -0-

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ -0-

19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ -0-

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

20. Contributions Received 1/1 through 6/30 7/1 to Date \$ \$

21. Expenditures Made \$ \$

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
\$ \$

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

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).

Schedule A Monetary Contributions Received

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Diane Williams

Statement covers period
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through 06-30-09

CALIFORNIA
FORM 460

SCHEDULE A

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I.D. NUMBER
902332

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)
		<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				
		<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 \$				-0-		

Schedule A Summary

- Amount received this period – itemized monetary contributions:
(Include all Schedule A subtotals.) \$ -0-
- Amount received this period – unitemized monetary contributions of less than \$100 \$ -0-
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** -0-

*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 B - Part 1
Loans Received**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Diane Williams
I.D. NUMBER: 902332

Statement covers period
from 01-01-09 through 06-30-09
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FILER TYPE <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD (a)	AMOUNT RECEIVED THIS PERIOD (b)	AMOUNT PAID OR FORGIVEN THIS PERIOD* (c)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD (d)	INTEREST PAID THIS PERIOD (e)	ORIGINAL AMOUNT OF LOAN (f)	CALENDAR YEAR CONTRIBUTIONS TO DATE (g)
<input type="checkbox"/> IND	Paul C. Williams 7251 Amethyst Avenue Rancho Cucamonga, CA 91701	Retired	\$ 35,000	\$ -0-	<input type="checkbox"/> PAID -0- <input type="checkbox"/> FORGIVEN -0-	\$ -0-	%	\$ 35,000 09/06	CALENDAR YEAR -0- PER ELECTION**
<input type="checkbox"/> IND			\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$	%	\$	CALENDAR YEAR PER ELECTION**
<input type="checkbox"/> IND			\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$	%	\$	CALENDAR YEAR PER ELECTION**
SUBTOTALS \$			\$	\$	\$	\$	\$	\$	\$

Schedule B Summary

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

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

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

Schedule C Nonmonetary Contributions Received

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

Statement covers period
from 01-01-09
through 06-30-09

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CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Diane Williams

I.D. NUMBER: 902332

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)
		<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					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
SUBTOTAL \$					-0-		

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ -0-
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ -0-
- 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 \$** -0-

*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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Diane Williams

Statement covers period from 01-01-09 through 06-30-09	I.D. NUMBER 902332
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CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- | | | |
|---|---|---|
| OMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | REF returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | FET petition circulating | TEL tv. or cable airtime and production costs |
| FL 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 |
| LT 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
Verizon Wireless P.O. Box 96083 Bellevue, WA	PHO		600
Los Osos Booster Club 6001 Milliken Avenue Rancho Cucamonga, CA	CVC		50
Garden Arbor View School 1530 N. San Antonio Upland, CA	CVC		150
SUBTOTAL \$			800

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 1,600
- Unitemized payments made this period of under \$100 \$ 200
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ -0-
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 1,800**

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

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

SCHEDULE E (CONT)

**CALIFORNIA
FORM 460**

Statement covers period
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Diane Williams

I.D. NUMBER
902332

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

- OMP** 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
- LT** campaign literature and mailings
- MBR** member communications
- MTG** meetings and appearances
- OFC** office expenses
- FET** petition circulating
- FHO** 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
- RPD** 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 I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Inland Empire Academy of Arts 9480 Ulita Ave. Rancho Cucamonga, CA	CVC		League of California Cities PAC	400
CHIPAC 1400 K Street Sacramento, CA				150
Rancho Cucamonga YMCA 11200 Base Line Road Rancho Cucamonga, CA	CVC			250

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

SUBTOTAL \$ 800

