

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA
2001/02
FORM

Date Stamp
FEB 25 2007
CITY OF RANCHO CUCAMONGA
CITY CLERK

Type or print in Ink

Statement covers period
from 1-1-07 through 6-30-07

Date of election if applicable
(Month Day Year)

Page 1 of 6
Official Use Only

SEE INSTRUCTIONS ON REVERSE

- 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)
Don Kurth for City Council

I.D. NUMBER
1245983

STREET ADDRESS (NO P.O. BOX)
9657 Baseline Rd

CITY STATE ZIP CODE AREA CODE/PHONE
Rancho Cucamonga CA 91730 (909) 980-2273

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
Marian Nelson

MAILING ADDRESS
Post Office Box 9236

CITY STATE ZIP CODE AREA CODE/PHONE
Alta Loma CA 91701 (909) 945-5735

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 7-25-07 Date
Executed on 7-25-07 Date
Executed on _____ Date
Executed on _____ Date

By  Signature of Assistant Treasurer
By  Signature of Controlling Officer/Candidate
By _____ Signature of Controlling Officer/Candidate
By _____ Signature of Controlling Officer/Candidate

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM **460**

Page 2 of 6

5 Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
 Donald J Kurth

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

RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP
 9657 Baseline Rd 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 Don Kurth for Mayor	ID NUMBER 1289537
NAME OF TREASURER Marian Nelson	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS 12223 Highland Ave, Ste 599	STREET ADDRESS (NO P.O. BOX)
CITY Rancho Cucamonga	STATE ZIP CODE AREA CODE/PHONE CA 91737 (909) 229-3832
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
---------------------	--------------	---

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

CITY STATE ZIP CODE AREA CODE/PHONE

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 1-1-07
through 6-30-07

CALIFORNIA **460**
FORM

Page 3 of 6

ID NUMBER
1245983

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Don Kurth for City Council

Contributions Received

	Column A TOTAL TH'S PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1 Monetary Contributions	Schedule A Line 3 \$ 6,408 76	\$
2 Loans Received	Schedule B Line 3 -2,684 08	-13,684 08
3 SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 3,724 68	\$
4 Nonmonetary Contributions	Schedule C Line 3 0 00	
5 TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 3,724 68	\$

Expenditures Made

6 Payments Made	Schedule E Line 4 \$ 808 68	\$
7 Loans Made	Schedule H Line 3 0 00	
8 SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 808 68	\$
9 Accrued Expenses (Unpaid Bills)	Schedule F Line 3 0 00	
10 Nonmonetary Adjustment	Schedule C, Line 3 0 00	
11 TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 808 68	\$

Current Cash Statement

12 Beginning Cash Balance	Previous Summary Page Line 16 \$ 148 71*
13 Cash Receipts	Column A Line 3 above 3,724 68
14 Miscellaneous Increases to Cash	Schedule I Line 4 0 00
15 Cash Payments	Column A Line 8 above 808 68
16 ENDING CASH BALANCE	Add Lines 12 + 13 + 14 then subtract Line 15 \$ 3,064 71
<i>If this is a termination statement Line 16 must be zero</i>	
17 LOAN GUARANTEES RECEIVED	Schedule B Part 2 \$ 0 00

Cash Equivalents and Outstanding Debts

18 Cash Equivalents	See instructions on reverse \$ 0 00
19 Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ -2,684 08

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

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)

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

*Balance reflects true balance on bank account. There were errors made on previous reports and the committee is currently in the process of identifying and amending the appropriate statements

Schedule A Monetary Contributions Received

Type or print in Ink
Amounts may be rounded
to whole dollars

SCHEDULE A

Statement covers period
from 1-1-07
through 6-30-07

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Don Kurth for City Council

ID NUMBER
1245983

CALIFORNIA
FORM
460

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)
2-15-07	Don Kurth for Mayor 12223 Highland Ave ,Ste 599 Rancho Cucamonga, CA 91739 ID #1289537	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3408 76		
6-26-07	Lewis Investment Company 1156 N Mountain Ave ,PO Box 670 Upland, CA 91786	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		3000 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 \$				6408 76		

Schedule A Summary

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

*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

\$ 6408 76
\$ 0 00
TOTAL \$ 6408 76

**Schedule B - Part 1
Loans Received**

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

SCHEDULE B - PART 1

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Don Kurth for City Council

Statement covers period
from 1-1-07
through 6-30-07

Page 5 of 6

ID NUMBER

1245983

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
		\$	\$	\$	\$	RATE	DATE INCURRED	CALENDAR YEAR PER ELECTION**
Consumer Medical Enterprises, Inc 9695 Baseline Rd Rancho Cucamonga, CA <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 5,549 00	\$ 0 00	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ 5,549 00	0 00 %	10-30-04	\$ 5,549
Donald J Kurth 10569 Apple Lane Alta Loma, CA 91737 Pacific Western Bank Lending <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 2,684 08	\$ 0 00	<input checked="" type="checkbox"/> PAID \$ 2684 08 <input type="checkbox"/> FORGIVEN	\$ 0 00	8 5 %	10-26-04	\$ 13,084
<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 INCURRED	\$
SUBTOTALS \$		\$	\$	\$	\$	\$	\$	\$

(Enter (e) on
Schedule E Line 3)

Schedule B Summary

- Loans received this period
(Total Column (b) plus unitemized loans of less than \$100)
\$ 0 00
- 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)
\$ 2,684 08
- Net change this period (Subtract Line 2 from Line 1)
Enter the net here and on the Summary Page, Column A, Line 2
NET \$ -2,684 08
(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

Type or print in Ink
Amounts may be rounded
to whole dollars

Statement covers period

from 1-1-07

through 6-30-07

Page 6 of 6

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Don Kurth for City Council

ID NUMBER
1245983

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	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers salaries
CVC civic donations	PET petition circulating	TEL tv 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
ND 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
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pacific Western Bank 9709 Basline Rd Rancho Cucamonga, CA		bank service charges	84 00
Marian Nelson Post Office Box 9236 Alta Loma, CA	CNS		600 00

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

SUBTOTAL \$ 684 00

Schedule E Summary

- 1 Itemized payments made this period (Include all Schedule E subtotals) \$ 684 00
- 2 Unitemized payments made this period of under \$100 \$ 0 00
- 3 Total interest paid this period on loans (Enter amount from Schedule B, Part 1, Column (e)) \$ 124 68
- 4 Total payments made this period (Add Lines 1, 2, and 3 Enter here and on the Summary Page, Column A, Line 6) **TOTAL \$ 808 68**