

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

CALIFORNIA FORM 460

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For Official Use Only

Type or print in ink

Statement covers period from JAN. 1, 2007 through JUN. 30, 2007

Date of election if applicable (Month, Day Year) CITY OF PALM SPRINGS CITY CLERK

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee - 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 Candidate/Officeholder Committee (Also Complete Part 7)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement

- Pre-election Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

IO 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 SUL

CITY RANCHO CUCAMONGA, CA. 91730 STATE CA. ZIP CODE 909-982-8919 AREA CODE/PHONE

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
DR. REGINA S. HOLZ

MAILING ADDRESS
7365 CARNELIAN ST. SUITE 101

CITY RANCHO CUCAMONGA, CA. STATE CA. ZIP CODE 91730 AREA CODE/PHONE 909-984-5054

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 1-30-07 Date
By [Signature]

Executed on 1-30-07 Date
By [Signature]

Executed on _____ Date
By _____

Executed on _____ Date
By _____

Type or print in Ink

COVER PAGE - PART 2

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)
Councilmember, City of Rancho Cucamonga
RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP
8320 Camino Sur Rancho 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	ID 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	ID 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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 **460**
FORM

Statement covers period
from JAN 1, 2007
through JUN 30, 2007

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
L. DENNIS MICHAEL

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ID NUMBER
1266387

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>26,075.00</u>	\$ <u>26,075.00</u>
2 Loans Received	Schedule B, Line 3 <u>0</u>	<u>0</u>
3 SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>26,075.00</u>	\$ <u>26,075.00</u>
4 Nonmonetary Contributions	Schedule C, Line 3 <u>0</u>	<u>0</u>
5 TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>26,075.00</u>	\$ <u>26,075.00</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

6 Payments Made	Schedule E, Line 4 \$ <u>0</u>	\$ <u>0</u>
7 Loans Made	Schedule H, Line 3 <u>0</u>	<u>0</u>
8 SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>0</u>	\$ <u>0</u>
9 Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 <u>0</u>	<u>0</u>
10 Nonmonetary Adjustment	Schedule C, Line 3 <u>0</u>	<u>0</u>
11 TOTALEXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>0</u>	\$ <u>0</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>8,546.31</u>
13 Cash Receipts	Column A, Line 3 above <u>26,075.00</u>
14 Miscellaneous Increases to Cash	Schedule I, Line 4 <u>0</u>
15 Cash Payments	Column A, Line 8 above <u>34,621.31</u>
16 ENDING CASH BALANCE	Add Lines 12 + 13 + 14 then subtract Line 15 \$ <u>0</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).

17 LOAN GUARANTEES RECEIVED

Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

18 Cash Equivalents	See instructions on reverse \$ <u>0</u>
19 Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ <u>0</u>

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

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)
6/9/07	SAFETY EMPLOYEES BENEFIT LOCAL PACT VICTIMS ASSOC. 735 E. CAHILL DR. STE. 125 SAN BRUNO, CA. 94068	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> SCC		7,500.00		
6/12/07	PAUL SCHLICK 683 VALPARAISO CLAREMONT, CA. 91711	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	54 TOWING SERVICES INC.	300.00		
6/12/07	FITTANTE & SON 5919 BURGUNDY ALTA LOMA, CA. 91737	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LANDSCAPE CONTRACTOR	500.00		
6/12/07	PACIFIC CREST COMMUNITIES INC 11080 EMM AVE. RANCHO CUCAMONGA, CA. 91730	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		
6/12/07	HART PAK BEL AIR SWAP MEET INC. 7684 WATFORD BLVD. RANCHO CUCAMONGA, CA. 91730	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00		
SUBTOTAL \$				9,900.00		

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

TOTAL \$ 26,075.00
TOTAL \$ 26,075.00

**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 JAN 1, 2007

through JUN 30, 2007

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FORM **460**

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NAME OF FILER L. DENNIS MICHAEL ID NUMBER 1266387

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)
6/12/07	PITASSI ARCHITECTS INC. 8439 WHITE OAK ST. 105 RANCHO CUCAMONGA, CA. 91730	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
6/12/07	JOHN P. BUNKERS 1530 SP49/ASS DL. UPLAND, CA. 91786	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SAN DIMAS DENTAL GROUP	300.00		
6/12/07	6113 BERT G. OCHOA 5729 SAN SAVINE RD. 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	BOLLINGTON & OCHOA	100.00		
6/12/07	VINCENT A. ELEFANTE 6142 CELESTITE AVE. ALTA LOMA, CA. 91701	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Auto RESTORATORS INC.	100.00		
6/12/07	RODGERS, CLEM & COMPANY 1041 W. BADILLO ST. STE. 112 COVINA, CA. 91722	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00		
SUBTOTAL \$				950.00		

*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

NAME OF FILER: L. DENNIS MICHAEL ID NUMBER: 1266387

Statement covers period
from JAN 1, 2007
through JUN 30, 2007

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID 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)
6/12/07	CHARLES JOSEPH & ASSOCIATES 10681 FOOTHILL BLVD. STE. 395 RANCHO CUCAMONGA, CA. 91730	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00		
6/12/07	LEWIS INVESTMENT CO. LLC 1156 N. MOUNTAIN AVE. UPIANO, CA. 91786	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00		
6/12/07	DPD6 FLYNO VIII, LLC 10621 CIVIC CENTER DR. RANCHO CUCAMONGA, CA. 91730	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		10,000.00		
6/12/07	ALEJANDRO ESPINOZA 1743 S. JASMINE CT. ONTARIO, CA. 91762	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DE ORO HOME LOANS	500.00		
6/12/07	J. Filippi Winery 12467 BASELINE RD. RANCHO CUCAMONGA, CA. 91739	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00		

SUBTOTAL \$ 12,350.00

*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

NAME OF FILER L. DENNIS MICHAEL ID NUMBER 1266387

Statement covers period
from JAN 1, 2007
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DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID 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)
6/12/07	VANGUARD BUILDERS INC. P.O. BOX 880 LIPLAND, CA. 91785	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00		
6/12/07	GREGORY C. SEVENS 579 KIEBLINE CT. LIPLAND, CA. 91784	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DUKE PACIFIC INC.	500.00		
6/12/07	DAVID A. HJOETH, CHFR/CLU/AEP 414 N. 2ND AVE. SUITE C. LIPLAND, CA. 91786	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	D.H. FINANCIAL CONSULTING SVCS.	300.00		
6/12/07	NATIVE BUILDING CORP. 8300 UTICA AVE. STE. 173 RANCHO CUCAMONGA, CA. 91730	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00		
6/12/07	KAMM REALTY, INC. 16661 VENTURA BLVD. STE 712 ENCINO, CA. 91436	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00		
SUBTOTAL \$				2,600.00		

*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

Statement covers period
from JAN 1, 2007
through JUN 30, 2007

NAME OF FILER	L. DENNIS MICHAEL						ID NUMBER	1266387
DATE RECEIVED	FULL NAME STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTER ID 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)		
6/12/07	GRAND PACIFIC BUILDING SYSTEMS INC. 9766 19TH ST. #113 ALTA LOMA, CA. 91737	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		275.00				
		<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						
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC						
SUBTOTAL \$							275.00	

*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