

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
FORM

460

Page 1 of 10
FEB 20 2010
Only

SEE INSTRUCTIONS ON REVERSE

Date Stamp

Statement covers period
from 07-01-09
through 12-31-09

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

CITY OF RANCHO CUCAMONGA
CITY CLERK

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

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

OPTIONAL: FAX / E-MAIL ADDRESS

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 01-31-2010 Date
Executed on 01-31-2010 Date
Executed on _____ Date
Executed on _____ Date

By *Paul C. Williams*
Signature of Treasurer or Assistant Treasurer

By *Diane Williams*
Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By _____
Signature of Controlling Officer/holder, Candidate, State Measure Proponent

By _____
Signature of Controlling Officer/holder, 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 Amethyst 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 | STREET ADDRESS (NO P.O. BOX) |
| 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 | STREET ADDRESS (NO P.O. BOX) |
| 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 | <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 |
| 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 07-01-09
through 12-31-09

Page 3 of 10

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Diane Williams

I.D. NUMBER

902332

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------------|------------------------------------------------------------|--------------------------------------------|
| 1. Monetary Contributions | Schedule A, Line 3 \$ 9,638 | \$ 9,638 |
| 2. Loans Received | Schedule B, Line 3 -0- | -0- |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 \$ 9,638 | \$ 9,638 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 91 | 91 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 \$ 9,729 | \$ 9,729 |

Expenditures Made

| | | |
|------------------------------------------|-------------------------------|----------|
| 6. Payments Made | Schedule E, Line 4 \$ 4,173 | \$ 5,873 |
| 7. Loans Made | Schedule H, Line 3 -0- | -0- |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 \$ 4,173 | \$ 5,873 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 -0- | -0- |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 \$ 4,173 | \$ 5,873 |

Current Cash Statement

| | |
|-------------------------------------------|---------------------------------------------------------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 \$ 26,994 |
| 13. Cash Receipts | Column A, Line 3 above 9,638 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 -0- |
| 15. Cash Payments | Column A, Line 8 above 4,173 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 \$ 32,459 |

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

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____

21. Expenditures Made \$ _____

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If subject to Voluntary Expenditure Limit)

Date of Election _____ Total to Date _____
(mm/dd/yy) _____ \$ _____

_____ \$ _____

*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
from 07-01-09
through 12-31-09

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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) |
|--------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------|------------------------------------|
| 08-21-09 | Joe and Betty Avakian 9405 Avenida Altura Bella Cherry Valley, CA | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Waste Mgmt Business | 200 | 200 | |
| 08-20-09 | Pierre Biane 6 Gooseneck Road Rancho Cucamonga, CA | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Farmer | 1,000 | 1,000 | |
| 08-26-09 | F.J. Hanshaw 10921 Westminster Ave. Garden Grove, CA | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Property Mgmt | 1,000 | 1,000 | |
| 08-27-09 | Lewis Pacific Partners 1156 N. Mountain Ave Upland, CA | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Developer | 500 | 500 | |
| 09-09-09 | Robert and Pat Curtis 9171 Camellia Ct. Rancho Cucamonga, CA | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 200 | 200 | |
| SUBTOTAL \$ | | | | 2,900 | | |

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 8,748

2. Amount received this period - unitemized monetary contributions of less than \$100 \$ 892

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 9,638

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

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period
from 07-01-09
through 12-31-09

CALIFORNIA
FORM **460**

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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) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|--------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------|---------------------------------------|
| 09-09-09 | Robert J. Meuting 31591 Camino Capistrano San Juan Capistrano | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RJM Design | 100 | 100 | |
| 09-09-09 | Larry Ryan 31591 Camino Capistrano San Juan Capistrano | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | RJM Design | 100 | 100 | |
| 09-09-09 | Pitassi Architects, Inc. 8439 White Oak Ave. Rancho Cucamonga, CA | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Architectural Business | 1,000 | 1,000 | |
| 09-09-09 | Cucamonga 220, LLP 16830 Ventura Blvd. Encino, CA | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate | 1,000 | 1,000 | |
| 09-09-09 | Workforce Homebuilders 8300 Utica Ave. Rancho Cucamonga, CA | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Workforce Housing | 200 | 200 | |
| SUBTOTAL \$ | | | | 2,400 | | |

*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 A (Continuation Sheet) Monetary Contributions Received

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

| 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) |
|--------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------------------|------------------------------------|
| 09-09-09 | Safety Employees Benefit Assn. (SEBA) 735 E. Carnegie Dr. San Bernardino, CA 92408 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 2,500 | 2,500 | |
| 09-09-09 | RC 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 | 250 | |
| 11-04-09 | Don Kurth for Mayor, I.D. 30151 Thomas 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 | 500 | |
| 11-30-09 | John and Kay Melcher 6779 Treeline Pl Rancho Cucamonga, CA 91701 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Architect STV Inc. | 198 | 198 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL \$ | | | | 3,448 | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
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.

SCHEDULE B - PART 1

Statement covers period
from 07-01-09
through 12-31-09

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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Diane Williams

I.D. NUMBER
902332

| IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | IF COMMITTEE, ALSO ENTER (I.D. NUMBER) | FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER | (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 |
|-----------------------------------------------------------------------------------------------------|----------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------------------|--------------------------------------|-----------------------------------------------|
| Retired | | Paul C. Williams 7251 Amethyst Avenue Rancho Cucamonga, CA91701 | \$ 35,000 | \$ -0- | <input type="checkbox"/> PAID \$ -0- <input type="checkbox"/> FORGIVEN | \$ 35,000 | % RATE | \$ 35,000 | CALENDAR YEAR \$ -0- PER ELECTION** |
| | | | \$ | \$ -0- | <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN | n/a | % RATE | 09/06 | CALENDAR YEAR \$ PER ELECTION** |
| | | | \$ | \$ | <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN | | % RATE | | CALENDAR YEAR \$ PER ELECTION** |
| | | | \$ | \$ | <input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN | | % RATE | | CALENDAR YEAR \$ PER ELECTION** |

SUBTOTALS \$ \$ \$ \$ \$ \$

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

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
(other than PTY or SCC)
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 07-01-09
through 12-31-09

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period – itemized nonmonetary contributions.
(Include all Schedule C subtotals.) \$ 91
- Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 91
- 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 \$** 91

*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.

Statement covers period
from 07-01-09
through 12-31-09

SEE INSTRUCTIONS ON REVERSE

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NAME OF FILER

I.D. NUMBER

Diane Williams

902332

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

| | | | | | |
|-----|---------------------------------------------------------------|-----|-------------------------------------------|-----|-----------------------------------------------------------|
| CXP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | 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 |
| Phil Williams P.O. Box 8172 Rancho Cucamonga, CA 91701 | OFC | | Computer System | 1664 |
| Impressions Catering 1719 S. Grove Ave Ontario, CA 91761 | FND | | | 381 |

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

SUBTOTAL \$ 2,515

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 3,995
- Unitemized payments made this period of under \$100 \$ 178
- 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 \$ 4,173

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

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

SCHEDULE E (CONT.)

Statement covers period
from 07-01-09
through 12-31-09

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**CALIFORNIA 460
FORM**

I.D. NUMBER
902332

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Diane Williams

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

- | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> CVP 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 LIT campaign literature and mailings | <ul style="list-style-type: none"> MBR member communications MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads | <ul style="list-style-type: none"> RAD radio airtime and production costs RFD 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 |
|-------------------------------------------------------------------------------------|---------|------------------------|-------------|
| Rotary Club of Rancho Cucamonga P.O. Box 1646 Rancho Cucamonga, CA 91729 | CVC | | 425 |
| Four Points by Sheraton Hotel 11960 Foothill Blvd. Rancho Cucamonga, CA 91730 | FND | | 700 |
| Xpedx Paper Store P.8780 Central Ave. Montclair, CA 91763 | FND | | 129 |
| USPS Rancho Cucamonga, CA 91730 | POS | | 132 |
| Costco Wholesale 11800 4th Street Rancho Cucamonga, CA | FND | | 94 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 1480**