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CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTERESTS

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FAIR POLITICAL PRACTICES COMMISSION
COVER PAGE

CITY CLERK
CITY OF RANCHO CUCAMONGA
(MIDDLE)

Please type or print in ink.

NAME OF FILER (LAST) 2013 APR -4 FIRST: 45
MICHAEL LLOYD DENNIS

1. Office, Agency, or Court

Agency Name
CITY OF RANCHO CUCAMONGA MAYOR
Division, Board, Department, District, if applicable
CITY COUNCIL MAYOR
Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: SAN BERNARDINO ASSOCIATED GOVERNMENTS (SANBAG) Position: BOARD MEMBER

2. Jurisdiction of Office (Check at least one box)

State Judge or Court Commissioner (Statewide Jurisdiction)
 Multi-County County of SAN BERNARDINO
 City of RANCHO CUCAMONGA Other

3. Type of Statement (Check at least one box)

Annual: The period covered is January 1, 2012, through December 31, 2012.
-or-
The period covered is _____, through December 31, 2012.
 Assuming Office: Date assumed _____
 Candidate: Election year _____ and office sought, if different than Part 1: _____
 Leaving Office: Date Left _____ (Check one)
 The period covered is January 1, 2012, through the date of leaving office.
 The period covered is _____, through the date of leaving office.

4. Schedule Summary

Check applicable schedules or "None." Total number of pages including this cover page: 5
 Schedule A-1 - Investments - schedule attached
 Schedule A-2 - Investments - schedule attached
 Schedule B - Real Property - schedule attached
 Schedule C - Income, Loans, & Business Positions - schedule attached
 Schedule D - Income - Gifts - schedule attached
 Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-
 None - No reportable interests on any schedule

5. Verification

I hereby certify that the information furnished herein and in any attached schedules is true and complete. I acknowledge that I understand the contents of this statement and that I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.
Date Signed 3-26-13 (month, day, year)

SCHEDULE B
Interests in Real Property
 (Including Rental Income)

Name
L. Dennis Michael

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
7795 CALLE CASINO
 CITY
RANCHO CUCAMONGA, CA. 91736

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / 12 _____ / ____ / 12
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None
KURT JOSE

▶ ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS

 CITY

FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
 \$2,000 - \$10,000 _____ / ____ / 12 _____ / ____ / 12
 \$10,001 - \$100,000 ACQUIRED DISPOSED
 \$100,001 - \$1,000,000
 Over \$1,000,000

NATURE OF INTEREST
 Ownership/Deed of Trust Easement
 Leasehold _____ Yrs. remaining _____ Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
 \$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
 None

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____ % None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE TERM (Months/Years)
 _____ % None _____

HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000
 Guarantor, if applicable

Comments: _____

SCHEDULE D
Income - Gifts

Name
L. Dennis Michael

▶ NAME OF SOURCE (Not an Acronym)
R. CUCAMONGA CHAMBERS OF COMMERCE
 ADDRESS (Business Address Acceptable)
11015 6TH ST. R. CUCAMONGA, CA. 91730
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Business Advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06/15/12</u>	<u>\$ 39.⁰⁰</u>	<u>SPRING SWING GOLF TOURNAMENT</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
CHAFFETZ COLLEGE STATE OF CALIFORNIA
 ADDRESS (Business Address Acceptable)
DOUBLE TREE HOTEL, ONTARIO, CA.
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Community College Report

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/16/12</u>	<u>\$ 35.⁰⁰</u>	<u>STATE OF CALIFORNIA ADDRESS</u>
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

▶ NAME OF SOURCE (Not an Acronym)
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____
___/___/___	\$ _____	_____

Comments: _____

SCHEDULE E
Income – Gifts
Travel Payments, Advances,
and Reimbursements

- You must mark either the gift or income box.
- Mark the "501(c)(3)" box for a travel payment received from a nonprofit 501(c)(3) organization or the "Speech" box if you made a speech or participated in a panel. These payments are not subject to the \$440 gift limit, but may result in a disqualifying conflict of interest.

▶ NAME OF SOURCE (Not an Acronym) LEAGUE OF CALIFORNIA CITIES
 ADDRESS (Business Address Acceptable) 1400 K STREET
 CITY AND STATE SACRAMENTO, CA.
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3) ADVOCACY FOR CITIES AND THEIR RESIDENTS
 DATE(S): _____ AMT: \$ 876.56
 (if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description
TRAVEL, MEALS AND LODGING FOR
VOLUNTARY SERVICES AS A BOARD
MEMBER

▶ NAME OF SOURCE (Not an Acronym) _____
 ADDRESS (Business Address Acceptable) _____
 CITY AND STATE _____
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3) _____
 DATE(S): _____ AMT: \$ _____
 (if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym) _____
 ADDRESS (Business Address Acceptable) _____
 CITY AND STATE _____
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3) _____
 DATE(S): _____ AMT: \$ _____
 (if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description

▶ NAME OF SOURCE (Not an Acronym) _____
 ADDRESS (Business Address Acceptable) _____
 CITY AND STATE _____
 BUSINESS ACTIVITY, IF ANY, OF SOURCE 501 (c)(3) _____
 DATE(S): _____ AMT: \$ _____
 (if gift)
 TYPE OF PAYMENT: (must check one) Gift Income
 Made a Speech/Participated in a Panel
 Other - Provide Description

Comments: _____