

STATEMENT OF ECONOMIC INTERESTS

RECEIVED

Date Initial Filing

Received

Official Use Only

MAR 26 2015

COVER PAGE

CITY CLERK
CITY OF RANCHO CUCAMONGA

Please type or print in ink.



NAME OF FILER (LAST) Williams (FIRST) Diane (MIDDLE)

1. Office, Agency, or Court

Agency Name (Do not use acronyms)

City of Rancho Cucamonga

Division, Board, Department, District, if applicable

City Council

Your Position

City Council Member

If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: See attached

Position:

RECEIVED
FAIR POLITICAL
PRACTICES
COMMISSION
15 APR -6 PM 3:29

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

- State
Multi-County
City of Rancho Cucamonga
Judge or Court Commissioner (Statewide Jurisdiction)
County of
Other

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

- Annual: The period covered is January 1, 2014, through December 31, 2014.
Leaving Office: Date Left
Assuming Office: Date assumed
Candidate: Election year and office sought, if different than Part 1:

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
None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the

Date Signed 3-25-2015 (month, day, year)

Diane Williams
City Council Member, City of Rancho Cucamonga

Form 700 - Attachment - Additional agencies/multiple positions
January 1, 2014 - December 31, 2014

City Council Member
City of Rancho Cucamonga
10500 Civic Center Drive
Rancho Cucamonga, CA 91730-3801

Commission Member
San Bernardino County Local Agency Formation Commission (LAFCO)
215 North "D" Street #204
San Bernardino, CA 92401-1712

Energy & Environment Committee Member
Southern California Association of Governments (SCAG)
818 West 7th Street, 12th Floor
Los Angeles, CA 90017-3435



Alternate Board Member
San Bernardino Association of Governments (SANBAG)
1170 West 3rd Street, 2nd Floor
San Bernardino, CA 92410-1724
(Leaving Office)

Alternate Board Member
Ontario Inter Agency Collaborative Mediation Board
303 East B Street
Ontario, CA 91764- 4105
(Assuming Office)

Alternate Board Member
Omnitrans
1700 West 5th Street
San Bernardino, CA 92411-2401
(Assuming Office)

Alternate Board Member
CONFIRE
1743 W. Miro Way
Rialto, CA 92376-8630
(Assuming Office)

SCHEDULE C
Income, Loans, & Business
Positions
 (Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

Name
Diane Williams

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
Sempre Energy
 ADDRESS (Business Address Acceptable)
PO Box 199744, Dallas, Tx 75219
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
Gas Company
 YOUR BUSINESS POSITION
Retired

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)
 Sale of _____
 (Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

 (Describe)
 Other Pension (Spouse)

 (Describe)

1. INCOME RECEIVED

NAME OF SOURCE OF INCOME
City of Rancho Cucamonga
 ADDRESS (Business Address Acceptable)
Municipality
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
10500 Civic Center Dr, R.C. 91730
 YOUR BUSINESS POSITION
City Council Member

GROSS INCOME RECEIVED
 \$500 - \$1,000 \$1,001 - \$10,000
 \$10,001 - \$100,000 OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED
 Salary Spouse's or registered domestic partner's income
 (For self-employed use Schedule A-2.)
 Partnership (Less than 10% ownership. For 10% or greater use
 Schedule A-2.)
 Sale of _____
 (Real property, car, boat, etc.)
 Loan repayment
 Commission or Rental Income, list each source of \$10,000 or more

 (Describe)
 Other _____
 (Describe)

2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, 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 _____
 HIGHEST BALANCE DURING REPORTING PERIOD
 \$500 - \$1,000
 \$1,001 - \$10,000
 \$10,001 - \$100,000
 OVER \$100,000

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

SECURITY FOR LOAN
 None Personal residence
 Real Property _____
 Street address _____
 City _____
 Guarantor _____
 Other _____
 (Describe)

Comments: _____

**SCHEDULE D
Income - Gifts**

Name
Diane Williams

▶ NAME OF SOURCE (Not an Acronym)
Chaffey College Report

ADDRESS (Business Address Acceptable)
15556 Summit Ave, Fontana

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Report to Community Luncheon

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>10/14/14</u>	<u>\$40.00</u>	<u>Lunch</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)
So. Cal. Edison

ADDRESS (Business Address Acceptable)
1351 East Francis St, Ontario 91761

BUSINESS ACTIVITY, IF ANY, OF SOURCE
Educational Tour Big Creek Facility

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09/10/14</u>	<u>\$417.29</u>	<u>Tour of Generating Facility</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: _____