

ORIGINAL

**Recipient Committee Campaign Statement**  
(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp  
**RECEIVED**  
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CALIFORNIA FORM **460**  
Page 1 of 9  
For Official Use Only  
(2)

Statement covers period  
from JAN 1, 2000  
through SEPT 30, 2000

Date of election if applicable:  
(Month, Day, Year)  
NOV 7, 2000

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 7.

- Officeholder, Candidate Controlled Committee  
*(Also Complete Part 4.)*
- Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored  
*(Also Complete Part 5.)*
- Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 6.)*
- General Purpose Committee
  - Sponsored
  - Broad Based

**2. Type of Statement:**

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

**3. Committee Information**

I.D. NUMBER  
1225003

COMMITTEE NAME  
VOLUNTEERS TO ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
909-597-3152 / wkrugers@earthlink.net

**Treasurer(s)**

NAME OF TREASURER  
JANET KRUGER

MAILING ADDRESS  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
909-597-3152 / wkrugers@earthlink.net

OPTIONAL: FAX / E-MAIL ADDRESS

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

Page 2 of 9

**4. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**BILL KRUGER**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**CITY OF CHINO HILLS - CITY COUNCIL MEMBER**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**1485 RANCHO HILLS DR CHINO HILLS CA 91709**

**Related Committees Not Included in this Statement:** *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to 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

**5. 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
-----------------------	---------------------

**6. Primarily Formed 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

Attach continuation sheets if necessary

**7. 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 10/3/00  
DATE

Executed on 10/3/00  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By [Signature]  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>JAN 1, 2000</u> through <u>SEPT 30, 2000</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>9</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO ELECT BILL KRUGER

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>2619.95</u>	\$ <u>0</u>	\$ <u>2619.95</u>
2. Loans Received ..... Schedule B, Line 7	\$ <u>1500.00</u>	\$ <u>0</u>	\$ <u>1500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>4119.95</u>	\$ <u>0</u>	\$ <u>4119.95</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>40.00</u>	\$ <u>0</u>	\$ <u>40.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>4159.95</u>	\$ <u>0</u>	\$ <u>4159.95</u>

## Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ <u>3210.75</u>	\$ <u>0</u>	\$ <u>3210.75</u>
7. Loans Made ..... Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>3210.75</u>	\$ <u>0</u>	\$ <u>3210.75</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>330.00</u>	\$ <u>0</u>	\$ <u>330.00</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>3540.75</u>	\$ <u>0</u>	\$ <u>3540.75</u>

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>0</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>4119.95</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>3210.75</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>909.20</u>

If this is a termination statement, Line 16 must be zero.

\* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

## Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received .....	\$ _____	\$ _____
21. Expenditures Made .....	\$ _____	\$ _____

## 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 C above	\$ <u>1830.00</u>

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>JAN 1, 2000</u> through <u>SEPT 30, 2000</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>9</u>
I.D. NUMBER <u>1225003</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO ELECT BILL KRUGER

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
8/4/00	STEVEN M. HOOD & ASSOC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		500 <sup>00</sup>		500 <sup>00</sup>
9/19/00	WASTE MANAGEMENT [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		200 <sup>00</sup>		200 <sup>00</sup>
9/22/00	JOHN & CYNDI STADLER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	200 <sup>00</sup>		200 <sup>00</sup>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 900<sup>00</sup>
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 1719.<sup>95</sup>
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 2619.<sup>95</sup>

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other

**Schedule B – Part 1  
Loans Received**

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

Statement covers period  
from JAN 1, 2000  
through SEPT 30, 2000

**CALIFORNIA FORM 460**

Page 5 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**VOLUNTEERS TO ELECT BILL KRUGER**

I.D. NUMBER  
**1225003**

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDER OR GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LENDER INFORMATION			GUARANTOR INFORMATION	
				DUE DATE/ INTEREST RATE	(a) AMOUNT OF LOAN	CUMULATIVE TO DATE	(b) AMOUNT GUARANTEED	CUMULATIVE TO DATE
7/3/00	BILL KRUGER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	DUE DATE: — INTEREST RATE: — %	1000 <sup>00</sup>	CALENDAR YEAR: — OTHER: —	—	CALENDAR YEAR: — OTHER: —
9/16/00	BILL KRUGER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	RETIRED	DUE DATE: — INTEREST RATE: — %	500 <sup>00</sup>	CALENDAR YEAR: — OTHER: —	—	CALENDAR YEAR: — OTHER: —
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE: — INTEREST RATE: — %		CALENDAR YEAR: — OTHER: —		CALENDAR YEAR: — OTHER: —
				<b>SUBTOTAL \$ 1500<sup>00</sup></b>		Enter (b) on Summary Page, Line 17 only.		

**Schedule B – Part 1 Summary**

1. Loans of \$100 or more received this period. (Include all Loans Received – Part 1 (a) subtotals.)	\$ 1500 <sup>00</sup>
2. Amount received this period – unitemized loans of less than \$100	\$ —
3. Total loans received this period. (Add Lines 1 and 2.)	<b>TOTAL \$ 1500<sup>00</sup></b>

**Schedule B – Part 2 Summary**

4. Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part 2 (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.)	\$ 0
5. Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2.	\$ 0
6. Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.)	<b>TOTAL \$ 0</b>
7. Net change this period. (Subtract Line 6 from Line 3.)	\$ 1500 <sup>00</sup>
Enter the net here and on the Summary Page, Column A, Line 2.	<b>NET \$ 1500<sup>00</sup></b>

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other

May be a negative number.

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period  
from JAN 1, 2000  
through SEPT 30, 2000

**CALIFORNIA FORM 460**

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

VOLUNTEERS TO ELECT BILL KRUGER

I.D. NUMBER  
1225003

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
<u>9/27/00</u>	<u>WASTE MANAGEMENT</u> 	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		<u>4 CARDBOARD WASTE CONTAINERS</u>	<u>40 00</u>		<u>40 00</u>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

**Schedule C Summary**

- Amount received this period – nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ 40 00
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ \_\_\_\_\_
- 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 \$ 40 00

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other

**Schedule E  
Payments Made**

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

Statement covers period from <u>JAN 1, 2000</u> through <u>SEPT 30, 2000</u>	<b>CALIFORNIA FORM 460</b>
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	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO ELECT BILL KRUGER

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

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | OFC office expenses                           | RFD returned contributions                                    |
| CNS campaign consultants  | PET petition circulating                      | SAL campaign workers salaries                                 |
| CTB contribution (explain nonmonetary)*                           | PHO phone banks                               | TEL t.v. or cable airtime and production costs                |
| CVC civic donations   | POL polling and survey research               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POS postage, delivery and messenger services  | TRS staff/spouse travel, lodging and meals (explain)          |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings                              | PRT print ads                                 | VOT voter registration  |
| MTG meetings and appearances                                      | RAD radio airtime and production costs        | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>CTY OF CHINO HILLS 2001 GRAND AVE CHINO HILLS CA 91709</u>		<u>FILING FEE</u>	<u>310<sup>00</sup></u>
<u>MINUTEMAN PRESS 14676 PIPELINE AVE CHINO HILLS CA 91709</u>	<u>CMP</u>		<u>926.64</u>
<u>CHAMPION NEWSPAPERS 13179 NINEA ST CHINO CA 91710</u>	<u>PRT</u>		<u>504.44</u>

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

**SUBTOTAL \$ 1741.08**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$ <u>2385.42</u>
2. Unitemized payments made this period of under \$100 .....	\$ <u>825.33</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) .....	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$ <u>3210.75</u></b>

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

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

Statement covers period  
from JAN 1, 2000  
through SEPT 30, 2000

CALIFORNIA FORM **460**

Page 8 of 9

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

VOLUNTEERS TO ELBOT BILL KRUGLIZ

I.D. NUMBER  
1225003

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

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LIT campaign literature and mailings
- 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
- 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 (explain)
- TRS staff/spouse travel, lodging and meals (explain)
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AMSTERDAM PRINTING & LITHO PO BOX 701 AMSTERDAM, N.Y., 12010	CMP		101.60
RAGLAND GRAPHICS 6468 COYOTE ST CHINO HILLS CA 91709	PRT		300.00
COMP USA 9050 CENTRAL AVE MONTCLAR CA 91763	CMP		107.74
PARTY CENTRAL 4200 CHINO HILLS PKWY CHINO HILLS CA 91709	FND		135.00

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

**SUBTOTAL \$ 644.34**

**Schedule F  
Accrued Expenses (Unpaid Bills)**

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

Statement covers period from <u>JAN 1, 2000</u> through <u>SEPT 30, 2000</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER <u>1225003</u>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

VOLUNTEERS TO ELECT BILL KRUGER

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

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | OFC office expenses                           | RFD returned contributions                                    |
| CNS campaign consultants  | PET petition circulating                      | SAL campaign workers salaries                                 |
| CTB contribution (explain nonmonetary)*                           | PHO phone banks                               | TEL t.v. or cable airtime and production costs                |
| CVC civic donations   | POL polling and survey research               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POS postage, delivery and messenger services  | TRS staff/spouse travel, lodging and meals (explain)          |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings                              | PRT print ads                                 | VOT voter registration  |
| MTG meetings and appearances                                      | RAD radio airtime and production costs        | WEB information technology costs (internet, e-mail)           |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
<u>HP BUSINESS STORE (USING VISA) 1050 S. STATE COLLEGE FULLERTON, CA 92831</u>	<u>LIT</u>	<u><del>330.00</del> (EST) 0</u>	<u>330.00 EST</u>	<u>0</u>	<u>330.00 EST</u>
<b>SUBTOTALS \$</b>		<u>0</u>	<u>\$ 330.00</u>	<u>\$ 0</u>	<u>\$ 330.00</u>

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** 330.00
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** 0
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 330.00  
May be a negative number

Recipient Committee Campaign Statement (Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp RECEIVED '00 OCT 26 P1:25 CALIFORNIA FORM 460 Page 1 of 8 For Official Use Only (3)

Statement covers period from OCT 1, 2000 through OCT 23, 2000 Date of election if applicable: NOV 7, 2000

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- Officeholder, Candidate Controlled Committee (Also Complete Part 4.)
Ballot Measure Committee
Primarily Formed Candidate/Officeholder Committee (Also Complete Part 6.)
General Purpose Committee
Sponsored
Broad Based

2. Type of Statement:

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

3. Committee Information

I.D. NUMBER 1225003

COMMITTEE NAME VOLUNTEERS TO ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX) 1485 RANCHO HILLS DR

CITY CHINO HILLS CA STATE ZIP CODE 91709 AREA CODE/PHONE 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS 909-597-3152 / wkrugens@earthlink.net

Treasurer(s)

NAME OF TREASURER JANET KRUGER

MAILING ADDRESS 1485 RANCHO HILLS DR

CITY CHINO HILLS CA STATE ZIP CODE 91709 AREA CODE/PHONE 909-597-4319

NAME OF ASSISTANT TREASURER, IF ANY MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE 909-597-3152 / wkrugens@earthlink.net

Type or print in ink.

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 8

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

BILL KRUGER

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY OF CHINO HILLS - CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1495 RANCHO HILLS DR CHINO HILLS CA 91709

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to 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

5. 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

6. Primarily Formed 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

Attach continuation sheets if necessary

7. 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 10/26/00  
DATE

Executed on 10/26/00  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>OCT 1, 2000</u> through <u>OCT 23, 2000</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>8</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
VOLUNTEERS TO ELECT BILL KRUGER

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>1394.00</u>	\$ <u>2619.95</u>	\$ <u>4013.95</u>
2. Loans Received ..... Schedule B, Line 7	\$ <u>0</u>	\$ <u>1500.00</u>	\$ <u>1500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>1394.00</u>	\$ <u>4119.95</u>	\$ <u>5513.95</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>40.00</u>	\$ <u>40.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>1394.00</u>	\$ <u>4159.95</u>	\$ <u>5553.95</u>

## Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ <u>917.13</u>	\$ <u>3210.75</u>	\$ <u>4127.88</u>
7. Loans Made ..... Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>917.13</u>	\$ <u>3210.75</u>	\$ <u>4127.88</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>412.06</u>	\$ <u>330.00</u>	\$ <u>742.06</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>1329.19</u>	\$ <u>3540.75</u>	\$ <u>4869.94</u>

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>909.20</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>1394.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>917.13</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1386.07</u>

If this is a termination statement, Line 16 must be zero.

\* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

## Summary for Candidates in Both June and November Elections

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 1, Column (b)	\$ <u>0</u>	20. Contributions Received ..... \$ _____	1/1 through 6/30	7/1 to Date
18. Cash Equivalents ..... See instructions on reverse	\$ <u>0</u>	21. Expenditures Made ..... \$ _____		
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column C above	\$ <u>2242.06</u>			

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from OCT 1, 2000  
through OCT 23, 2000

CALIFORNIA  
FORM **460**

Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO ELECT BILL KRUGER

I.D. NUMBER

1225003

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/6/00	APEX BAIL BONDS [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		400 <sup>00</sup>		400 <sup>00</sup>
10/10/00	GONNELS ENTERPRISES INC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		200 <sup>00</sup>		200 <sup>00</sup>
10/11/00	ALAN & LAUREL BENSON [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	KNOWLEDGE FOR PRESENTS	200 <sup>00</sup>		200 <sup>00</sup>
10/13/00	DUANE THOMPSON [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	OWNER, SMALL RETAIL BUSINESS	500 <sup>00</sup>		500 <sup>00</sup>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

SUBTOTAL \$ 1300<sup>00</sup>

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 1300<sup>00</sup>
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 94<sup>00</sup>
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 1394<sup>00</sup>

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other

**Schedule B – Part 1  
Loans Received**

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

Statement covers period  
from OCT 1, 2000  
through OCT 23, 2000

**CALIFORNIA FORM 460**  
Page 5 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO ELECT BILL KEUGER

I.D. NUMBER

1225003

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDER OR GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LENDER INFORMATION			GUARANTOR INFORMATION	
				DUE DATE/ INTEREST RATE	(a) AMOUNT OF LOAN	CUMULATIVE TO DATE	(b) AMOUNT GUARANTEED	CUMULATIVE TO DATE
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
				INTEREST RATE		\$ _____ OTHER		\$ _____ OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
				INTEREST RATE		\$ _____ OTHER		\$ _____ OTHER
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE		CALENDAR YEAR		CALENDAR YEAR
				INTEREST RATE		\$ _____ OTHER		\$ _____ OTHER
				<b>SUBTOTAL \$</b>				Enter (b) on Summary Page, Line 17 only.

**Schedule B – Part 1 Summary**

- 1. Loans of \$100 or more received this period. (Include all Loans Received – Part 1 (a) subtotals.) ..... \$ 0
- 2. Amount received this period – unitemized loans of less than \$100 ..... \$ 0
- 3. Total loans received this period. (Add Lines 1 and 2.) ..... **TOTAL** \$ 0

**Schedule B – Part 2 Summary**

- 4. Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part 2 (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) ..... \$ 0
- 5. Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. .... \$ 0
- 6. Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) ..... **TOTAL** \$ 0
- 7. Net change this period. (Subtract Line 6 from Line 3.) ..... **NET** \$ 0

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other

May be a negative number.

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>OCT 1, 2000</u> through <u>OCT 23, 2000</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <b>VOLUNTEERS TO ELBET BILL KRUGER</b>	I.D. NUMBER <b>1225003</b>
---	-------------------------------

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					

Attach additional information on appropriately labeled continuation sheets.	<b>SUBTOTAL \$</b>	
---	--------------------	--

**Schedule C Summary**

- Amount received this period – nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ 0
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 0
- 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 \$** 0

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other

**Schedule E  
Payments Made**

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

Statement covers period from <u>OCT 1, 2000</u> through <u>OCT 23, 2000</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>8</u>
I.D. NUMBER <u>1225003</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO ELECT BILL KRUGER

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

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | OFC office expenses                           | RFD returned contributions                                    |
| CNS campaign consultants  | PET petition circulating                      | SAL campaign workers salaries                                 |
| CTB contribution (explain nonmonetary)*                           | PHO phone banks                               | TEL t.v. or cable airtime and production costs                |
| CVC civic donations   | POL polling and survey research               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POS postage, delivery and messenger services  | TRS staff/spouse travel, lodging and meals (explain)          |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings                              | PRT print ads                                 | VOT voter registration  |
| MTG meetings and appearances                                      | RAD radio airtime and production costs        | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>COMP USA 9059 CENTRAL AVE MONTCLAIR CA 91763</u>	<u>CMP</u>		<u>134.68</u>
<u>MINUTEMAN PRESS 14676 PIPELINE AVE CHINO HILLS CA 91709</u>	<u>CMP</u>		<u>338.92</u>

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

SUBTOTAL \$ 473.60

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$ <u>473.60</u>
2. Unitemized payments made this period of under \$100 .....	\$ <u>443.53</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) .....	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$ <u>917.13</u></b>

**Schedule F  
Accrued Expenses (Unpaid Bills)**

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

Statement covers period  
from OCT 1, 2000  
through OCT 23, 2000

CALIFORNIA **460**  
FORM

Page 8 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO ELECT BILL KRUGER

I.D. NUMBER

1225003

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

CMP campaign paraphernalia/misc.

CNS campaign consultants

CTB contribution (explain nonmonetary)\*

CVC civic donations

FND fundraising events

IND independent expenditure supporting/opposing others (explain)\*

LIT campaign literature and mailings

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

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 (explain)

TRS staff/spouse travel, lodging and meals (explain)

TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
<u>HP BUSINESS STORE</u> [REDACTED]	<u>LIT</u>	<u>330.00</u>	<u>0</u>	<u>0</u>	<u>330.00</u>
<u>MICRO WAREHOUSE</u> [REDACTED]	<u>LIT</u>	<u>0</u>	<u>412.06</u>	<u>0</u>	<u>412.06</u>
<b>SUBTOTALS \$</b>		<u>330.00</u>	<u>412.06</u>	<u>0</u>	<u>742.06</u>

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** 412.06
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** 0
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 412.06  
May be a negative number

**Recipient Committee  
Campaign Statement**

(Government Code Sections 84200-84216.5)

Type or print in ink.

ORIGINAL

COVER PAGE

Date Stamp <b>RECEIVED</b> '01 JAN 25 P 4:36	CALIFORNIA FORM <b>460</b>
	Page <u>1</u> of <u>9</u>
	For Official Use Only <b>4</b>

Statement covers period from <u>OCT 24, 2000</u> through <u>DEC 30, 2000</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 7, 2000</u>
--	---

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.**

- Officeholder, Candidate Controlled Committee  
*(Also Complete Part 4.)*
- Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored  
*(Also Complete Part 5.)*
- Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 6.)*
- General Purpose Committee
  - Sponsored
  - Broad Based

**2. Type of Statement:**

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

**3. Committee Information**

I.D. NUMBER  
1225003

COMMITTEE NAME  
VOLUNTEERS TO ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)  
1485 RANCHO HILLS DR 909-597-4319

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
909-597-3152 / wkrugers@earthlink.net

**Treasurer(s)**

NAME OF TREASURER  
JANET KRUGER

MAILING ADDRESS  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

NAME OF ASSISTANT TREASURER, IF ANY  
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE  
909-597-3152

OPTIONAL: FAX / E-MAIL ADDRESS

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 9

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

BILL KRUGER

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CITY OF CHINO HILLS - CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1485 RANCHO HILLS DR CHINO HILLS CA 91709

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

YES NO

COMMITTEE ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

5. 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

6. Primarily Formed 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

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

Attach continuation sheets if necessary

7. 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

1/24/01

DATE

Executed on

1/24/01

DATE

Executed on

DATE

Executed on

DATE

By

[Signature]

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By

[Signature]

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period  
from OCT 24, 00  
through DEC 30, 00

CALIFORNIA FORM **460**

Page 3 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO ELECT BILL KRUGER

I.D. NUMBER  
1225003

**Contributions Received**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>449.00</u>	\$ <u>4013.95</u>	\$ <u>4462.95</u>
2. Loans Received ..... Schedule B, Line 7	\$ <u>0</u>	\$ <u>1500.00</u>	\$ <u>1500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>449.00</u>	\$ <u>5513.95</u>	\$ <u>5962.95</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>40.00</u>	\$ <u>40.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>449.00</u>	\$ <u>5553.95</u>	\$ <u>6002.95</u>

**Expenditures Made**

6. Payments Made ..... Schedule E, Line 4	\$ <u>1545.49</u>	\$ <u>4127.88</u>	\$ <u>5673.37</u>
7. Loans Made ..... Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>1545.49</u>	\$ <u>4127.88</u>	\$ <u>5673.37</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>-744.20</u>	\$ <u>744.20</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>801.29</u>	\$ <u>4872.08</u>	\$ <u>5673.37</u>

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>1386.07</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>449.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>1545.49</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>289.58</u>

If this is a termination statement, Line 16 must be zero.

\* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

**Summary for Candidates in Both June and November Elections**

	1/1 through 6/30	7/1 to Date
17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 1, Column (b)	\$ <u>0</u>	
20. Contributions Received .....	\$ _____	_____
21. Expenditures Made .....	\$ _____	_____
18. Cash Equivalents ..... See instructions on reverse	\$ <u>0</u>	
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column C above	\$ <u>1500.00</u>	

1 - CORRECTED NUMBER  
WAS \$142.06

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from OCT 24, 00  
through DEC 30, 00

CALIFORNIA FORM **460**

Page 4 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO ELECT BILL KRUGER

I.D. NUMBER

1225003

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
11/9/00	MHET PAC ID# 82-0165 500 N STATE COLLEGE BLVD ORANGE CA 92868	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH		250 <sup>00</sup>		250 <sup>00</sup>
11/9/00	MARTIN CHIROPRACTIC 4200 CHINO HILLS PKWY CHINO HILLS CA 91709	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		100 <sup>00</sup>		100 <sup>00</sup>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

SUBTOTAL \$ 350<sup>00</sup>

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 350<sup>00</sup>
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 99<sup>00</sup>
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 449<sup>00</sup>

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other

**Schedule B – Part 1  
Loans Received**

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

Statement covers period  
from OCT 24, 00  
through DEC 30, 00

**CALIFORNIA FORM 460**

Page 5 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
VOLUNTEERS TO ELECT BILL KRUGER

I.D. NUMBER  
1225003

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDER OR GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LENDER INFORMATION			GUARANTOR INFORMATION	
				DUE DATE/ INTEREST RATE	(a) AMOUNT OF LOAN	CUMULATIVE TO DATE	(b) AMOUNT GUARANTEED	CUMULATIVE TO DATE
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE INTEREST RATE _____ %		CALENDAR YEAR \$ _____ OTHER \$ _____		CALENDAR YEAR \$ _____ OTHER \$ _____
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE INTEREST RATE _____ %		CALENDAR YEAR \$ _____ OTHER \$ _____		CALENDAR YEAR \$ _____ OTHER \$ _____
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE INTEREST RATE _____ %		CALENDAR YEAR \$ _____ OTHER \$ _____		CALENDAR YEAR \$ _____ OTHER \$ _____
<b>SUBTOTAL \$</b>								Enter (b) on Summary Page, Line 17 only.

**Schedule B – Part 1 Summary**

- 1. Loans of \$100 or more received this period. (Include all Loans Received – Part 1 (a) subtotals.) ..... \$ 6
- 2. Amount received this period – unitemized loans of less than \$100 ..... \$ 0
- 3. Total loans received this period. (Add Lines 1 and 2.) ..... **TOTAL \$** 0

**Schedule B – Part 2 Summary**

- 4. Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part 2 (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) ..... \$ 0
  - 5. Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. .... \$ 0
  - 6. Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) ..... **TOTAL \$** 0
  - 7. Net change this period. (Subtract Line 6 from Line 3.) ..... **NET \$** 0
- Enter the net here and on the Summary Page, Column A, Line 2. .... **NET \$** 0

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other

May be a negative number.



**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>OCT 24, 00</u> through <u>DEC 30, 00</u>	<b>CALIFORNIA FORM 460</b>
Page <u>7</u> of <u>9</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

VOLUNTEERS TO ELECT BILL KRUGER

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Schedule C Summary**

- Amount received this period – nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ 0
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 0
- 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 \$** 0

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other

**Schedule E  
Payments Made**

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

Statement covers period from <u>OCT 23, 00</u> through <u>DEC 30, 00</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>8</u> of <u>9</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO ELECT BILL KRUGER

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

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | OFC office expenses                           | RFD returned contributions                                |
| CNS campaign consultants  | PET petition circulating                      | SAL campaign workers salaries                             |
| CTB contribution (explain nonmonetary)*                           | PHO phone banks                               | TEL t.v. or cable airtime and production costs            |
| CVC civic donations   | POL polling and survey research               | TRC candidate travel, lodging and meals (explain)         |
| FND fundraising events  | POS postage, delivery and messenger services  | TRS staff/spouse travel, lodging and meals (explain)      |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/spc |
| LIT campaign literature and mailings                              | PRT print ads                                 | VOT voter registration                                    |
| MTG meetings and appearances                                      | RAD radio airtime and production costs        | WEB information technology costs (internet, e-mail)       |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>MR GREG'S BBQ CHINO HILLS PKWY CHINO HILLS CA 91709</u>	<u>MTG</u>		<u>430.46</u>
<u>HP BUSINESS STORES 1050 S. STATE COLLEGE FOLLETON CA 92831</u>	<u>LIT</u>		<u>332.19</u>
<u>MICRO WAREHOUSE 1720 OAK ST LAKELWOOD NJ 08701-5926</u>	<u>LIT</u>		<u>412.06</u>

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

SUBTOTAL \$ 1174.66

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$ <u>1174.66</u>
2. Unitemized payments made this period of under \$100 .....	\$ <u>370.83</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) .....	\$ <u>0<sup>c</sup></u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	TOTAL \$ <u>1545.49</u>

**Schedule F  
Accrued Expenses (Unpaid Bills)**

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

Statement covers period  
from OCT 24, 00  
through DEC 30, 00

**CALIFORNIA FORM 460**

Page 9 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO ELECT BILL KRUGER

I.D. NUMBER  
1225003

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

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | OFC office expenses                           | RFD returned contributions                                    |
| CNS campaign consultants  | PET petition circulating                      | SAL campaign workers salaries                                 |
| CTB contribution (explain nonmonetary)*                           | PHO phone banks                               | TEL t.v. or cable airline and production costs                |
| CVC civic donations   | POL polling and survey research               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events  | POS postage, delivery and messenger services  | TRS staff/spouse travel, lodging and meals (explain)          |
| IND independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| LIT campaign literature and mailings                              | PRT print ads                                 | VOT voter registration  |
| MTG meetings and appearances                                      | RAD radio airtime and production costs        | WEB information technology costs (internet, e-mail)           |

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
<u>HP BUSINESS STORE 1050 S. STATE COLLEGE FULLERTON CA 92831</u>	<u>LIT</u>	<u>332.14 (CORRECTED - PRICE ESTIMATE 330.00)</u>	<u>0</u>	<u>332.14</u>	<u>0</u>
<u>MICROWAREHOUSE 1720 OAK STREET LAKELAND NJ 08704-5926</u>	<u>LIT</u>	<u>412.06</u>	<u>0</u>	<u>412.06</u>	<u>0</u>
<b>SUBTOTALS \$</b>		<u>744.20</u>	<u>\$</u>	<u>744.20</u>	<u>\$ 0</u>

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** 0
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** 744.20
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** -744.20  
May be a negative number

**Recipient Committee  
Campaign Statement**

(Government Code Sections 84200-84216.5)

Type or print in ink.

ORIGINAL

COVER PAGE

Date Stamp	RECEIVED	CALIFORNIA FORM <b>460</b>
'01 JUL 26 11:21		
Page <u>1</u> of <u>6</u>		For Official Use Only
		(5)

Statement covers period  
from JAN 1, 2001  
through JUNE 30, 2001

Date of election if applicable:  
(Month, Day, Year)  
NOV 7, 2000

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 7.

- Officeholder, Candidate Controlled Committee  
*(Also Complete Part 4.)*
- Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 6.)*
- Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored  
*(Also Complete Part 5.)*
- General Purpose Committee
  - Sponsored
  - Broad Based

**2. Type of Statement:**

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

**3. Committee Information**

I.D. NUMBER

COMMITTEE NAME

VOLUNTEERS TO ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE

CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

909-597-3152 / wkrugens@earthlink.net

**Treasurer(s)**

NAME OF TREASURER

JANET KRUGER

MAILING ADDRESS

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE

CHINO HILLS CA 91709 909-597-4319

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

909/597-3152

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA FORM 460

Page 2 of 6

4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: BILL KRUGER
OFFICE SOUGHT OR HELD: CITY OF CHINO HILLS - CITY COUNCIL MEMBER
RESIDENTIAL/BUSINESS ADDRESS: 1485 RANCHO HILLS DR CHINO HILLS CA 91709

Related Committees Not Included in this Statement: List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

Table with columns: COMMITTEE NAME, I.D. NUMBER, NAME OF TREASURER, CONTROLLED COMMITTEE?, COMMITTEE ADDRESS, STREET ADDRESS, CITY, STATE, ZIP CODE, AREA CODE/PHONE

5. Ballot Measure Committee

NAME OF BALLOT MEASURE
BALLOT NO. OR LETTER, JURISDICTION, SUPPORT/OPPOSE checkboxes
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

6. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

Table with columns: NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, SUPPORT/OPPOSE checkboxes

Attach continuation sheets if necessary

7. 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 schedule 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 JULY 25, 2001
Executed on JULY 29, 2001
Executed on
Executed on

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
By
By

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period from <u>JAN 1, 2001</u> through <u>JUNE 30, 2001</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>6</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO ELECT BILL KRUGER

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>99<sup>00</sup></u>	\$ <u>0</u>	\$ <u>99<sup>00</sup></u>
2. Loans Received ..... Schedule B, Line 7	\$ <u>0</u>	\$ <u>1500<sup>00</sup></u>	\$ <u>1500<sup>00</sup></u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>99<sup>00</sup></u>	\$ <u>1500<sup>00</sup></u>	\$ <u>1599<sup>00</sup></u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>99<sup>00</sup></u>	\$ <u>1500<sup>00</sup></u>	\$ <u>1599<sup>00</sup></u>

## Expenditures Made

6. Payments Made ..... Schedule E, Line 4	\$ <u>79<sup>08</sup></u>	\$ <u>0</u>	\$ <u>79<sup>08</sup></u>
7. Loans Made ..... Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>79<sup>08</sup></u>	\$ <u>0</u>	\$ <u>79<sup>08</sup></u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>79<sup>08</sup></u>	\$ <u>79<sup>08</sup></u>	\$ <u>79<sup>08</sup></u>

## Current Cash Statement

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>289.58</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>99.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>79.08</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>311.50</u>

If this is a termination statement, Line 16 must be zero.

\* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

## Summary for Candidates in Both June and November Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received .....	\$ _____	\$ _____
21. Expenditures Made .....	\$ _____	\$ _____

## 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 C above	\$ <u>1500<sup>00</sup></u>

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from JAN 1, 2001  
through JUNE 30, 2001

**CALIFORNIA FORM 460**

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

BILL VOLUNTEERS TO ELECT BILL KRUGER

I.D. NUMBER

1225003

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
<u>1/13/01</u>	<u>UNITEMIZED CONTRIBUTION</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		<u>99.00</u>	<u>99.00</u>	<u>0</u>
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH				

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 99.00
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 99.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 99.00

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other

**Schedule B – Part 1  
Loans Received**

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

Statement covers period  
from JAN 1, 2001  
through JUNE 30, 2001

**CALIFORNIA FORM 460**

Page 5 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO ELECT BILL KEUGER

I.D. NUMBER  
1225003

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDER OR GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LENDER INFORMATION			GUARANTOR INFORMATION	
				DUE DATE/ INTEREST RATE	(a) AMOUNT OF LOAN	CUMULATIVE TO DATE	(b) AMOUNT GUARANTEED	CUMULATIVE TO DATE
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE INTEREST RATE _____ %		CALENDAR YEAR \$ _____ OTHER \$ _____		CALENDAR YEAR \$ _____ OTHER \$ _____
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE INTEREST RATE _____ %		CALENDAR YEAR \$ _____ OTHER \$ _____		CALENDAR YEAR \$ _____ OTHER \$ _____
	<input type="checkbox"/> Lender <input type="checkbox"/> Guarantor	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		DUE DATE INTEREST RATE _____ %		CALENDAR YEAR \$ _____ OTHER \$ _____		CALENDAR YEAR \$ _____ OTHER \$ _____
<b>SUBTOTAL \$</b>								Enter (b) on Summary Page, Line 17 only.

**Schedule B – Part 1 Summary**

- 1. Loans of \$100 or more received this period. (Include all Loans Received – Part 1 (a) subtotals.) ..... \$ 0
- 2. Amount received this period – unitemized loans of less than \$100 ..... \$ 0
- 3. Total loans received this period. (Add Lines 1 and 2.) ..... **TOTAL** \$ 0

**Schedule B – Part 2 Summary**

- 4. Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part 2 (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) ..... \$ 0
  - 5. Loans under \$100 repaid, forgiven, or paid by a third party. (Do not itemize.) If forgiven or paid by a third party, include this amount on Schedule A Summary, Line 2. .... \$ 0
  - 6. Total loans repaid, forgiven, or paid by a third party this period. (Add Lines 4 + 5.) ..... **TOTAL** \$ 0
  - 7. Net change this period. (Subtract Line 6 from Line 3.) ..... **NET** \$ 0
- Enter the net here and on the Summary Page, Column A, Line 2. .... **NET** \$ 0

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
OTH – Other

May be a negative number.

**Schedule E  
Payments Made**

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

Statement covers period from <u>JAN 1, 2001</u> through <u>JUNE 30, 2001</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>6</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO ELECT BILL KRUGER

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

CMP campaign paraphernalia/misc.  
CNS campaign consultants  
CTB contribution (explain nonmonetary)\*  
CVC civic donations  
FND fundraising events  
IND independent expenditure supporting/opposing others (explain)\*  
LIT campaign literature and mailings  
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  
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 (explain)  
TRS staff/spouse travel, lodging and meals (explain)  
TSF transfer between committees of the same candidate/spc  
VOT voter registration  
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>WELLS FARGO BANK (UNITIZED)</u>	<u>OFC</u>	<u>BANK CHARGES</u>	<u>72.00</u>

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

SUBTOTAL \$ 72.00

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>72.00</u>
2. Unitemized payments made this period of under \$100	\$ <u>0</u>
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b> <u>72.00</u>

# Amendment to Campaign Disclosure Statement

Type or print in Ink.

AMENDMENT

This form must be used to amend statements filed pursuant to Government Code Sections 84200-84216.5, and must be filed with all filing officers who received the statement being amended. NOTE: Do not use this form to amend a Statement of Organization, Form 410, Candidate Intention, Form 501, or a Campaign Bank Account, Form 502. Use the actual Form 410, 501 or 502, respectively, to make amendments.

The information required in Part I must correspond to the information provided on the campaign statement being amended.

Date Stamp <b>RECEIVED</b>  2004 SEP -3 AM 8: 8  OFFICE OF CITY CLERK CHINO HILLS	<b>CALIFORNIA</b> 1994 FORM <b>405</b>  For Official Use Only
---	--

## I Name of Filer (See important information on reverse.)

NAME OF FILER <b>VOLUNTEERS TO ELECT BILL KRUGER</b>		I.D. NUMBER (IF APPLICABLE) <b>1225003</b>
MAILING ADDRESS OF FILER (NO. AND STREET) <b>1485 RANCHO HILLS DR</b>		
CITY <b>CHINO HILLS</b>	STATE <b>CA</b>	ZIP CODE <b>91709</b>
AREA CODE/DAYTIME PHONE NUMBER <b>909-597-4319</b>		
NAME OF TREASURER IF RECIPIENT COMMITTEE <b>JANET KRUGER</b>		
PERMANENT ADDRESS OF TREASURER: (IF APPLICABLE) <b>1485 RANCHO HILLS DR</b>		(NO. AND STREET)
CITY <b>CHINO HILLS</b>	STATE <b>CA</b>	ZIP CODE <b>91709</b>
AREA CODE/DAYTIME PHONE NUMBER <b>909 597 - 4319</b>		

## II Amendment Information

- A. The following information amends campaign disclosure statement, Form No. 56, executed on JUL 26, 01 (MO, DAY, YR) for the period JAN 1 01 (MO, DAY, YR) through JUN 30 01 (MO, DAY, YR).
- B. The amended information affects items on the:  
 Cover Page     Allocation Page     Summary Page  
 Schedule(s) \_\_\_\_\_     Part(s) \_\_\_\_\_
- C. Describe the changes below. Include in detail all information you wish to become a part of your official campaign statement. **Please attach a cover page, summary page and/or appropriate schedule(s) to this Form 405 if necessary for clarification.** Include additional information on appropriately labeled continuation sheets. (Number of sheets attached 2.)  
**CORRECTED \$2 ERROR ON SUMMARY PAGE WAS \$311.50 CORRECTED TO \$1309.50**

## III Verification (See important information on reverse.)

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 SEPT 3 04 At CHINO HILLS CA  
DATE CITY AND STATE

By [Signature]  
SIGNATURE OF TREASURER OR FILER

**Officeholder, candidate, state measure proponent, or sponsored committee responsible officer verification:** I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 SEPT 3 04 At CHINO HILLS CA  
DATE CITY AND STATE

By [Signature]  
SIGNATURE OF OFFICEHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICER

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER, CANDIDATE OR PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER, CANDIDATE OR PROPONENT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp <b>RECEIVED</b> 2004 SEP -3 AM 8:18 OFFICE OF CITY CLERK CHINO HILLS	<b>CALIFORNIA 460</b> 2001/02 FORM
	Page <u>1</u> of <u>6</u>
	For Official Use Only

Statement covers period from <u>JAN 1, 2001</u> through <u>JUN 30, 2001</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 7, 2001</u>
---	---

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Ballot Measure Committee<br><input type="checkbox"/> Primarily Formed<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement                | <input type="checkbox"/> Quarterly Statement                                     |
| <input type="checkbox"/> Semi-annual Statement                | <input type="checkbox"/> Special Odd-Year Report                                 |
| <input type="checkbox"/> Termination Statement                | <input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below) |  |

REVISED/CORRECTED \$2 ERROR ON  
SUMMARY PAGE WAS \$311.50 CORRECTED  
TO \$309.50 (LINE 16)

**3. Committee Information**

I.D. NUMBER  
1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

VOLUNTEERS TO ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

909-597-3152 / wkrugers@earthlink.net

**Treasurer(s)**

NAME OF TREASURER  
JANET KRUGER

MAILING ADDRESS  
1485 RANCHO HILLS DRIVE

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

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 9-3-04  
Date

Executed on SEP 3, 04  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>JAN 1, 2001</u> through <u>JUN 30, 2001</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>6</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO ELECT BILL KRUGER

**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>99.00</u>	\$ <u>99.00</u>
2. Loans Received ..... Schedule B, Line 3	<u>0</u>	<u>1500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>99.00</u>	\$ <u>1599.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>99.00</u>	\$ <u>1599.00</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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>79.08</u>	\$ <u>79.08</u>
7. Loans Made ..... Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>79.08</u>	\$ <u>79.08</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. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>79.08</u>	\$ <u>79.08</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>289.58</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>99.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>0</u>
15. Cash Payments ..... Column A, Line 8 above	<u>79.08</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>309.50*</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).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

If this is a termination statement, Line 16 must be zero.

CORRECTION

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
---	-------------

**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>1500.00</u>

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

ORIGINAL

COVER PAGE

Date Stamp	<b>CALIFORNIA 2001/02 FORM</b>	<b>460</b>
RECEIVED JAN 22 10:11 6		
Page <u>1</u> of <u>6</u>		For Official Use Only

Statement covers period from <u>JULY 1, 2001</u> through <u>DEC 31, 2001</u>	Date of election if applicable (Month, Day, Year) <u>NOV 7, 2000</u> <sup>02</sup>
--	--

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Ballot Measure Committee<br><input type="checkbox"/> Primarily Formed<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input type="checkbox"/> Preelection Statement            | <input type="checkbox"/> Quarterly Statement                                  |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)        |   |

**3. Committee Information**

I.D. NUMBER  
1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
VOLUNTEERS TO ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
909-597-3152 / wkrugens@earthlink.net

**Treasurer(s)**

NAME OF TREASURER  
JANET KRUGER

MAILING ADDRESS  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
909-597-3152

**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 JAN 21, 2002  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

Executed on JAN 21, 2002  
Date

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period  
from JULY 1, 2001  
through DEC 31, 2001

**CALIFORNIA**  
**FORM** **460**

Page 2 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO ELECT BILL KRUGER

I.D. NUMBER

1225003

## 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>75.00</u>	\$ <u>174.00</u>
2. Loans Received ..... Schedule B, Line 7	\$ <u>0</u>	\$ <u>1500.00 (PRIOR YEAR LOAN)</u>
SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>75.00</u>	\$ <u>1674.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>75.00</u>	\$ <u>1674.00</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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>276.98</u>	\$ <u>356.00</u>
7. Loans Made ..... Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>276.98</u>	\$ <u>356.00</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. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>276.98</u>	\$ <u>356.00</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

Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>311.50</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>75.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>276.98</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>109.52</u>

If this is a termination statement, Line 16 must be zero.

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).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2 \$ 0

## 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>1500.00 (PRIOR YEAR LOAN)</u>

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>JULY 1, 2001</u> through <u>DEC 31, 2001</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
VOLUNTEERS TO ELECT BILL KRUGER

I.D. NUMBER  
1225003

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)
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$**

**Schedule A Summary**

1. Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 0

2. Amount received this period – unitemized contributions of less than \$100 ..... \$ 7500

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 7500

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
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.

Statement covers period  
from JULY 1, 2001  
through DEC 31, 2002

**CALIFORNIA FORM 460**

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
VOLUNTEERS TO EJECT BILL KRUGER

I.D. NUMBER  
1225003

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
<u>WILBUR KRUGER JR</u> <u>(OFFICE NUMBER)</u> <u>485 RANCHO HILLS DR</u> <u>CHICO HILLS, CA 91709</u> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRED</u> <u>BUSINESSMAN</u>	<u>1500.00</u> \$ _____	<u>0</u> \$ _____	<input type="checkbox"/> PAID <u>0</u> <input type="checkbox"/> FORGIVEN <u>0</u> \$ _____	<u>\$ 1500.00</u> _____ DATE DUE	<u>0</u> % RATE <u>0</u> \$ _____	<u>\$ 1500.00</u> <u>9/16/00</u> DATE INCURRED	CALENDAR YEAR <u>0</u> PER ELECTION <u>1500.00</u>
<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 DUE	_____ % RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<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 DUE	_____ % RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS \$</b>		<u>0</u>	<u>0</u>	<u>0</u>	<u>\$ 1500.00</u>	<u>0</u>		

**Schedule B Summary**

1. Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans less than \$100.)
2. 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.)
3. 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)

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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

† Contributor Codes  
 IND – Individual   COM – Recipient Committee (other than PTY or SCC)   OTH – Other   PTY – Political Party   SCC – Small Contributor Committee

**Schedule C  
Nonmonetary Contributions Received**

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

SCHEDULE C

Statement covers period from <u>JULY, 2001</u> through <u>DEC 31, 2001</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>6</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

VOLUNTEERS TO ELECT BILL KRUGER

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					

Attach additional information on appropriately labeled continuation sheets.

**SUBTOTAL \$**

**Schedule C Summary**

- Amount received this period – nonmonetary contributions of \$100 or more.  
(Include all Schedule C subtotals.) ..... \$ 0
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 0
- 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 \$** 0

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
PTY – Political Party  
SCC – Small Contributor Committee

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period from <u>JULY 1, 2001</u> through <u>DEC 31, 2001</u>	<b>CALIFORNIA FORM 460</b>
Page <u>6</u> of <u>6</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO EJECT BILL KRUGER

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

- |   |   |   |
|---|---|---|
| CMP 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                      |
| ) fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| ) 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 I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
AMSTERDAM PRINTING PO BOX 701 AMSTERDAM, NY, 12010	CMP	MONIGRAMMO PENS	204.98
WELLS FARGO BANK	OFC	BANK CHARGES (6 mo's)	72.00

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

SUBTOTAL \$ 276.98

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$ <u>204.98</u>
2. Unitemized payments made this period of under \$100 .....	\$ <u>72.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$</b> <u>276.98</u>

# Amendment to Campaign Disclosure Statement

Type or print in ink.

AMENDMENT

Date Stamp <b>RECEIVED</b>	<b>CALIFORNIA 1994 FORM 405</b>
2004 SEP -3 AM 8:18	For Official Use Only
OFFICE OF CITY CLERK CHINO MILLS	

This form must be used to amend statements filed pursuant to Government Code Sections 84200-84216.5, and must be filed with all filing officers who received the statement being amended. NOTE: Do not use this form to amend a Statement of Organization, Form 410, Candidate Intention, Form 501, or a Campaign Bank Account, Form 502. Use the actual Form 410, 501 or 502, respectively, to make amendments.

The information required in Part I must correspond to the information provided on the campaign statement being amended.

## I Name of Filer (See important information on reverse.)

NAME OF FILER <b>VOLUNTEERS TO ELECT BILL KRUGER</b>		I.D. NUMBER (IF APPLICABLE) <b>1225003</b>
MAILING ADDRESS OF FILER (NO. AND STREET) <b>1485 RANCHO HILLS DR</b>		
CITY <b>CHINO HILLS</b>	STATE <b>CA</b>	ZIP CODE <b>91709</b>
AREA CODE/DAYTIME PHONE NUMBER <b>909-597-4319</b>		
NAME OF TREASURER IF RECIPIENT COMMITTEE <b>JANET KRUGER</b>		
PERMANENT ADDRESS OF TREASURER: (IF APPLICABLE) (NO. AND STREET) <b>1485 RANCHO HILLS DR</b>		
CITY <b>CHINO HILLS</b>	STATE <b>CA</b>	ZIP CODE <b>91709</b>
AREA CODE/DAYTIME PHONE NUMBER <b>909-597-4319</b>		

## II Amendment Information

- A. The following information amends campaign disclosure statement, Form No. 460, executed on 1/22/02 (MO, DAY, YR) for the period 7/1/01 (MO, DAY, YR) through 12/31/01 (MO, DAY, YR)
- B. The amended information affects items on the:  
 Cover Page     Allocation Page     Summary Page  
 Schedule(s) \_\_\_\_\_     Part(s) \_\_\_\_\_
- C. Describe the changes below. Include in detail all information you wish to become a part of your official campaign statement. **Please attach a cover page, summary page and/or appropriate schedule(s) to this Form 405 if necessary for clarification.** Include additional information on appropriately labeled continuation sheets. (Number of sheets attached 2)  
 CARRIED OVER THE \$2 CORRECTION ON JAN 1, 2001 TO JUN 30, 2001 SUMMARY SHEET LEAVING CASH BALANCE WAS \$109.52 CHANGED TO \$107.52

## III Verification (See important information on reverse.)

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 SEPT 3, 04 DATE At CHINO HILLS CA CITY AND STATE By [Signature] SIGNATURE OF TREASURER OR FILER

**Officeholder, candidate, state measure proponent, or sponsored committee responsible officer verification:** I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 SEPT 3, 04 DATE At CHINO HILLS CA CITY AND STATE By [Signature] SIGNATURE OF OFFICEHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICER

Executed on \_\_\_\_\_ DATE At \_\_\_\_\_ CITY AND STATE By \_\_\_\_\_ SIGNATURE OF OFFICEHOLDER, CANDIDATE OR PROPONENT

Executed on \_\_\_\_\_ DATE At \_\_\_\_\_ CITY AND STATE By \_\_\_\_\_ SIGNATURE OF OFFICEHOLDER, CANDIDATE OR PROPONENT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp <b>RECEIVED</b> SEP -3 AM 8:18 CLERK OF CITY CLERK CHINO HILLS	<b>CALIFORNIA 460</b> 2001/02 FORM
Page <u>1</u> of <u>6</u>	
For Official Use Only	

Statement covers period from <u>JULY 1, 2001</u> through <u>DEC 31, 2001</u>	Date of election if applicable (Month, Day, Year) <u>NOV 7, 2000</u>
--	---

SEE INSTRUCTIONS ON REVERSE

### 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- |   |   |
|---|---|
| <input type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="radio"/> State Candidate Election Committee<br><input type="radio"/> Recall<br><i>(Also Complete Part 5)</i>    | <input type="checkbox"/> Ballot Measure Committee<br><input type="radio"/> Primarily Formed<br><input type="radio"/> Controlled<br><input type="radio"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="radio"/> Sponsored<br><input type="radio"/> Small Contributor Committee<br><input type="radio"/> Political Party/Central Committee | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee<br><i>(Also Complete Part 7)</i>   |

### 2. Type of Statement:

- |   |   |
|---|---|
| <input type="checkbox"/> Preelection Statement                | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement                | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement                | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below) |   |

CORRECTED THE SUMMARY PAGE BEHIND  
& ENDING CASH BALANCE (-\$2) FROM  
CORRECTED FORM JAN 1, 2001 TO JUN 30, 2001 (LINE 12, 16)

### 3. Committee Information

I.D. NUMBER  
1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
VOLUNTEERS TO ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
909-597-3152 / wkrugers@earthlink.net

### Treasurer(s)

NAME OF TREASURER  
JANET KRUGER

MAILING ADDRESS  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
909-597-3152

### 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 9-3-04  
Date

Executed on SEPT 3, 04  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>JULY 1, 2001</u> through <u>DEC 31, 2001</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>60</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO ELECT BILL KRUGER

**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>75.00</u>	\$ <u>174.00</u>
2. Loans Received ..... Schedule B, Line 3	<u>0</u>	<u>1500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>75.00</u>	\$ <u>1674.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>75.00</u>	\$ <u>1674.00</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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>276.98</u>	\$ <u>356.06</u>
7. Loans Made ..... Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>276.98</u>	\$ <u>356.06</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. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>276.98</u>	\$ <u>356.06</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>309.52</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>75.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>0</u>
15. Cash Payments ..... Column A, Line 8 above	<u>276.98</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>107.52*</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
---	-------------

**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>1500.00</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).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

ORIGINAL

COVER PAGE

Date Stamp  
**RECEIVED**  
JUL 15 A9:22

**CALIFORNIA 2001/02 FORM 460**  
Page 1 of 7  
For Official Use Only

Statement covers period  
from JAN 1, 2002  
through JUN 30, 2002

Date of election if applicable  
(Month, Day, Year)  
11/5/02

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
- Ballot Measure Committee
  - Primarily Formed
  - Controlled
  - Sponsored  
(Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee  
(Also Complete Part 7)

**2. Type of Statement:** OFFICE OF CITY CLERK

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

VOLUNTEERS TO RE-ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

909-597-3152 wkrugers@earthlink.net

**Treasurer(s)**

NAME OF TREASURER

JANET KRUGER

MAILING ADDRESS

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

909-597-3152 wkrugers@earthlink.net

**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 7/14/02  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

Executed on 7/14/02  
Date

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA FORM 460**  
Page 2 of 7

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**BILL KRUGER**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**CHINO HILLS CITY COUNCIL MEMBER**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**1485 RANCHO HILLS DR CHINO HILLS CA 91709**

**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. 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 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

Statement covers period from <u>JAN 1, 2002</u> through <u>JUN 30, 2002</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>7</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

**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>0</u>	\$ <u>0</u>
2. Loans Received ..... Schedule B, Line 7	\$ <u>500<sup>00</sup></u>	\$ <u>2000<sup>00</sup></u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>500<sup>00</sup></u>	\$ <u>2000<sup>00</sup></u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>500<sup>00</sup></u>	\$ <u>2000<sup>00</sup></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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>146.46</u>	\$ <u>146.46</u>
7. Loans Made ..... Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>146.46</u>	\$ <u>146.46</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. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>146.46</u>	\$ <u>146.46</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>109.52</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>500<sup>00</sup></u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>146.46</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>463.06</u>
<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <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).

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ _____

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>JAN 1, 2002</u> through <u>JUN 30, 2002</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>7</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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)
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 0

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 0
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 0

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
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.

Statement covers period  
from JAN 1, 2002  
through JUN 30, 2002

**CALIFORNIA FORM 460**

Page 5 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

I.D. NUMBER

1225003

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
<u>WILBUR KRUGER JR (OFFICE HOLDER) 1485 RANCHO HILLS DR CHINO HILLS CA 91709</u>  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRED BUSINESS MAN</u>	<u>1500.00 CARRYOVER FROM PREV ELECT.</u> \$ _____	<u>500.00</u> \$ _____	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	<u>2000.00</u> DATE DUE _____	<u>0</u> % RATE	<u>2000.00</u> DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION \$ _____
† <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 DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <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 DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____

SUBTOTALS \$ 500 \$ 0 \$ 2000.00 \$ 0

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

**Schedule B Summary**

- Loans received this period ..... \$ 500.00  
(Total Column (b) plus unitemized loans 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 \$ 500.00  
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

† Contributor Codes  
IND – Individual    COM – Recipient Committee (other than PTY or SCC)    OTH – Other    PTY – Political Party    SCC – Small Contributor Committee

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period from <u>JAN 1, 2002</u> through <u>JUN 30, 2002</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>7</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

- |   |   |   |
|---|---|---|
| CMP 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  |
| LIT 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
<u>KELLY PAPER 1384 WEST SEVENTH AVE UPLAND, CA 91786</u>	<u>CMP</u>	<u>YELLOW LABEL PAPER</u>	<u>22.42</u>
<u>AMSTERDAM PO BOX 701 AMSTERDAM, NY 12010</u>	<u>CMP</u>	<u>#10 ENVELOPES</u>	<u>53.91</u>
<u>WELLS FARGO BANK</u>	<u>OFC</u>	<u>BANK CHARGES (5 MONTHS)</u>	<u>60.00</u>

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

**SUBTOTAL \$** 136.33

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$	<u>—</u>
2. Unitemized payments made this period of under \$100 .....	\$	<u>146.46</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$	<u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$</b>	<u>146.46</u>

**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 <u>JAN 1, 2002</u> through <u>JUN 30, 2002</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>7</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

- |   |   |   |
|---|---|---|
| CMP 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/spons |
| 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 I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>CHINO COMMERCIAL BANK 14345 PIPELINE AVE CHINO, CA 91710</u>	<u>OFC</u>	<u>CHECK CHARGES</u>	<u>10.13</u>

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

SUBTOTAL \$ 10.13

# Amendment to Campaign Disclosure Statement

Type or print in ink.

AMENDMENT

Date Stamp <b>RECEIVED</b>  2004 SEP -3 AM 8:19  OFFICE OF CITY CLERK CHINO HILLS	<b>CALIFORNIA</b> 1994 FORM <b>405</b>  For Official Use Only
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This form must be used to amend statements filed pursuant to Government Code Sections 84200-84216.5, and must be filed with all filing officers who received the statement being amended. NOTE: Do not use this form to amend a Statement of Organization, Form 410, Candidate Intention, Form 501, or a Campaign Bank Account, Form 502. Use the actual Form 410, 501 or 502, respectively, to make amendments.

The information required in Part I must correspond to the information provided on the campaign statement being amended.

## I Name of Filer (See important information on reverse.)

NAME OF FILER <b>VOLUNTEERS TO RE-ELECT BILL KRUGER</b>		I.D. NUMBER (IF APPLICABLE) <b>1225803</b>
MAILING ADDRESS OF FILER (NO. AND STREET) <b>1485 RANCHO HILLS DR</b>		
CITY <b>CHINO HILLS</b>	STATE <b>CA</b>	ZIP CODE <b>91709</b>
AREA CODE/DAYTIME PHONE NUMBER <b>909-597-4319</b>		
NAME OF TREASURER IF RECIPIENT COMMITTEE <b>JANET KRUGER</b>		
PERMANENT ADDRESS OF TREASURER: (IF APPLICABLE) (NO. AND STREET) <b>1485 RANCHO HILLS DR</b>		
CITY <b>CHINO HILLS</b>	STATE <b>CA</b>	ZIP CODE <b>91709</b>
AREA CODE/DAYTIME PHONE NUMBER <b>909-597-4319</b>		

## II Amendment Information

- A. The following information amends campaign disclosure statement, Form No. 460 executed on 7/15/02 for the period 1/1/02 through 6/30/02
- B. The amended information affects items on the:  
 Cover Page     Allocation Page     Summary Page  
 Schedule(s) \_\_\_\_\_     Part(s) \_\_\_\_\_
- C. Describe the changes below. Include in detail all information you wish to become a part of your official campaign statement. **Please attach a cover page, summary page and/or appropriate schedule(s) to this Form 405 if necessary for clarification.** Include additional information on appropriately labeled continuation sheets. (Number of sheets attached 2)  
**CARRIES OVER THE \$2 CORRECTION ON PREVIOUS PERIOD SUMMARY SHEET  
 ENDING CASH BALANCE WAS \$463.06  
 CHANGED TO \$461.06**

## III Verification (See important information on reverse.)

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 SEPT 3, 04 At CHINO HILLS CA

By [Signature]  
SIGNATURE OF TREASURER OR FILER

**Officeholder, candidate, state measure proponent, or sponsored committee responsible officer verification:** I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 SEPT 3 04 At CHINO HILLS CA

By [Signature]  
SIGNATURE OF OFFICEHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICER

Executed on \_\_\_\_\_ At \_\_\_\_\_

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER, CANDIDATE OR PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER, CANDIDATE OR PROPONENT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>JAN 1, 2002</u> through <u>JUN 30, 2002</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 5, 02</u>
---	---

Date Stamp <b>RECEIVED</b> 2004 SEP -3 AM 8:19 OFFICE OF CITY CLERK CHINO HILLS	<b>CALIFORNIA 460</b> 2001/02 FORM Page <u>19</u> of <u>7</u> For Official Use Only
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**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Ballot Measure Committee<br><input type="checkbox"/> Primarily Formed<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement                | <input type="checkbox"/> Quarterly Statement                                     |
| <input type="checkbox"/> Semi-annual Statement                | <input type="checkbox"/> Special Odd-Year Report                                 |
| <input type="checkbox"/> Termination Statement                | <input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below) |  |

CORRECTED THE SUMMARY PAGE BEGINNING  
AND ENDING CASH BALANCE (-\$2) FROM  
PREVIOUS CORRECTED FORM 460 (LWET2,16)

**3. Committee Information**

I.D. NUMBER  
1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

VOLUNTEERS TO RE-ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

909-597-3152 wkrugers@earthlink.net

**Treasurer(s)**

NAME OF TREASURER

JANET KRUGER

MAILING ADDRESS

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

909-597-3152

**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 9-3-04  
Date

Executed on SEPT 3, 04  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>JAN 1, 2002</u>	<b>CALIFORNIA FORM 460</b>
through <u>JUN 30, 2002</u>	
Page <u>3</u> of <u>7</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

**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>0</u>	\$ <u>0</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>500<sup>00</sup></u>	\$ <u>2000<sup>00</sup></u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>500<sup>00</sup></u>	\$ <u>2000<sup>00</sup></u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>500<sup>00</sup></u>	\$ <u>2000<sup>00</sup></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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>146<sup>46</sup></u>	\$ <u>146<sup>46</sup></u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>146<sup>46</sup></u>	\$ <u>146<sup>46</sup></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. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>146<sup>46</sup></u>	\$ <u>146<sup>46</sup></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**

*CORRECTED \**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>107<sup>52</sup></u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>500<sup>00</sup></u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>146<sup>46</sup></u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>461<sup>06</sup> *</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).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

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	\$ <u>0</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>2000<sup>00</sup></u>

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

11

ORIGINAL

COVER PAGE

Date Stamp	<b>CALIFORNIA 2001/02 FORM</b>	<b>460</b>
<b>RECEIVED</b>	Page <u>1</u> of <u>8</u>	
	For Official Use Only	

Statement covers period from <u>JULY 1, 02</u> through <u>SEP 30, 02</u>	Date of election if applicable (Month, Day, Year) <u>11/5/02</u> '02
--	--

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
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored  
*(Also Complete Part 6)*
- Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 7)*

**2. Type of Statement:** OFFICE OF CITY CLERK

- Preelection Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
VOLUNTEERS TO RE-ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

**Treasurer(s)**

NAME OF TREASURER  
JANET KRUGER

MAILING ADDRESS  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
909-597-3152 wknugens@earthlink.net

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 10/5/02  
Date

Executed on 10/5/02  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

<b>CALIFORNIA FORM</b>	<b>460</b>
Page <u>2</u> of <u>8</u>	

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

**BILL KRUGER**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

**CHINO HILLS CITY COUNCIL MEMBER**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**1485 RANCHO HILLS DR CHINO HILLS CA 91709**

**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. 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 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

Statement covers period from <u>JULY 02</u> through <u>SEPT 30, 02</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>8</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

**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>3070.00</u>	\$ <u>3070.00</u>
2. Loans Received ..... Schedule B, Line 7	<u>500.00</u>	<u>2500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>3570.00</u>	\$ <u>5570.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>3570.00</u>	\$ <u>5570.00</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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>3463.26</u>	\$ <u>3609.66</u>
7. Loans Made ..... Schedule H, Line 7	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>3463.26</u>	\$ <u>3609.66</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. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>3463.26</u>	\$ <u>3609.66</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>463.06</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>3570.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>0</u>
15. Cash Payments ..... Column A, Line 8 above	<u>3463.26</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>569.80</u>

If this is a termination statement, Line 16 must be zero.

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>
---	-------------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ _____

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from JULY 1, 02  
through SEPT 30, 02

**CALIFORNIA FORM 460**

Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

I.D. NUMBER  
1225003

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)
9/24	ABRAHAM H OVSODIOW [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESS EXECUTIVE	100 <sup>00</sup>	100 <sup>00</sup>	
9/16	RON NADEAU [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PARK RANGER	100 <sup>00</sup>	100 <sup>00</sup>	
8/25	RAY MARQUIET [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FIREFIGHTER	100 <sup>00</sup>	100 <sup>00</sup>	
8/17	APEX BAN BANDS INC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200 <sup>00</sup>	200 <sup>00</sup>	
8/7	AGUIAR FOR SUPERVISOR I.D. 971712 [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250 <sup>00</sup>	250 <sup>00</sup>	

SUBTOTAL \$ 750<sup>00</sup>

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 950<sup>00</sup>
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 210<sup>00</sup>
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 3070<sup>00</sup>

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
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 <u>JULY 1, 02</u> through <u>SEPT 30, 02</u>	<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>8</u>	I.D. NUMBER <u>1225003</u>

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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)
8/25	JOHN STADLER (CWO) [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	200 <sup>00</sup>	200 <sup>00</sup>	
		<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 \$ 200<sup>00</sup>

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
(other than PTY or SCC)  
OTH - Other  
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.

Statement covers period  
from JULY 1, 02  
through SEPT 30, 02

**CALIFORNIA FORM 460**

Page 6 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**VOLUNTEERS TO RE-ELECT BILL KRUGER**

I.D. NUMBER

**1225003**

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
WILBURN "BILL" KRUGER 1495 RANCHO HILLS DR CHINO HILLS CA 91709  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED (CURRENT CH CITY ADMINISTRATOR)	\$ 2000 <sup>00</sup>	\$ 500 <sup>00</sup>	<input checked="" type="checkbox"/> PAID \$ 0 <input checked="" type="checkbox"/> FORGIVEN \$ 0	\$ 2500 <sup>00</sup>	0 % RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION \$ _____
† <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 \$ _____	\$ _____	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <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 \$ _____	\$ _____	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____

SUBTOTALS \$ 500<sup>00</sup> \$ 0 \$ 2500<sup>00</sup> \$ 0

**Schedule B Summary**

1. Loans received this period ..... \$ 500<sup>00</sup>  
(Total Column (b) plus unitemized loans less than \$100.)
2. 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.)
3. Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 500<sup>00</sup>  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

† Contributor Codes

IND – Individual    COM – Recipient Committee (other than PTY or SCC)    OTH – Other    PTY – Political Party    SCC – Small Contributor Committee

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period from <u>JULY 1, 02</u> through <u>SEP 30, 02</u>	<b>CALIFORNIA FORM 460</b>
Page <u>7</u> of <u>8</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

- |   |   |   |
|---|---|---|
| CMP 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  |
| LIT 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
<u>STAPLES PO Box 9256 FRAMINGHAM MA 01701</u>	<u>LIT</u>		<u>483.54</u>
<u>CHAMPION NEWSPAPER 1317 9 NINTH ST CHICO CA 95709</u>	<u>PRT</u>		<u>361.62</u>
<u>JUAN POLO 5491 PHILADELPHIA CHICO CA</u>	<u>FND</u>		<u>474.10</u>

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

**SUBTOTAL \$ 1319.26**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$ <u>2667.88</u>
2. Unitemized payments made this period of under \$100 .....	\$ <u>795.38</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$ <u>3463.26</u></b>

**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 <u>JULY 1, 02</u> through <u>SEPT 30, 02</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>8</u> of <u>8</u>
I.D. NUMBER <u>1225003</u>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

- |   |   |  |
|---|---|--|
| CMP 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/spor |
| 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 I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>PR MEDIA SOLUTIONS 3233 GRAND AVE N 336 CHINO HILLS CA 91709</u>	<u>LIT</u>			<u>211.19</u>
<u>CIRCUIT CITY POMONA CA 91766-6206</u>	<u>FND</u>			<u>129.89</u>
<u>KELLY PAPER</u>	<u>LIT</u>			<u>152.54</u>
<u>CAL VOTER GUIDE</u>	<u>LIT</u>			<u>100.00</u>
<u>CITY OF CHINO HILLS 2001 GRAND AVE CHINO HILLS CA 91709</u>	<u>FND</u>	<u>(McCoy Rental)</u>		<u>345.00</u>
	<u>FIL</u>			<u>410.00</u>

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

SUBTOTAL \$1347.62

# Amendment to Campaign Disclosure Statement

Type or print in ink.

AMENDMENT

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Page Stamp

2004 SEP -3 AM 8:19

OFFICE OF CITY CLERK  
CHINO HILLS

CALIFORNIA 1994 FORM 405

For Official Use Only

This form must be used to amend statements filed pursuant to Government Code Sections 84200-84216.5, and must be filed with all filing officers who received the statement being amended. NOTE: Do not use this form to amend a Statement of Organization, Form 410, Candidate Intention, Form 501, or a Campaign Bank Account, Form 502. Use the actual Form 410, 501 or 502, respectively, to make amendments.

The information required in Part I must correspond to the information provided on the campaign statement being amended.

## I Name of Filer (See important information on reverse.)

NAME OF FILER

VOLUNTEERS TO RE-BUCKET BILL KRUGER

I.D. NUMBER (IF APPLICABLE)

1225003

MAILING ADDRESS OF FILER (NO. AND STREET)

1485 RANCHO HILLS DR

CITY

CHINO HILLS

STATE

CA

ZIP CODE

91709

AREA CODE/DAYTIME PHONE NUMBER

909-597-4319

NAME OF TREASURER IF RECIPIENT COMMITTEE

JANET KRUGER

PERMANENT ADDRESS OF TREASURER: (IF APPLICABLE)

1485 RANCHO HILLS DR

(NO. AND STREET)

CITY

CHINO HILLS

STATE

CA

ZIP CODE

91709

AREA CODE/DAYTIME PHONE NUMBER

909-597-4319

## II Amendment Information

A. The following information amends campaign disclosure statement, Form No. 460

executed on 7/1/02 for the period 7/1/02 through 9/30/02  
(MO, DAY, YR) (MO, DAY, YR) (MO, DAY, YR)

B. The amended information affects items on the:

Cover Page  Allocation Page  Summary Page  
 Schedule(s)  Part(s)

C. Describe the changes below. Include in detail all information you wish to become a part of your official campaign statement. **Please attach a cover page, summary page and/or appropriate schedule(s) to this Form 405 if necessary for clarification.** Include additional information on appropriately labeled continuation sheets. (Number of sheets attached           )  
CARRIED OVER THE -#2 CORRECTION ON PREVIOUS PERIOD SUMMARY SHEET ENDING CASH BALANCE WAS \$569.80 CORRECTED TO \$567.80

## III Verification (See important information on reverse.)

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 SEPT 3, 04 At CHINO HILLS CA  
DATE CITY AND STATE

By [Signature]  
SIGNATURE OF TREASURER OR FILER

**Officeholder, candidate, state measure proponent, or sponsored committee responsible officer verification:** I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 SEPT 3, 04 At CHINO HILLS CA  
DATE CITY AND STATE

By [Signature]  
SIGNATURE OF OFFICEHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICER

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER, CANDIDATE OR PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER, CANDIDATE OR PROPONENT

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp  
**RECEIVED**  
SEP -3 AM 8:19  
CITY CLERK  
CHINO HILLS

**CALIFORNIA 460**  
2001/02  
FORM

Page 1 of 7  
For Official Use Only

Statement covers period  
from JULY 1, 02  
through SEP 30, 02

Date of election if applicable:  
(Month, Day, Year) 2004 NOV 5, 02

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
- Ballot Measure Committee
  - Primarily Formed
  - 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
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

CORRECTION THE SUMMARY PAGE BEGINNING  
AND ENDING CASH BALANCE (-\$2) FROM  
PREVIOUS CORRECTED FORM 460 (LINE 12, 16)

**3. Committee Information**

I.D. NUMBER  
1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

VOLUNTEERS TO RE-ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE

CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

909-597-3152 / wkrugers@earthlink.net

**Treasurer(s)**

NAME OF TREASURER

JANET KRUGER

MAILING ADDRESS

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE

CHINO HILLS CA 91709 909-597-4319

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 9-3-04  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

Executed on SEP 3, 04  
Date

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>JUL 1, 02</u> through <u>SEP 30, 02</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>7</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

**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>3070<sup>00</sup></u>	\$ <u>3070<sup>00</sup></u>
2. Loans Received ..... Schedule B, Line 3	<u>500<sup>00</sup></u>	<u>2500<sup>00</sup></u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>3570<sup>00</sup></u>	\$ <u>5570<sup>00</sup></u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>3570<sup>00</sup></u>	\$ <u>5570<sup>00</sup></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**

	Column A	Column B
6. Payments Made ..... Schedule E, Line 4	\$ <u>3463<sup>26</sup></u>	\$ <u>3609<sup>66</sup></u>
7. Loans Made ..... Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>3463<sup>26</sup></u>	\$ <u>3609<sup>66</sup></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. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>3463<sup>26</sup></u>	\$ <u>3609<sup>66</sup></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**

*CORRECTION \**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>46106*</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>3570<sup>00</sup></u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>0</u>
15. Cash Payments ..... Column A, Line 8 above	<u>3463.26</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>567.90*</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).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

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	\$ <u>0</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>2500<sup>00</sup></u>

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

12

ORIGINAL

COVER PAGE

Date Stamp  
**RECEIVED**  
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**CALIFORNIA 2001/02 FORM 460**

Page 1 of 7  
For Official Use Only

Statement covers period  
from 10/1/02  
through 10/19/02

Date of election if applicable:  
(Month, Day, Year)  
11/5/02

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
- Ballot Measure Committee
  - Primarily Formed
  - 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
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

VOLUNTEERS TO RE-ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE

CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

909-597-4319 wkrugers@earthlink.net

**Treasurer(s)**

NAME OF TREASURER

JANET KRUGER

MAILING ADDRESS

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE

CHINO HILLS CA 91709 909-597-4319

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 10/24/02  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

Executed on 10/24/02  
Date

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

<b>CALIFORNIA</b>		<b>460</b>
<b>FORM</b>		
Page <u>2</u>	of <u>7</u>	

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**BILL KRUGER**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**CHINO HILLS CITY COUNCIL MEMBER**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**1485 RANCHO HILLS DR CHINO HILLS CA 91709**

**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. 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 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

Statement covers period from <u>OCT 1, 02</u> through <u>OCT 19, 02</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>7</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

**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>120<sup>00</sup></u>	\$ <u>3190.<sup>00</sup></u>
2. Loans Received ..... Schedule B, Line 7	\$ <u>500<sup>00</sup></u>	\$ <u>3000.<sup>00</sup></u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>620<sup>00</sup></u>	\$ <u>6190<sup>00</sup></u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>620<sup>00</sup></u>	\$ <u>6190<sup>00</sup></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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>605.08</u>	\$ <u>4214.74</u>
7. Loans Made ..... Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>605.08</u>	\$ <u>4214.74</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>404.63</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>1009.71</u>	\$ <u>4214.74</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>569.80</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>620<sup>00</sup></u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>605.08</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>584.72</u>
<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <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).

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ _____

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>OCT 1, 02</u> through <u>OCT 19, 02</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>7</u>
I.D. NUMBER <u>1225003</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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)
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 0
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 120<sup>00</sup>
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 120<sup>00</sup>

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
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.

Statement covers period from <u>10/1/02</u> through <u>10/19/02</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>7</u>
I.D. NUMBER <u>1225003</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
**VOLUNTEERS TO RE-ELECT BILL KRUGER**

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
WILBURN "BILL" KRUGER 1485 RANCHO HILLS DR CHINO HILLS CA 91709	Retired	\$ <u>2500<sup>00</sup></u>	\$ <u>500<sup>00</sup></u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>3000<sup>00</sup></u> DATE DUE _____	<u>0</u> % RATE	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION \$ _____
† <input checked="" 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 DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <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 DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <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 DUE _____	_____% RATE	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
		SUBTOTALS \$ <u>500</u>		\$ <u>0</u>	\$ <u>3000<sup>00</sup></u>	\$ <u>0</u>		

**Schedule B Summary**

1. Loans received this period ..... \$ 500<sup>00</sup>  
(Total Column (b) plus unitemized loans less than \$100.)

2. 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.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 500<sup>00</sup>  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

† Contributor Codes  
IND – Individual    COM – Recipient Committee (other than PTY or SCC)    OTH – Other    PTY – Political Party    SCC – Small Contributor Committee

**Schedule E  
Payments Made**

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

SCHEDULEE

Statement covers period from <u>10/1/02</u> through <u>10/19/02</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>7</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

- |   |   |   |
|---|---|---|
| CMP 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  |
| LIT 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
<u>PR MEDIA SOLUTIONS 3233 GRAND AVE N336 CHINO HILLS CA 91709</u>	<u>LIT</u>		<u>357.65</u>
<u>CITY OF CHINO HILLS 2001 GRAND AVE CHINO HILLS CA 91709</u>	<u>MTG</u>		<u>170.00</u>

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

SUBTOTAL \$ 527.65

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$ <u>527.65</u>
2. Unitemized payments made this period of under \$100 .....	\$ <u>77.43</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$ <u>605.08</u></b>

**Schedule F  
Accrued Expenses (Unpaid Bills)**

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

Statement covers period from <u>10/1/02</u> through <u>10/19/02</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>7</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

- |   |   |   |
|---|---|---|
| CMP 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/spons |
| 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
<u>HP BUSINESS STORE www.BUY.HP.com</u>	<u>LIT</u>	<u>0</u>	<u>269.95</u>	<u>0</u>	<u>269.95</u>
<u>COMP USA 9059 CENTRAL AVE CITRO CA 91763</u>	<u>LIT</u>	<u>0</u>	<u>134.68</u>	<u>0</u>	<u>134.68</u>

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

SUBTOTALS \$ 0 \$ 404.63 \$ 0 \$ 404.63

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** 404.63
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** 0
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** 404.63  
May be a negative number

# Amendment to Campaign Disclosure Statement

Type or print in Ink.

AMENDMENT

This form must be used to amend statements filed pursuant to Government Code Sections 84200-84216.5, and must be filed with all filing officers who received the statement being amended. NOTE: Do not use this form to amend a Statement of Organization, Form 410, Candidate Intention, Form 501, or a Campaign Bank Account, Form 502. Use the actual Form 410, 501 or 502, respectively, to make amendments.

The information required in Part I must correspond to the information provided on the campaign statement being amended.

Date Stamp <b>RECEIVED</b> 2004 SEP -3 AM 8:19 OFFICE OF CITY CLERK CHINO HILLS	<b>CALIFORNIA</b> 1994 FORM <b>405</b>  For Official Use Only
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## I Name of Filer (See important information on reverse.)

NAME OF FILER <u>VOLUNTEERS TO RE-ELECT BILL KRUGER</u>		I.D. NUMBER (IF APPLICABLE) <u>1225003</u>
MAILING ADDRESS OF FILER (NO. AND STREET) <u>1485 RANCHO HILLS DR</u>		
CITY <u>CHINO HILLS</u>	STATE <u>CA</u>	ZIP CODE <u>91709</u>
AREA CODE/DAYTIME PHONE NUMBER <u>909-597-4319</u>		
NAME OF TREASURER IF RECIPIENT COMMITTEE <u>JANET KRUGER</u>		
PERMANENT ADDRESS OF TREASURER: (IF APPLICABLE) (NO. AND STREET) <u>1485 RANCHO HILLS DR</u>		
CITY <u>CHINO HILLS</u>	STATE <u>CA</u>	ZIP CODE <u>91709</u>
AREA CODE/DAYTIME PHONE NUMBER <u>909-597-4319</u>		

## II Amendment Information

- A. The following information amends campaign disclosure statement, Form No. 400 executed on 10/25/02 for the period 10/1/02 through 10/19/02
- B. The amended information affects items on the:  
 Cover Page     Allocation Page     Summary Page  
 Schedule(s) \_\_\_\_\_     Part(s) \_\_\_\_\_
- C. Describe the changes below. Include in detail all information you wish to become a part of your official campaign statement. **Please attach a cover page, summary page and/or appropriate schedule(s) to this Form 405 if necessary for clarification.** Include additional information on appropriately labeled continuation sheets. (Number of sheets attached \_\_\_\_\_)  
CORRECTED THE SUMMARY PAGE IN THE FOLLOWING AREAS: ACCRUED EXPENSES (COLUMN B), TOTAL EXPENDITURES MADE (COLUMN B), BEGINNING CASH BALANCE, ENDING CASH BALANCE, OUTSTANDING DEBT (LINE 19)

## III Verification (See important information on reverse.)

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 SEPT 3, 04 At CHINO HILLS CA

By [Signature]  
SIGNATURE OF TREASURER OR FILER

**Officeholder, candidate, state measure proponent, or sponsored committee responsible officer verification:** I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 SEPT 3, 04 At CHINO HILLS CA

By [Signature]  
SIGNATURE OF OFFICEHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICER

Executed on \_\_\_\_\_ At \_\_\_\_\_

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER, CANDIDATE OR PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER, CANDIDATE OR PROPONENT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>OCT 1, 02</u> through <u>OCT 19, 02</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 5, 02</u>
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Date Stamp <b>RECEIVED</b> 2004 SEP -3 AM 8:19 CITY CLERK CHINO HILLS	<b>CALIFORNIA 460</b> 2001/02 FORM Page <u>1</u> of <u>7</u> For Official Use Only
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**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Ballot Measure Committee<br><input type="checkbox"/> Primarily Formed<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement                | <input type="checkbox"/> Quarterly Statement                                     |
| <input type="checkbox"/> Semi-annual Statement                | <input type="checkbox"/> Special Odd-Year Report                                 |
| <input type="checkbox"/> Termination Statement                | <input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below) |  |

CORRECTED THE SUMMARY PAGE ON THE FOLLOWING LINES:  
9 (column B), 11 (column B), 12, 16, 19 NO CHANGES ON DETAIL  
SCHEDULES

**3. Committee Information**

I.D. NUMBER  
1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

VOLUNTEERS TO RE-ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

909-597-3152 / wkrugers@earthlink.net

**Treasurer(s)**

NAME OF TREASURER

JANET KRUGER

MAILING ADDRESS

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

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 9-4-04  
Date

Executed on SEPT 3, 04  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>OCT 1, 02</u> through <u>OCT 19, 02</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>7</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
VOLUNTEERS TO RE-ELECT BILL KRUGER

**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>170<sup>00</sup></u>	\$ <u>3190<sup>00</sup></u>
2. Loans Received ..... Schedule B, Line 3	<u>500<sup>00</sup></u>	<u>3000<sup>00</sup></u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>620<sup>00</sup></u>	\$ <u>6190<sup>00</sup></u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>620<sup>00</sup></u>	\$ <u>6190<sup>00</sup></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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>605<sup>08</sup></u>	\$ <u>4214<sup>74</sup></u>
7. Loans Made ..... Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>605<sup>08</sup></u>	\$ <u>4214<sup>74</sup></u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>404<sup>63</sup></u>	<u>404<sup>63</sup></u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>1009<sup>71</sup></u>	\$ <u>4619<sup>37</sup>*</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>567<sup>80</sup>*</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>620<sup>00</sup></u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>0</u>
15. Cash Payments ..... Column A, Line 8 above	<u>605<sup>08</sup></u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>582<sup>72</sup>*</u>

If this is a termination statement, Line 16 must be zero.

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).

**Cash Equivalents and Outstanding Debts**

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
18. Cash Equivalents ..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>3409<sup>63</sup>*</u>

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Original

COVER PAGE

Date Stamp	<b>CALIFORNIA 2001/02 FORM</b>	<b>460</b>
<b>RECEIVED</b>	Page <u>1</u> of <u>8</u>	
JAN 22 11:51:03	For Official Use Only	

Statement covers period from <u>10-20-02</u> through <u>12-31-02</u>	Date of election if applicable: (Month, Day, Year) <u>11/5/02 '03</u>
--	---

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
- Ballot Measure Committee
- Primarily Formed
- 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
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
VOLUNTEERS TO RE-ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
909-597-3152 wkrugers@earthlink.net

**Treasurer(s)**

NAME OF TREASURER  
JANET KRUGER

MAILING ADDRESS  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

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 1/20/03  
Date

Executed on 1/20/03  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM		<b>460</b>
Page	<u>2</u>	of <u>8</u>

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**BILL KRUGER**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**CHINO HILLS CITY COUNCIL MEMBER**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**1485 RANCHO HILLS DR CHINO HILLS CA 91709**

**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. 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 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

Statement covers period from <u>10/20/02</u> through <u>12/31/02</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>8</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

**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>1313.09</u>	\$ <u>4503.09</u>
2. Loans Received ..... Schedule B, Line 7	\$ <u>500.00</u>	\$ <u>3500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>1813.09</u>	\$ <u>8003.09</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>1813.09</u>	\$ <u>8003.09</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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>1604.88</u>	\$ <u>5819.62</u>
7. Loans Made ..... Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>1604.88</u>	\$ <u>5819.62</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>&lt;404.63&gt;</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>1200.25</u>	\$ <u>5819.62</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>569.80</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>1813.09</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>1604.88</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>778.01</u>
<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <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).

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>3500.00</u>

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from 10/20/02  
through 12/31/02

**CALIFORNIA FORM 460**

Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

I.D. NUMBER

1225003

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)
10/28	LAKE LOS SERRANOS CO [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250 <sup>00</sup>	250 <sup>00</sup>	
10/25	BIG LEAGUE DREAMS [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 <sup>00</sup>	500 <sup>00</sup>	
10/25	MANUFACTURED HOUSING, EDOC. PAC [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250 <sup>00</sup>	250 <sup>00</sup>	
12/1	ALAN BENSON [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENGINEER	150 <sup>00</sup>	150 <sup>00</sup>	
12/26	CITY OF CHINO HILLS [REDACTED] (REFUND OF EXCESS ELECTION STATEMENT)	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		108.09	108.09	

SUBTOTAL \$

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 1258<sup>09</sup>
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 55<sup>00</sup>
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 1313<sup>09</sup>

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
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.

Statement covers period  
from 10/20/02  
through 12/31/02

**CALIFORNIA FORM 460**

Page 5 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**VOLUNTEERS TO RE-ELECT BILL KRUGER**

I.D. NUMBER

**1225003**

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
WILSON "BILL" KRUGER 1485 DANDELIO HILLS DR CARNO HILLS CA 91709  † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$ <u>3000<sup>00</sup></u>	\$ <u>500</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>3500<sup>00</sup></u>  DATE DUE _____	<u>0</u> % RATE \$ _____	\$ _____  DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION \$ _____
† <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 DUE _____	_____% RATE \$ _____	\$ _____  DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <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 DUE _____	_____% RATE \$ _____	\$ _____  DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
SUBTOTALS \$ <u>500</u> \$ <u>0</u> \$ <u>3500</u> \$ <u>0</u>								

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

**Schedule B Summary**

- Loans received this period ..... \$ 500<sup>00</sup>  
(Total Column (b) plus unitemized loans 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 \$** 500<sup>00</sup>  
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

† Contributor Codes

IND – Individual    COM – Recipient Committee (other than PTY or SCC)    OTH – Other    PTY – Political Party    SCC – Small Contributor Committee

**Schedule E  
Payments Made**

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

SCHEDULEE

Statement covers period from <u>10/20/02</u> through <u>12/31/02</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>8</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

CMP 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
LIT 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
<u>INKSELL INC. WWW.INKSELL.COM SAN ANTONIO TEXAS 78216</u>	<u>LIT</u>	<u>9</u>		<u>246.77</u>
<u>KELLY PAPER 84 WEST SHERBORN UPLAND CA 91786</u>	<u>LIT</u>			<u>32.47</u>
<u>OFFICE DEPOT 5391 MORNVOST MONTECLAIR CA 91763</u>				<u>68.95</u>

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

SUBTOTAL \$ 1536.88

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$ <u>1536.88</u>
2. Unitemized payments made this period of under \$100 ..... <u>(EVA PARTY SHARE)</u>	\$ <u>68.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	TOTAL \$ <u>1604.88</u>

**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 <u>10/29/02</u> through <u>12/31/02</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>8</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**VOLUNTEERS TO RE-ELECT BILL KRUGER**

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

CMP 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/spon
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 I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RP PRINTING 14736 MORNINGFIELD DR CHINO HILLS CA 91709	LIT		798.88
STAPLES 4016 GRAND AVE CHINO HILLS CA 91709	LIT		63.56
RAGLAND GRAPHICS CHINO HILLS CA 91709	PRT		265.00
COSTCO 13111 PONTON DR CHINO HILLS CA 91709	MTG		61.25

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

SUBTOTAL \$ 1188.69

**Schedule F  
Accrued Expenses (Unpaid Bills)**

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

Statement covers period from <u>10/20/02</u> through <u>12/31/02</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>8</u> of <u>8</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

- |   |   |  |
|---|---|--|
| CMP 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/spons. |
| 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
HP BUSINESS STORE www.buy.hp.com	LIT	269.95	0	269.95	0
COMP USA 9059 CENTRAL AVE CANA CA 91763	LIT	134.68	0	134.68	0

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

SUBTOTALS \$ 404.63 \$ 0 \$ 404.63 \$ 0

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** 0
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** 404.63
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** <404.63>  
May be a negative number

# Amendment to Campaign Disclosure Statement

Type or print in ink.

AMENDMENT

This form must be used to amend statements filed pursuant to Government Code Sections 84200-84216.5, and must be filed with all filing officers who received the statement being amended. NOTE: Do not use this form to amend a Statement of Organization, Form 410, Candidate Intention, Form 501, or a Campaign Bank Account, Form 502. Use the actual Form 410, 501 or 502, respectively, to make amendments.

The information required in Part I must correspond to the information provided on the campaign statement being amended.

Date Stamp <b>RECEIVED</b> 2004 SEP -3 AM 8:20 OFFICE OF CITY CLERK CHINO HILLS	CALIFORNIA 1994 FORM <b>405</b> For Official Use Only
---	---

## I Name of Filer (See important information on reverse.)

NAME OF FILER <b>VOLUNTEERS TO RE-ELECT BILL KRUGER</b>		I.D. NUMBER (IF APPLICABLE) <b>1225003</b>
MAILING ADDRESS OF FILER (NO. AND STREET) <b>1485 RANCHO HILLS DR</b>		
CITY <b>CHINO HILLS</b>	STATE <b>CA</b>	ZIP CODE <b>91709</b>
AREA CODE/DAYTIME PHONE NUMBER <b>909-597-4319</b>		
NAME OF TREASURER IF RECIPIENT COMMITTEE <b>JANET KRUGER</b>		
PERMANENT ADDRESS OF TREASURER: (IF APPLICABLE) (NO. AND STREET) <b>1485 RANCHO HILLS DR</b>		
CITY <b>CHINO HILLS</b>	STATE <b>CA</b>	ZIP CODE <b>91709</b>
AREA CODE/DAYTIME PHONE NUMBER <b>909-597-4319</b>		

## II Amendment Information

A. The following information amends campaign disclosure statement, Form No. 460, executed on 10/20/02 for the period 10/20/02 through 12/31/02 (MO, DAY, YR) (MO, DAY, YR) (MO, DAY, YR)

B. The amended information affects items on the:  
 Cover Page     Allocation Page     Summary Page  
 Schedule(s) E     Part(s) \_\_\_\_\_

C. Describe the changes below. Include in detail all information you wish to become a part of your official campaign statement. **Please attach a cover page, summary page and/or appropriate schedule(s) to this Form 405 if necessary for clarification.** Include additional information on appropriately labeled continuation sheets. (Number of sheets attached 4)  
**REVISED SCHEDULE E & SUMMARY SHEET TO PROPERLY REFLECT THE PAYMENT OF \$40463 ACCRUED EXPENSE CARRIED OVER CORRECTED BALANCE FROM 10/1/02 TO 10/19/02 FORM 460'S**

## III Verification (See important information on reverse.)

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 SEPT 3, 04 At CHINO HILLS CA By [Signature]  
DATE CITY AND STATE SIGNATURE OF TREASURER OR FILER

**Officeholder, candidate, state measure proponent, or sponsored committee responsible officer verification:** I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 SEPT 3, 04 At CHINO HILLS CA By [Signature]  
DATE CITY AND STATE SIGNATURE OF OFFICEHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICER

Executed on \_\_\_\_\_ At CHINO HILLS CA By \_\_\_\_\_  
DATE CITY AND STATE SIGNATURE OF OFFICEHOLDER, CANDIDATE OR PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_ By \_\_\_\_\_  
DATE CITY AND STATE SIGNATURE OF OFFICEHOLDER, CANDIDATE OR PROPONENT

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp <b>RECEIVED</b> 2004 SEP -3 AM 8:20	<b>CALIFORNIA 460</b> 2001/02 FORM
	Page <u>1</u> of <u>8</u>
For Official Use Only OFFICE OF CITY CLERK CHINO HILLS	

Statement covers period from <u>OCT 20, 02</u> through <u>DEC 31, 02</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 5, 02</u>
--	---

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Ballot Measure Committee<br><input type="checkbox"/> Primarily Formed<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement                | <input type="checkbox"/> Quarterly Statement                                     |
| <input type="checkbox"/> Semi-annual Statement                | <input type="checkbox"/> Special Odd-Year Report                                 |
| <input type="checkbox"/> Termination Statement                | <input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below) |  |

REMOVED SCHEDULE E (40000 SHEET TA) AND  
SUMMARY SHEET TO PROPERTY REQUEST THE PAYMENT  
\$404.63 ACCRUED BY MRS. CAROL ANN OVER CORRECTED BALANCE  
FROM 10/1/02 TO 10/19/02 FROM 460'S

**3. Committee Information**

I.D. NUMBER  
1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

VOLUNTEERS TO RE-ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

909-597-3152 / wkrugers@earthlink.net

**Treasurer(s)**

NAME OF TREASURER

JANET KRUGER

MAILING ADDRESS

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

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 9-3-04  
Date

Executed on SEP 3, 04  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>OCT 20, 02</u> through <u>DEC 31, 02</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>8</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

**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>1313.09</u>	\$ <u>4503.09</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>500.00</u>	\$ <u>3500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>1813.09</u>	\$ <u>8003.09</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>1813.09</u>	\$ <u>8003.09</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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>2009.51*</u>	\$ <u>6224.29*</u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>2009.51*</u>	\$ <u>6224.29*</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>&lt;404.63&gt;</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>1604.88*</u>	\$ <u>6224.29*</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**

CORRECTED

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>582.72*</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>1813.09</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>2009.51*</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>386.30*</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).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>3500.00</u>

CORRECTED \*

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period from <u>OCT 20, 02</u> through <u>DEC 31, 02</u>	<b>CALIFORNIA FORM 460</b>
Page <u>6</u> of <u>8</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

CMP 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
LIT 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
<u>INKSELL INC WWW.INKSELL.COM SAN ANTONIO TX 78216</u>	<u>LIT</u>		<u>246.77</u>
<u>KELLY PAPPE 84 WEST SOKANTA UPLAND CA 91786</u>	<u>LIT</u>		<u>32.47</u>
<u>OFFICE DEPOT 5391 MORGAN ST MONTCLAIR CA 91763</u>	<u>LIT</u>		<u>68.95</u>

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

SUBTOTAL \$ 1941.51 \*

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$ <u>1941.51</u> *
2. Unitemized payments made this period of under \$100	<u>(ELECTION PARTY SHARE)</u> \$ <u>68.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>2009.51</u> ↓

CORRECTION \*

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

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

NEW PAGE X

SCHEDULE E (CONT.)

Statement covers period from <u>OCT 20, 02</u> through <u>DEC 30, 02</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7A</u> of <u>8</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

- |   |   |   |
|---|---|---|
| CMP 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  |
| LIT 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
HP BUSINESS STORE WWW.BUY.HP.COM	LIT		269.95
COMP USA 9059 CENTRAL AVE CHINO CA 91763	LIT		134.68

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

**SUBTOTAL \$ 404.63**

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

ORIGINAL

COVER PAGE

Date Stamp	<b>CALIFORNIA 2001/02 FORM</b>	<b>460</b>
RECEIVED	Page <u>1</u> of <u>6</u>	
2003 JUL 29 AM 10:21	For Official Use Only	
OFFICE OF CITY CLERK CHINO HILLS		

Statement covers period  
from JAN 1 2003  
through JUNE 30, 2003

Date of election if applicable:  
(Month, Day, Year)  
11/5/02

14

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
- Ballot Measure Committee
  - Primarily Formed
  - 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
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
VOLUNTEERS TO RE-ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
909-597-3152 wkrugers@earthlink.net

**Treasurer(s)**

NAME OF TREASURER  
JANET K KRUGER

MAILING ADDRESS  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHO

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 7/28/03  
Date

Executed on 7/28/03  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

<b>CALIFORNIA FORM 460</b>	
Page <u>2</u> of <u>6</u>	

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
BILL KRUGER

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
CHINO HILLS CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1485 RANCHO HILLS DR CHINO HILLS CA 91709

**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. 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 an.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

**7. Primarily Formed 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

Statement covers period from <u>JAN 1, 2003</u> through <u>JUN 30, 2003</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>6</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

**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>425<sup>00</sup></u>	\$ <u>4928<sup>09</sup></u>
2. Loans Received ..... Schedule B, Line 7	\$ <u>0</u>	\$ <u>3500<sup>00</sup></u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>425<sup>00</sup></u>	\$ <u>8428<sup>09</sup></u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>425<sup>00</sup></u>	\$ <u>8428<sup>09</sup></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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>36747</u>	\$ <u>6187.09</u>
7. Loans Made ..... Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>36747</u>	\$ <u>6187.09</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. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>36747</u>	\$ <u>6187.09</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>778<sup>01</sup></u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>425<sup>00</sup></u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>36747</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>835<sup>54</sup></u>

If this is a termination statement, Line 16 must be zero.

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 \$ 0

**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>3500<sup>00</sup></u>

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>JAN 1, 2003</u> through <u>JUN 30, 2003</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>6</u>
I.D. NUMBER <u>1225003</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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)
<u>4/02/03</u>	<u>CITY OF CHINO HILLS</u> [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>75<sup>00</sup></u>		
<u>1/23/03</u>	<u>BIA ID 741733</u> [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>250<sup>00</sup></u>	<u>250<sup>00</sup></u>	
<u>1/4/03</u>	<u>CITY OF CHINO HILLS</u> <u>2001 GRAND AVE</u> [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>100<sup>00</sup></u>		
		<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 \$**

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 425<sup>00</sup>
- Amount received this period – unitemized 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.) ..... **TOTAL \$** 425<sup>00</sup>

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
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.

Statement covers period from <u>JAN 1, 2003</u> through <u>JUNE 30, 2003</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>6</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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
<u>WILBURN "BILL" KRUGER 1485 RANCHO HILLS DR CHICO HILLS CA 91709</u>	<u>RETIRED</u>	<u>\$ 3500<sup>00</sup></u>	<u>\$ 0</u>	<input type="checkbox"/> PAID <u>\$ 0</u> <input type="checkbox"/> FORGIVEN <u>\$ 0</u>	<u>\$ 3500<sup>00</sup></u> DATE DUE _____	_____% RATE <u>0</u>	<u>\$ _____</u> DATE INCURRED _____	CALENDAR YEAR <u>\$ _____</u> PER ELECTION <u>\$ _____</u>
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$ _____</u>	<u>\$ _____</u>	<input type="checkbox"/> PAID <u>\$ _____</u> <input type="checkbox"/> FORGIVEN <u>\$ _____</u>	<u>\$ _____</u> DATE DUE _____	_____% RATE <u>\$ _____</u>	<u>\$ _____</u> DATE INCURRED _____	CALENDAR YEAR <u>\$ _____</u> PER ELECTION** <u>\$ _____</u>
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$ _____</u>	<u>\$ _____</u>	<input type="checkbox"/> PAID <u>\$ _____</u> <input type="checkbox"/> FORGIVEN <u>\$ _____</u>	<u>\$ _____</u> DATE DUE _____	_____% RATE <u>\$ _____</u>	<u>\$ _____</u> DATE INCURRED _____	CALENDAR YEAR <u>\$ _____</u> PER ELECTION** <u>\$ _____</u>
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$ _____</u>	<u>\$ _____</u>	<input type="checkbox"/> PAID <u>\$ _____</u> <input type="checkbox"/> FORGIVEN <u>\$ _____</u>	<u>\$ _____</u> DATE DUE _____	_____% RATE <u>\$ _____</u>	<u>\$ _____</u> DATE INCURRED _____	CALENDAR YEAR <u>\$ _____</u> PER ELECTION** <u>\$ _____</u>
		<b>SUBTOTALS \$</b>		<u>0</u>	<u>0</u>	<u>\$ 3500<sup>00</sup></u>	<u>\$ 0</u>	

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

**Schedule B Summary**

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans 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)

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

† Contributor Codes

IND – Individual    COM – Recipient Committee (other than PTY or SCC)    OTH – Other    PTY – Political Party    SCC – Small Contributor Committee

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period from <u>JAN 1, 2003</u> through <u>JUNE 30, 2003</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>6</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

- |   |   |   |
|---|---|---|
| CMP 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  |
| LIT 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
<u>ACSI BULK INKS 3998 CENTER HILL CHURCH ROAD SUITE 2 LOGANVILLE GA 30052</u>	<u>LIT</u>		<u>367.47</u>

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

**SUBTOTAL \$** 367.47

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$	<u>367.47</u>
2. Unitemized payments made this period of under \$100 .....	\$	<u>0</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$	<u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$</b>	<u>367.47</u>

# Amendment to Campaign Disclosure Statement

Type or print in ink.

AMENDMENT

Date Stamp <b>RECEIVED</b> 2004 SEP -3 AM 8:20 OFFICE OF CITY CLERK CHINO HILLS	<b>CALIFORNIA</b> 1994 FORM <b>405</b> For Official Use Only
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This form must be used to amend statements filed pursuant to Government Code Sections 84200-84216.5, and must be filed with all filing officers who received the statement being amended. NOTE: Do not use this form to amend a Statement of Organization, Form 410, Candidate Intention, Form 501, or a Campaign Bank Account, Form 502. Use the actual Form 410, 501 or 502, respectively, to make amendments.

The information required in Part I must correspond to the information provided on the campaign statement being amended.

## I Name of Filer (See important information on reverse.)

NAME OF FILER <b>VOLUNTEERS TO RE-ELECT BILL KRUGER</b>		I.D. NUMBER (IF APPLICABLE) <b>1225003</b>
MAILING ADDRESS OF FILER (NO. AND STREET) <b>1485 RANCHO HILLS DR</b>		
CITY <b>CHINO HILLS</b>	STATE <b>CA</b>	ZIP CODE <b>91709</b>
AREA CODE/DAYTIME PHONE NUMBER <b>909-597-4319</b>		
NAME OF TREASURER IF RECIPIENT COMMITTEE <b>JANET KRUGER</b>		
PERMANENT ADDRESS OF TREASURER: (IF APPLICABLE) <b>1485 RANCHO HILLS DR</b>		(NO. AND STREET)
CITY <b>CHINO HILLS</b>	STATE <b>CA</b>	ZIP CODE <b>91709</b>
AREA CODE/DAYTIME PHONE NUMBER <b>909-597-4319</b>		

## II Amendment Information

- A. The following information amends campaign disclosure statement, Form No. 560 executed on 7/29/03 for the period 1/1/03 through 6/30/03
- B. The amended information affects items on the:  
 Cover Page     Allocation Page     Summary Page  
 Schedule(s) \_\_\_\_\_     Part(s) \_\_\_\_\_
- C. Describe the changes below. Include in detail all information you wish to become a part of your official campaign statement. **Please attach a cover page, summary page and/or appropriate schedule(s) to this Form 405 if necessary for clarification.** Include additional information on appropriately labeled continuation sheets. (Number of sheets attached \_\_\_\_\_)  
**CARRIED OVER CORRECTED SUMMARY SHEET COLUMN B EXPENDITURE SECTION LINE 6 FROM PREVIOUS FORM 460. CORRECTED LINES 8, 12, 16, 11 PER CAREY/CL**

## III Verification (See important information on reverse.)

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 SEPT 3, 04 At CHINO HILLS CA

By [Signature]  
SIGNATURE OF TREASURER OR FILER

**Officeholder, candidate, state measure proponent, or sponsored committee responsible officer verification:** I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 SEPT 3, 04 At CHINO HILLS CA

By [Signature]  
SIGNATURE OF OFFICEHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICER

Executed on \_\_\_\_\_ At \_\_\_\_\_

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER, CANDIDATE OR PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER, CANDIDATE OR PROPONENT

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED 2004 SEP -3 AM 8:21 OFFICE OF CITY CLERK CHINO HILLS CALIFORNIA 2001/02 FORM 460 Page 1 of 6 For Official Use Only

Statement covers period from JAN 1, 03 through JUNE 30, 03 Date of election if applicable: (Month, Day, Year) NOV 5, 02

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee (checked)
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Ballot Measure Committee
Primarily Formed
Controlled
Sponsored
Primarily Formed Candidate/ Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement
Termination Statement
Amendment (checked)
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

CARRIED OVER CORRECTED SUMMARY SHEET COLUMN EXPENDITURE SECTION LINE 6 FROM PREVIOUS FORM 460. CORRECTED LINES 8, 12, 16, 11 PER CARRY OVER

3. Committee Information

I.D. NUMBER 1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) VOLUNTEERS TO RE-ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX) 1485 RANCHO HILLS DR CHINO HILLS CA 91709 909-597-4310

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS 909-597-3152 wkrugers@earthlink.net

Treasurer(s)

NAME OF TREASURER JANET K KRUGER MAILING ADDRESS 1485 RANCHO HILLS DR CHINO HILLS CA 91709 909-597-4310

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 9-3-04 Date
Executed on SEPT 3, 04 Date
Executed on Date
Executed on Date

By [Signature] Signature of Treasurer or Assistant Treasurer
By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent
By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>JAN 1, 03</u> through <u>JAN 30, 03</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>6</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
VOLUNTEERS TO RE-ELECT BILL KRUGER

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>425.00</u>	\$ <u>4928.09</u>
2. Loans Received ..... Schedule B, Line 3	<u>0</u>	<u>3500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>425.00</u>	\$ <u>8428.09</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>425.00</u>	\$ <u>8428.09</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 \$ \_\_\_\_\_ \$ \_\_\_\_\_

	Column A	Column B
6. Payments Made ..... Schedule E, Line 4	\$ <u>367.47</u>	\$ <u>6591.76</u> *
7. Loans Made ..... Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>367.47</u>	\$ <u>6591.76</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. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>367.47</u>	\$ <u>6591.76</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>386.30</u> *
13. Cash Receipts ..... Column A, Line 3 above	<u>425.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>0</u>
15. Cash Payments ..... Column A, Line 8 above	<u>367.47</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>443.83</u> *
<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <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).

**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>3500.00</u>

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

CORRECTLY \*

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

15

ORIGINAL

COVER PAGE

Date Stamp <b>RECEIVED</b> 2004 JAN 27 PM 4:40 OFFICE OF CITY CLERK CHINO HILLS	<b>CALIFORNIA</b> 2001/02 <b>FORM</b> <b>460</b>
	Page <u>1</u> of <u>6</u> For Official Use Only

Statement covers period from <u>JULY 1, 2003</u> through <u>DEC 31, 2003</u>	Date of election if applicable: (Month, Day, Year) _____
--	--

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Ballot Measure Committee<br><input type="checkbox"/> Primarily Formed<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement            | <input type="checkbox"/> Quarterly Statement                                     |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report                                 |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)        |  |

**3. Committee Information**

I.D. NUMBER  
1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
VOLUNTEERS TO RE-ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4310

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
909-597-3152 wkrugers@earthlink.net

**Treasurer(s)**

NAME OF TREASURER  
JANET K KRUGER

MAILING ADDRESS  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4310

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 1/28/04  
Date

Executed on 1/28/04  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

<b>CALIFORNIA FORM</b>	<b>460</b>
Page <u>2</u> of <u>6</u>	

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
BILL KRUGER

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
CHINO HILLS CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1485 RANCHO HILLS DR CHINO HILLS CA 91709

**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. 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 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

Statement covers period from <u>JULY 1, 2003</u> through <u>DEC 31, 2003</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>6</u>
I.D. NUMBER <u>1225003</u>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

**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>0</u>	\$ <u>4928<sup>09</sup></u>
2. Loans Received ..... Schedule B, Line 7	\$ <u>0</u>	\$ <u>3500<sup>00</sup></u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>0</u>	\$ <u>8428<sup>09</sup></u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>0</u>	\$ <u>8428<sup>09</sup></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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>78.82</u>	\$ <u>6265.91</u>
7. Loans Made ..... Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>78.82</u>	\$ <u>6265.91</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. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>78.82</u>	\$ <u>6265.91</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>835.54</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>78.82</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>756.72</u>

If this is a termination statement, Line 16 must be zero.

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>
---	-------------

**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>3500<sup>00</sup></u>

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from July 1, 2003  
through Dec 31, 2003

**CALIFORNIA  
FORM 460**

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

I.D. NUMBER  
1225003

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)
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 0
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 0

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
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.

Statement covers period from <u>JULY 1, 2003</u> through <u>DEC 31, 2003</u>	<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>6</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO REQUEST BILL KRUGER

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
<u>WILBURD 'Bill' KRUGER 1485 RANCHO HILLS DR CHICO HILLS CA 91709</u>	<u>RETIRED</u>	<u>\$ 3500<sup>00</sup></u>	<u>\$ 0</u>	<input type="checkbox"/> PAID <u>\$ 0</u> <input type="checkbox"/> FORGIVEN <u>\$ 0</u>	<u>\$ 3500<sup>00</sup></u>	<u>0</u> % RATE	<u>\$</u>	CALENDAR YEAR <u>\$</u> PER ELECTION** <u>\$</u>
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$</u>	<u>\$</u>	<input type="checkbox"/> PAID <u>\$</u> <input type="checkbox"/> FORGIVEN <u>\$</u>	<u>\$</u>	<u></u> % RATE	<u>\$</u>	CALENDAR YEAR <u>\$</u> PER ELECTION** <u>\$</u>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$</u>	<u>\$</u>	<input type="checkbox"/> PAID <u>\$</u> <input type="checkbox"/> FORGIVEN <u>\$</u>	<u>\$</u>	<u></u> % RATE	<u>\$</u>	CALENDAR YEAR <u>\$</u> PER ELECTION** <u>\$</u>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$</u>	<u>\$</u>	<input type="checkbox"/> PAID <u>\$</u> <input type="checkbox"/> FORGIVEN <u>\$</u>	<u>\$</u>	<u></u> % RATE	<u>\$</u>	CALENDAR YEAR <u>\$</u> PER ELECTION** <u>\$</u>
<b>SUBTOTALS \$</b>		<u>0</u>	<u>0</u>	<u>0</u>	<u>\$ 3500<sup>00</sup></u>	<u>0</u>		

**Schedule B Summary**

1. Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans less than \$100.)
2. 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.)
3. 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)

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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

† Contributor Codes  
IND – Individual    COM – Recipient Committee (other than PTY or SCC)    OTH – Other    PTY – Political Party    SCC – Small Contributor Committee

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period from <u>JAN 1, 2003</u>	<b>CALIFORNIA FORM 460</b>
through <u>DEC 31, 2002</u>	
Page <u>6</u> of <u>6</u>	
I.D. NUMBER <u>1225003</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

- |   |   |   |
|---|---|---|
| CMP 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   | PFO 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 I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

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

**SUBTOTAL \$**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$	<u>          </u>
2. Unitemized payments made this period of under \$100 .....	\$	<u>78.82</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$	<u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$</b>	<u>78.82</u>

# Amendment to Campaign Disclosure Statement

Type or print in ink.

AMENDMENT

This form must be used to amend statements filed pursuant to Government Code Sections 84200-84216.5, and must be filed with all filing officers who received the statement being amended. NOTE: Do not use this form to amend a Statement of Organization, Form 410, Candidate Intention, Form 501, or a Campaign Bank Account, Form 502. Use the actual Form 410, 501 or 502, respectively, to make amendments.

Date Stamp <b>RECEIVED</b> 2004 SEP -3 AM 8:21 CITY CLERK CHINO HILLS	<b>CALIFORNIA 1994 FORM 405</b> For Official Use Only
---	--

The information required in Part I must correspond to the information provided on the campaign statement being amended.

## I Name of Filer (See important information on reverse.)

NAME OF FILER <b>VOLUNTEERS TO RE-ELECT BILL KRUGER</b>		I.D. NUMBER (IF APPLICABLE) <b>1225003</b>
MAILING ADDRESS OF FILER (NO. AND STREET) <b>1485 RANCHO HILLS DR</b>		
CITY <b>CHINO HILLS</b>	STATE <b>CA</b>	ZIP CODE <b>91709</b>
AREA CODE/DAYTIME PHONE NUMBER <b>909-597-4319</b>		
NAME OF TREASURER IF RECIPIENT COMMITTEE <b>JANET KRUGER</b>		
PERMANENT ADDRESS OF TREASURER: (IF APPLICABLE) (NO. AND STREET) <b>1485 RANCHO HILLS DR</b>		
CITY <b>CHINO HILLS CA</b>	STATE <b>CA</b>	ZIP CODE <b>91709</b>
AREA CODE/DAYTIME PHONE NUMBER <b>909-597-4319</b>		

## II Amendment Information

- A. The following information amends campaign disclosure statement, Form No. 460 executed on 1/27/04 (MO, DAY, YR) for the period 7/1/03 (MO, DAY, YR) through 12/31/03 (MO, DAY, YR)
- B. The amended information affects items on the:  
 Cover Page     Allocation Page     Summary Page  
 Schedule(s) \_\_\_\_\_     Part(s) \_\_\_\_\_
- C. Describe the changes below. Include in detail all information you wish to become a part of your official campaign statement. **Please attach a cover page, summary page and/or appropriate schedule(s) to this Form 405 if necessary for clarification.** Include additional information on appropriately labeled continuation sheets. (Number of sheets attached \_\_\_\_\_)  
**CARRIED OVER CORRECTED SUMMARY SHEET BELOW**  
**B EXPENDITURE SECTION LINE 6 FROM PREVIOUS FORM 460. CORRECTION LINES 8, 11, 12, 16 FOR CARRIED FROM PRIOR FORM 460**

## III Verification (See important information on reverse.)

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 SEPT 3, 04 At CHINO HILLS CA  
DATE CITY AND STATE

By [Signature]  
SIGNATURE OF TREASURER OR FILER

**Officeholder, candidate, state measure proponent, or sponsored committee responsible officer verification:** I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 SEPT 3, 04 At CHINO HILLS CA  
DATE CITY AND STATE

By [Signature]  
SIGNATURE OF OFFICEHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICER

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER, CANDIDATE OR PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER, CANDIDATE OR PROPONENT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT.

State of California Fair Political Practices Commission

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp <b>RECEIVED</b> 2004 SEP -3 AM 8:2 CITY CLERK CHINO MILLS	<b>CALIFORNIA</b> 2001/02 <b>FORM 460</b>
	Page <u>1</u> of <u>6</u>
	For Official Use Only

Statement covers period from <u>JULY 1, 03</u> through <u>DEC 31, 03</u>	Date of election if applicable (Month, Day, Year) _____
--	---

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Ballot Measure Committee<br><input type="checkbox"/> Primarily Formed<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Preelection Statement                | <input type="checkbox"/> Quarterly Statement                                     |
| <input type="checkbox"/> Semi-annual Statement                | <input type="checkbox"/> Special Odd-Year Report                                 |
| <input type="checkbox"/> Termination Statement                | <input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below) |  |

CARRIED OVER CORRECTED SUMMARY SHEET COLUMN B  
EXPENDITURE SECTION WAS 6 FROM PREVIOUS FORM  
460. CORRECTED WAS 8, 11, 12/16 FOR CARRY OVER

**3. Committee Information**

I.D. NUMBER  
122 5003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

VOLUNTEERS TO RE-ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE

CHINO HILLS CA 91709 909-597-4310

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

909-597-3152 wkrugers@earthlink.net

**Treasurer(s)**

NAME OF TREASURER

JANET KRUGER

MAILING ADDRESS

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE

CHINO HILLS CA 91709 909-597-4310

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 9-3-04  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

Executed on SEP 3, 04  
Date

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>JULY 1, 03</u> through <u>DEC 31, 03</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>6</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
VOLUNTEERS TO RE-ELECT BILL KRUGER

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>0</u>	\$ <u>4928.09</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>3500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>0</u>	\$ <u>8428.09</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>0</u>	\$ <u>8428.09</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	\$ _____	\$ _____

	Column A	Column B
6. Payments Made ..... Schedule E, Line 4	\$ <u>78.82</u>	\$ <u>6670.58*</u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>78.82</u>	\$ <u>6670.58*</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... Schedule G, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>78.82</u>	\$ <u>6670.58*</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>443.83*</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>78.82</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>365.01*</u>

If this is a termination statement, Line 16 must be zero.

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).

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
<b>Cash Equivalents and Outstanding Debts</b>	
18. Cash Equivalents ..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>3500.00</u>

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

16

Original

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
from JAN 1, 2004  
through JUNE 30, 2004

Date of election if applicable  
(Month, Day, Year)  
2004 JUL 30 AM 9:59  
OFFICE OF CITY CLERK  
CHINO HILLS

Date Stamp  
**RECEIVED**  
2004 JUL 30 AM 9:59  
**OFFICE OF CITY CLERK  
CHINO HILLS**

**CALIFORNIA 460**  
**2001/02 FORM**  
Page 1 of 6  
For Official Use Only

**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
- Ballot Measure Committee
- Primarily Formed
- 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
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report.
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER 1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

VOLUNTEERS TO RE-ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

909-597-3152 wkrugens@earthlink.net

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 7/30/04  
Date

Executed on 7-30-04  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

<b>CALIFORNIA</b> <b>FORM</b>	<b>460</b>
Page <u>2</u> of <u>6</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
**BILL KRUGER**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**CHINO HILLS CITY COUNCIL MEMBER**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**1485 RANCHO HILLS DR CHINO HILLS CA 91709**

**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. 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 PROONENT

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
-----------------------	---------------------

7. Primarily Formed 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

Statement covers period from <u>JAN 1, 2004</u> through <u>JUNE 30, 2004</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>6</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

**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>0</u>	\$ <u>4928.09</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>3500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>0</u>	\$ <u>8428.09</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>0</u>	\$ <u>8428.09</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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>32.98</u>	\$ <u>6298.89</u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>32.98</u>	\$ <u>6298.89</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. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>32.98</u>	\$ <u>6298.89</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>756.72</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>32.98</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>723.74</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).

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	\$ <u>0</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>3500.00</u>

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>JAN, 2004</u> through <u>JUNE 30, 2004</u>	<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>6</u>	I.D. NUMBER <u>1225009</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 0
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 0

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
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.

Statement covers period  
from JAN 1, 2004  
through JUNE 30, 2004

**CALIFORNIA FORM 460**

Page 5 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1225003

VOLUNTEERS TO RE-ELECT BILL KRUGER

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
<u>WILBORN KRUGER 1485 RANCHO HILLS DR CITY OF HILLS CA 91709</u>	<u>RETIRED</u>	<u>\$ 3500<sup>00</sup></u>	<u>\$ 0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	<u>\$ 3500<sup>00</sup></u> DATE DUE _____	_____% RATE \$ <u>0</u>	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <input checked="" 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 DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <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 DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
† <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 DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS \$</b>		<u>0</u>	<u>0</u>	<u>0</u>	<u>\$ 3500<sup>00</sup></u>	<u>\$ 0</u>		

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

**Schedule B Summary**

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans 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)

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

† Contributor Codes  
IND – Individual    COM – Recipient Committee (other than PTY or SCC)    OTH – Other    PTY – Political Party    SCC – Small Contributor Committee

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period from <u>JAN 1, 2004</u> through <u>JUNE 30, 2004</u>	<b>CALIFORNIA FORM 460</b>
Page <u>6</u> of <u>6</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

CMP 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
LIT 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

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

**SUBTOTAL \$** 0

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....	\$ <u>0</u>
2. Unitemized payments made this period of under \$100 .....	\$ <u>32.98</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$</b> <u>32.98</u>

# Amendment to Campaign Disclosure Statement

Type or print in ink.

AMENDMENT

<b>RECEIVED</b> Date Stamp <b>2004 SEP -3 AM 8:21</b> OFFICE OF CITY CLERK CHINO HILLS	<b>CALIFORNIA 1994 FORM 405</b>
	For Official Use Only

This form must be used to amend statements filed pursuant to Government Code Sections 84200-84216.5, and must be filed with a filing officers who received the statement being amended. NOTE: Do not use this form to amend a Statement of Organization, Form 410, Candidate Intention, Form 501, or a Campaign Bank Account, Form 502. Use the actual Form 410, 501 or 502, respectively, to make amendments.

The information required in Part I must correspond to the information provided on the campaign statement being amended.

## I Name of Filer (See important information on reverse.)

NAME OF FILER <b>VOLUNTEERS TO RE-ELECT BILL KRUGER</b>		I.D. NUMBER (IF APPLICABLE) <b>1225003</b>
MAILING ADDRESS OF FILER (NO. AND STREET) <b>1485 RANCHO HILLS DR</b>		
CITY <b>CHINO HILLS</b>	STATE <b>CA</b>	ZIP CODE <b>91709</b>
AREA CODE/DAYTIME PHONE NUMBER <b>909-597-4319</b>		
NAME OF TREASURER IF RECIPIENT COMMITTEE <b>JANET KRUGER</b>		
PERMANENT ADDRESS OF TREASURER: (IF APPLICABLE) (NO. AND STREET) <b>1485 RANCHO HILLS DR</b>		
CITY <b>CHINO HILLS</b>	STATE <b>CA</b>	ZIP CODE <b>91709</b>
AREA CODE/DAYTIME PHONE NUMBER <b>909-597-4319</b>		

## II Amendment Information

- A. The following information amends campaign disclosure statement, Form No. 460, executed on 7/30/04 (MO, DAY, YR) for the period 1/1/04 (MO, DAY, YR) through 6/30/04 (MO, DAY, YR)
- B. The amended information affects items on the:  
 Cover Page     Allocation Page     Summary Page  
 Schedule(s) E     Part(s) \_\_\_\_\_
- C. Describe the changes below. Include in detail all information you wish to become a part of your official campaign statement. **Please attach a cover page, summary page and/or appropriate schedule(s) to this Form 405 if necessary for clarification.** Include additional information on appropriately labeled continuation sheets. (Number of sheets attached \_\_\_\_\_)  
 CORRECTED SCHEDULE E TO ADD A \$5510 EXPENDITURE (LINE 284). ~~CARRIED OVER C~~. CARRIED OVER CORRECTION SUMMARY SHEET BEHIND B FROM PREVIOUS FORM 460 CORRECTED LINES 6, 8, 11, 12, 15, 16

## III Verification (See important information on reverse.)

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 SEPT 3, 04 At CHINO HILLS CA  
DATE CITY AND STATE

By W. Kruger  
SIGNATURE OF TREASURER OR FILER

**Officeholder, candidate, state measure proponent, or sponsored committee responsible officer verification:** I have used all reasonable diligence and to the best of my knowledge the treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein 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 SEPT 3, 04 At CHINO HILLS CA  
DATE CITY AND STATE

By W. Kruger  
SIGNATURE OF OFFICEHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICER

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER, CANDIDATE OR PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_  
DATE CITY AND STATE

By \_\_\_\_\_  
SIGNATURE OF OFFICEHOLDER, CANDIDATE OR PROPONENT

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp <b>RECEIVED</b> 2004 SEP -3 AM 8:21 CITY CLERK CHINO HILLS	<b>CALIFORNIA 460</b> 2001/02 FORM
Page <u>1</u> of <u>6</u>	
For Official Use Only	

Statement covers period from <u>JAN 1, 04</u> through <u>JUNE 30, 04</u>	Date of election if applicable: (Month, Day, Year) <u>---</u>
--	---

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Ballot Measure Committee<br><input type="checkbox"/> Primarily Formed<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/<br>Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input type="checkbox"/> Preelection Statement                | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement                | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement                | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below) |   |
- CORRECTION SCHEDULE E TO ADD A \$155 IN EXPENDITURE (LINE 244). CARRIED OVER CORRECTION SUMMARY STATE COLUMN B FROM PREVIOUS FORM 460. CORRECTION LINES 6, 8, 11, 12, 15, 16*

**3. Committee Information**

I.D. NUMBER  
122 5003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

VOLUNTEERS TO RE-ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4310

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

909-597-3152 / wkrugers@earthlink.net

**Treasurer(s)**

NAME OF TREASURER

JANET KRUGER

MAILING ADDRESS

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE

CHINO HILLS CA 91709 909-597-4310

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 9-3-04  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

Executed on SEPT 3, 04  
Date

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

Statement covers period from <u>JAN 1, 04</u> through <u>JUNE 30, 04</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>6</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

**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>0</u>	\$ <u>4928.09</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>3500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>0</u>	\$ <u>8428.09</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**

CORRECTED \*

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>88.08 *</u>	\$ <u>6749.40 *</u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>88.08 *</u>	\$ <u>6749.40 *</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. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>88.08 *</u>	\$ <u>6749.40 *</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>365.01 *</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>88.08 *</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>276.93 *</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).

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
---	-------------

**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>3500.00</u>

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period from <u>JAN 1, 04</u> through <u>JUNE 30, 04</u>	<b>CALIFORNIA FORM 460</b>
Page <u>6</u> of <u>6</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

CMP 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
LIT 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

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

**SUBTOTAL \$**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	<u>0</u>
2. Unitemized payments made this period of under \$100	\$	<u>88 08 4</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	<u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b>	<u>88 08 4</u>

*corrected \*  
(missed \$55.10)  
0 Payment*

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

17

Original

COVER PAGE

Date Stamp	<b>CALIFORNIA</b>	<b>460</b>
RECEIVED	2001/02	FORM
2005 JAN 18 AM 11:38	Page 1	of 6
For Official Use Only		
OFFICE OF CITY CLERK CHINO HILLS		

Statement covers period from <u>JULY 1, 2004</u> through <u>DEC 31, 2004</u>	Date of election if applicable: (Month, Day, Year) _____
--	--

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
- Ballot Measure Committee
- Primarily Formed
- 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
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
VOLUNTEERS TO RE-ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
909-597-3152 wkrugers@earthlink.net

**Treasurer(s)**

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 1-17-05  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

Executed on 1/17/05  
Date

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

<b>CALIFORNIA FORM</b>	<b>460</b>
Page <u>2</u> of <u>6</u>	

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
BILL KRUGER

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
CHINO HILLS CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1485 RANCHO HILLS DR CHINO HILLS CA 91709

**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. 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 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

Statement covers period from <u>JULY 1, 2004</u> through <u>DEC 31, 2004</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>8</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

## 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>0</u>	\$ <u>4928.09</u>
2. Loans Received ..... Schedule B, Line 7	\$ <u>0</u>	\$ <u>3500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>0</u>	\$ <u>8428.09</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>0</u>	\$ <u>8428.09</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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>0</u>	\$ <u>6749.40</u>
7. Loans Made ..... Schedule H, Line 7	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>0</u>	\$ <u>6749.40</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. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>0</u>	\$ <u>6749.40</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>276.93</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>0</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>276.93</u>
<i>If this is a termination statement, Line 16 must be zero.</i>	
17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <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).

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>3500.00</u>

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from JULY 1, 2004  
through DEC 31, 2004

**CALIFORNIA FORM 460**

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

I.D. NUMBER

1225003

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)
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$**

**Schedule A Summary**

1. Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 0

2. Amount received this period – unitemized contributions of less than \$100 ..... \$ 0

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 0

\*Contributor Codes  
IND – Individual  
COM – Recipient Committee  
(other than PTY or SCC)  
OTH – Other  
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.

Statement covers period  
from JULY 1, 2004  
through DEC 31, 2004

**CALIFORNIA FORM 460**

Page 5 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

I.D. NUMBER  
1225003

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
<u>WILBURN (BILL) KRUGER</u> <u>1485 RANCHO HILLS DR</u> <u>CHINO HILLS CA 91709</u>  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRED</u>	\$ <u>3500<sup>00</sup></u>	\$ <u>0</u>	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>3500<sup>00</sup></u>  DATE DUE	_____ % RATE \$ <u>0</u>	\$ <u>3500<sup>00</sup></u>  <u>10/2802</u> DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTIO... \$ _____
<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 DUE	_____ % RATE \$ _____	\$ _____  DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<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 DUE	_____ % RATE \$ _____	\$ _____  DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS \$</b>		\$ <u>0</u>	\$ <u>0</u>	\$ <u>3500<sup>00</sup></u>	\$ <u>0</u>			

**Schedule B Summary**

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

- Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans 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)

\*Amounts forgiven or paid by another party also must be reported on Schedule A.

\*\* If required.

† Contributor Codes

IND - Individual   COM - Recipient Committee (other than PTY or SCC)   OTH - Other   PTY - Political Party   SCC - Small Contributor Committee

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period from <u>JULY 1, 2004</u> through <u>DEC 31, 2004</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>6</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

- |   |   |   |
|---|---|---|
| CMP 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  |
| LIT 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

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

**SUBTOTAL \$**

**Schedule E Summary**

- |  |                       |
|--|-----------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) .....                                 | \$ <u>0</u>           |
| 2. Unitemized payments made this period of under \$100 .....   | \$ _____              |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$ _____              |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL \$</b> _____ |

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

18

Original

COVER PAGE

Date Stamp <b>RECEIVED</b> 2005 JUL 27 PM 2:33	<b>CALIFORNIA</b> 2001/02 <b>FORM</b> <b>460</b>
Page <u>1</u> of <u>5</u>	
OFFICE OF CITY CLERK CHINO HILLS	
For Official Use Only	

Statement covers period from <u>JAN 1, 2005</u> through <u>JUN 30, 2005</u>	Date of election if applicable: (Month, Day, Year)
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee                                   |
| <input type="checkbox"/> State Candidate Election Committee                      | <input type="checkbox"/> Controlled  |
| <input type="checkbox"/> Recall<br>(Also Complete Part 5)                        | <input type="checkbox"/> Sponsored<br>(Also Complete Part 6)   |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br>(Also Complete Part 7) |
| <input type="checkbox"/> Sponsored   |  |
| <input type="checkbox"/> Small Contributor Committee                             |  |
| <input type="checkbox"/> Political Party/Central Committee                       |  |

**2. Type of Statement:**

- |  |   |
|--|---|
| <input type="checkbox"/> Preelection Statement                                       | <input type="checkbox"/> Quarterly Statement                                  |
| <input checked="" type="checkbox"/> Semi-annual Statement                            | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br>(Also file a Form 410 Termination) | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)                                   |   |

**3. Committee Information**

I.D. NUMBER  
1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
VOLUNTEERS TO RE-ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

909-597-3152

**Treasurer(s)**

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 7-27-05  
Date

Executed on 7-27-05  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM		<b>460</b>
Page <u>2</u> of <u>5</u>		

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
BILL KRUGER

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
CHINO HILLS CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1485 RANCHO HILLS DR CHINO HILLS CA 91709

**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	<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

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 <u>JAN 1, 2005</u> through <u>JUN 30, 2005</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>5</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

**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>0</u>	\$ <u>0</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>(3500<sup>00</sup>)</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>0</u>	\$ <u>0</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**

	Column A	Column B
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. TOTAL EXPENDITURES 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>276.93</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>0</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>276.93</u>

*If this is a termination statement, Line 16 must be zero.*

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.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>3500<sup>00</sup></u>
---	-----------------------------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ _____

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from JAN 1, 2005  
through JUN 30, 2005

**CALIFORNIA  
FORM 460**

Page 4 of \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

I.D. NUMBER  
1225003

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)
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 0
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 0

\*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 B – Part 1  
Loans Received**

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

Statement covers period  
from JAN 1, 2005  
through JUN 30, 2005

CALIFORNIA FORM **460**  
Page 5 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

I.D. NUMBER

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
<u>WILBUR (BILL) KRUGER</u> <u>1485 RANCHO HILLS DR</u> <u>CHICO HILLS CA 91709</u>  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRED</u>	\$ <u>0</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>3500<sup>00</sup></u>	_____% RATE	\$ <u>3500<sup>00</sup></u> <u>10/2002</u> DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<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 \$ _____	\$ _____	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<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 \$ _____	\$ _____	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS</b>		\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>3500<sup>00</sup></u>	\$ <u>0</u>		

(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.

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

19

Original

COVER PAGE

Date Stamp <b>RECEIVED</b> 2006 JAN 31 PM 2:05 OFFICE OF CITY CLERK CHINO HILLS	<b>CALIFORNIA</b> 2001/02 <b>FORM</b> <b>460</b>
Page <u>1</u> of <u>6</u>	
Per Official Use Only	

Statement covers period from <u>JULY 1, 2005</u> through <u>DEC 31, 2005</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 7, 2006</u>
--	---

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement                                  |
| <input checked="" type="checkbox"/> Semi-annual Statement   | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

**3. Committee Information**

I.D. NUMBER  
125003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
VOLUNTEERS TO RE-ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
909-597-3152

**Treasurer(s)**

NAME OF TREASURER  
JANET KRUGER

MAILING ADDRESS  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

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 1/28/06  
Date

Executed on 1/28/06  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

<b>CALIFORNIA FORM</b>	<b>460</b>
Page <u>2</u> of <u>6</u>	

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**BILL KRUGER**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**CHINO HILLS CITY COUNCIL MEMBER**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**1485 RANCHO HILLSIDE, CHINO HILLS CA 91709**

**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	<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

*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 <u>JULY 1, 2005</u> through <u>DEC 31, 2005</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>6</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RB-ELBOT BILL KEUGER

**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>1399.00</u>	\$ <u>1399.00</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>-</u>	\$ <u>(3500.00) <del>car</del></u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>1399.00</u>	\$ <u>1399.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>1399.00</u>	\$ <u>1399.00</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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>337.38</u>	\$ <u>337.38</u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>337.38</u>	\$ <u>337.38</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. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>337.38</u>	\$ <u>337.38</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>276.93</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>1399.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>337.38</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1338.55</u>

If this is a termination statement, Line 16 must be zero.

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.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
---	-------------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ _____

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from JULY 1, 2005  
through DECEMBER 31, 2005

**CALIFORNIA FORM 460**  
Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

I.D. NUMBER

1225003

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)
10/11/05	JANET KRUGER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FINANCIAL ANALYST HEALTH CARE GROUP SAN DIEGO CA	\$400 <sup>00</sup>	\$400 <sup>00</sup>	
10/19/05	WILBURG KRUGER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$500 <sup>00</sup>	\$500 <sup>00</sup>	
10/22/05	CURT HAGMAN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO ADPX BALL BONDS ROMONA CA	\$300 <sup>00</sup>	\$300 <sup>00</sup>	
11/1/05	CITY OF CROW HILLS [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	—	\$100 <sup>00</sup>	\$100 <sup>00</sup>	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1300<sup>00</sup>
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 99<sup>00</sup>
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 1399<sup>00</sup>

\*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 B – Part 1  
Loans Received**

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

Statement covers period from <u>JULY 1, 2005</u> through <u>DEC 31, 2005</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

I.D. NUMBER

1225003

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
<u>WILBUR W KRUGER</u> <u>1485 RANCHO HILLS DR</u> <u>CHICO HILLS CA 91709</u>  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRED</u>	\$ <u>3500<sup>00</sup></u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>3500<sup>00</sup></u>	<u>0</u> % RATE	\$ <u>3500<sup>00</sup></u>  <u>10/2002</u> DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<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 \$ _____	\$ _____	_____% RATE	\$ _____  DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<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 \$ _____	\$ _____	_____% RATE	\$ _____  DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS</b>		\$ <u>0</u>	\$ <u>0</u>		\$ <u>3500<sup>00</sup></u>	\$ <u>0</u>		

(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 E  
Payments Made**

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

SCHEDULE E

Statement covers period from <u>JULY 1, 2005</u> through <u>DEC 31, 2005</u>	<b>CALIFORNIA FORM</b>	<b>460</b>
	Page <u>6</u> of <u>6</u>	
	I.D. NUMBER <u>1225003</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

CMP 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
LIT 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
CITY OF CHINO HILLS	FND	\$100 <sup>00</sup> DEPOSIT ON McCOY	\$100 <sup>00</sup>
COSTCO 13111 PEBBLE DR CHINO HILLS CA 91709	FND	FOOD/SUPPLIES FOR PARTY/ FUNDRAISOR	\$237 <sup>38</sup>

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

SUBTOTAL \$ 337<sup>38</sup>

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$ <u>337<sup>38</sup></u>
2. Unitemized payments made this period of under \$100 .....	\$ <u>—</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$</b> <u>337<sup>38</sup></u>

20 Original

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED 2006 JUL 19 AM 8:20 OFFICE OF CITY CLERK CHINO HILLS CALIFORNIA FORM 460 Page 1 of 6 For Official Use Only

Statement covers period from JAN 1, 2006 through JUN 30, 2006 Date of election if applicable NOV 7, 2006

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. [X] Officeholder, Candidate Controlled Committee [ ] State Candidate Election Committee [ ] Recall [ ] General Purpose Committee [ ] Sponsored [ ] Small Contributor Committee [ ] Political Party/Central Committee [ ] Primarily Formed Ballot Measure Committee [ ] Controlled [ ] Sponsored [ ] Primarily Formed Candidate/Officeholder Committee

2. Type of Statement: [ ] Preelection Statement [X] Semi-annual Statement [ ] Termination Statement [ ] Amendment [ ] Quarterly Statement [ ] Special Odd-Year Report [ ] Supplemental Preelection Statement - Attach Form 495

3. Committee Information I.D. NUMBER 1225003 COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) VOLUNTEERS TO RE-ELECT BILL KAUGER STREET ADDRESS (NO P.O. BOX) 1485 RANCHO HILLS DR CITY CHINO HILLS STATE CA ZIP CODE 91709 AREA CODE/PHONE 909 597-4319 MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE OPTIONAL: FAX / E-MAIL ADDRESS 909-597-3152

Treasurer(s) NAME OF TREASURER JANET KRUGER MAILING ADDRESS 1485 RANCHO HILLS DR CITY CHINO HILLS STATE CA ZIP CODE 91709 AREA CODE/PHONE 909-597-4319 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 7-17-06 Date Signature of Treasurer or Assistant Treasurer Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Signature of Controlling Officeholder, Candidate, State Measure Proponent Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM		<b>460</b>
Page	<u>2</u>	of <u>6</u>

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Bill Kruger

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
CHINO HILLS CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1485 RANCHO HILLS DR, CHINO HILLS CA 91709

**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	<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

Statement covers period from <u>JAN 1, 2006</u> through <u>JUN 30, 2006</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>6</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

**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>99.00</u>	\$ <u>99.00</u>
2. Loans Received ..... Schedule B, Line 3	<u>-</u>	<u>&lt; 3500.00 (carry over)</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>99.00</u>	\$ <u>99.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>99.00</u>	\$ <u>99.00</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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>258.00</u>	\$ <u>258.00</u>
7. Loans Made ..... Schedule H, Line 3	<u>-</u>	<u>-</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>258.00</u>	\$ <u>258.00</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>-</u>	<u>-</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>-</u>	<u>-</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>258.00</u>	\$ <u>258.00</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>1338.55</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>99.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>0</u>
15. Cash Payments ..... Column A, Line 8 above	<u>258.00</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1179.55</u>

If this is a termination statement, Line 16 must be zero.

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.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
---	-------------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ _____

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from JAN 1, 06  
through JUN 30, 06

**CALIFORNIA FORM 460**

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

VOLUNTEERS TO RE-ELECT BILL KRUGER

1225003

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)
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 0

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ ~~99~~ 0
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 99 00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 99 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 B - Part 1  
Loans Received**

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

Statement covers period  
from JAN 1, 06  
through JUN 30, 06

**CALIFORNIA FORM 460**

Page 5 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

I.D. NUMBER

1225003

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
<u>WILBUR KRUGER 1485 RANCHO HILLS DR CIVIC HILLS, CA 91709</u>	<u>RETIRED</u>	<u>\$ 3500<sup>00</sup></u>	<u>\$ 0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	<u>\$ 3500<sup>00</sup></u>	<u>0</u> % RATE	<u>\$ 3500<sup>00</sup></u> <u>10/2002</u> DATE INCURRED	CALENDAR YEAR <u>\$ 3500<sup>00</sup></u> PER ELECTION** \$ _____
<input checked="" 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 \$ _____	\$ _____	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<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 \$ _____	\$ _____	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<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 \$ _____	\$ _____	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS \$</b>		<u>0</u>	<u>0</u>	<u>0</u>	<u>\$ 3500<sup>00</sup></u>	<u>0</u>		

(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 E  
Payments Made**

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

Statement covers period from <u>JAN 1, 2006</u> through <u>JUN 30, 2006</u>	<b>CALIFORNIA FORM 460</b>
Page <u>6</u> of <u>6</u>	I.D. NUMBER <u>1225008</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

- |   |   |   |
|---|---|---|
| CMP 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  |
| LIT 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
<u>REFIL KITZ LLC (SOLUTIONS)</u> <u>4949 NW 82nd TERACE</u> <u>CORAL SPRINGS, FL 33067</u>	<u>CM</u>	<u>PRINTER SUPPLIES (TONER CARTRIDGES FOR PLEXUS)</u>	<u>258<sup>00</sup></u>

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

SUBTOTAL \$ 258<sup>00</sup>

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>258<sup>00</sup></u>
2. Unitemized payments made this period of under \$100	\$ <u>—</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>—</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>258<sup>00</sup></u>

21

Original COVER PAGE

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp <b>RECEIVED</b> 2006 OCT -5 AM 10:02 CITY CLERK CHINO HILLS	<b>CALIFORNIA FORM 460</b> Page 1 of 9 For Official Use Only
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Statement covers period  
from JULY 1, 2006  
through SEPT 30, 2006

Date of election if applicable:  
(Month, Day, Year)  
NOV 7, 2006

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

I.D. NUMBER  
1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
VOLUNTEERS TO RE-ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
909-597-3152 wkrugers@earthlink.net

### Treasurer(s)

NAME OF TREASURER  
JANET KRUGER

MAILING ADDRESS  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

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 10-5-06  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

Executed on 10-5-06  
Date

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

CALIFORNIA FORM		<b>460</b>
Page	<u>2</u>	of <u>9</u>

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
**BILL KRUGER**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**CHINO HILLS CITY COUNCIL MEMBER**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**1485 RANCHO HILLS DR CHINO HILLS CA 91709**

**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	<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

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 <u>JULY 1, 2006</u> through <u>SEP 30, 2006</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>9</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO REELECT BILL KRUGER

**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>2348.00</u>	\$ <u>2447.00</u>
2. Loans Received ..... Schedule B, Line 3	<u>4500.00</u>	<u>8000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>6848.00</u>	\$ <u>10447.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>6848.00</u>	\$ <u>10447.00</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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>4408.88</u>	\$ <u>4666.88</u>
7. Loans Made ..... Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>4408.88</u>	\$ <u>4666.88</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>4363.88</u>	<u>4363.88</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>8772.76</u>	\$ <u>9030.76</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>1179.55</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>6848.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>0</u>
15. Cash Payments ..... Column A, Line 8 above	<u>4408.88</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>3618.67</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).

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

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
---	-------------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>12,363.88</u>

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>JULY 1, 2006</u> through <u>SEP 30, 2006</u>	<b>CALIFORNIA FORM 460</b>
Page <u>4</u> of <u>9</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
VOLUNTEERS TO RESPECT BILL KRUGER

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)
9/27/06	JERRY FOSTER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED POLICE OFFICER	200 <sup>00</sup>		
9/26/06	CHINO VALLEY MEDICAL CENTER [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SE	400 <sup>00</sup>		
9/28/06	RICHLAND INVESTMENTS [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400 <sup>00</sup>		
9/21/06	GGF, LLC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		40 <sup>00</sup>		
9/18/06	ABRAHAM HOUSE PLAN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SCIENTIFIC DIAGNOSTICS INC PRESIDENT	120 <sup>00</sup>		
<b>SUBTOTAL \$</b>				<b>1160<sup>00</sup></b>		

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 2018.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 330<sup>00</sup>
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 2348<sup>00</sup>

\*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.

SCHEDULE A (CONT.)

Statement covers period from <u>JULY 1, 2006</u> through <u>SEPT 30, 2006</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>9</u>

NAME OF FILER <b>VOLUNTEERS TO RE-ELECT BILL KRUGER</b>	I.D. NUMBER <b>1225003</b>
--	-------------------------------

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)
9/18/06	ROLLING RIDGE RANCH [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200 <sup>00</sup>		
9/18/06	ROBERT GANNON [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	100 <sup>00</sup>		
8/28/06	IRMA WICKMAN [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	300 <sup>00</sup>		
8/21/06	BARREY PISCAR [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	108 <sup>00</sup>		
9/25/06	RON NADSAU [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PARK RANGER GRANDE COUNTY	150 <sup>00</sup>		

SUBTOTAL \$ **858<sup>00</sup>**

\*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 B - Part 1  
Loans Received**

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

Statement covers period from <u>JULY, 2006</u> through <u>SEPT 30, 2006</u>	<b>CALIFORNIA FORM 460</b>
Page <u>6</u> of <u>9</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RESCUE BILL KRUGER

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
<u>WILBURN KRUGER</u> [REDACTED]	<u>RETIRED</u>	\$ <u>3500<sup>00</sup></u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>3500<sup>00</sup></u> DATE DUE _____	<u>0</u> % RATE	\$ <u>3500<sup>00</sup></u> <u>10/2002</u> DATE INCURRED	CALENDAR YEAR \$ <u>3500<sup>00</sup></u> PER ELECTION** \$ _____
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<u>LANET KRUGER</u> [REDACTED]	<u>HEALTH CARE GROUP, SANDHIA CA SPECIAL ASST.</u>	\$ <u>0</u>	\$ <u>4500<sup>00</sup></u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>4500<sup>00</sup></u> DATE DUE _____	<u>0</u> % RATE	\$ <u>4500<sup>00</sup></u> <u>9/2006</u> DATE INCURRED	CALENDAR YEAR \$ <u>4500<sup>00</sup></u> PER ELECTION** \$ _____
<input checked="" 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								
<b>SUBTOTALS</b>		\$ <u>4500<sup>00</sup></u>	\$ <u>0</u>	\$ <u>8000<sup>00</sup></u>	\$ <u>0</u>			

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

**Schedule B Summary**

- Loans received this period ..... \$ 4500<sup>00</sup>  
(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 \$** 4500<sup>00</sup>  
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 E  
Payments Made**

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

Statement covers period from <u>JULY 1, 06</u> through <u>SEPT 30, 06</u>	<b>CALIFORNIA FORM 460</b>
Page <u>7</u> of <u>9</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

CMP 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
LIT 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
<u>CITY OF CHINO HILLS 2001 GRAND AVE CH 91709</u>	<u>FIL</u>	<u>CAMPAIGN STATEMENT</u>	<u>890.00</u>
<u>CHAMPION NEWSPAPERS</u>	<u>PRT</u>	<u>ELECTION AD</u>	<u>1112.40</u>
<u>CHRIS JONES CONSULTING 3245 GRANITE CREEK PL NEWCASTLE CA 95658</u>	<u>CNS</u>	<u>CAMPAIGN CONSULTANT</u>	<u>1000.00</u>

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

SUBTOTAL \$ 3002.40

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>4088.40</u>
2. Unitemized payments made this period of under \$100	\$ <u>320.48</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>4408.88</u>

**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 <u>JULY 1, 06</u> through <u>SEPT 30, 06</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>8</u> of <u>9</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

CMP 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
LIT 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
<u>INDEPENDENT VOTER GUIDE 606 13701 RIVERSIDE DR #604 SHERMAN OAKS, CA 91423</u>	<u>LIT</u>	<u>VOTER GUIDE</u>	<u>540<sup>00</sup></u>
<u>COPS VOTER GUIDE 702 E BIDWELL ST #370 FOLSOM CA 95630</u>	<u>LIT</u>	<u>VOTER GUIDE</u>	<u>375<sup>00</sup></u>
<u>HITT MARKING DEVICES 3231 W. MAC ARTHUR BLVD SANTA ANA CA 92704</u>	<u>CMP</u>	<u>INK STRIP MARKERS FOR CAMPAIGN LIT</u>	<u>171<sup>00</sup></u>

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

**SUBTOTAL \$ 1086<sup>00</sup>**

**Schedule F  
Accrued Expenses (Unpaid Bills)**

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

Statement covers period from <u>JULY 1, 06</u> through <u>SEPT 30, 06</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>9</u> of <u>9</u>
I.D. NUMBER <u>1225003</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

- |   |   |   |
|---|---|---|
| CMP 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  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
<u>R-P PRINTING 14736 MORNINGFIELD DR CHINO HILLS CA 91709</u>	<u>LIT (SIGNS)</u>	<u>0</u>	<u>523.67</u>	<u>0</u>	<u>523.67</u>
<u>RP PRINTING 14736 MORNINGFIELD DR CHINO HILLS CA 91709</u>	<u>LIT (FLYERS)</u>	<u>0</u>	<u>3840.21</u>	<u>0</u>	<u>3840.21</u>
<b>SUBTOTALS \$</b>					<b>\$ 4363.88</b>

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

**Schedule F Summary**

- |   |  |
|---|--|
| 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)                     | INCURRED TOTALS \$ <u>4363.88</u>                                |
| 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) | PAID TOTALS \$ <u>0</u>  |
| 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)  | NET \$ <u>4363.88</u><br><small>May be a negative number</small> |

22

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp <b>RECEIVED</b> 2006 OCT 26 PM 3:20 OFFICE OF CITY CLERK CHINO HILLS	<b>CALIFORNIA 2001/02 FORM 460</b> Page 1 of 12 Official Use Only
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Statement covers period from <u>OCT 1, 2006</u> through <u>OCT 21, 2006</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 7, 2006</u>
---	---

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**

I.D. NUMBER 1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
VOLUNTEERS TO RE-ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)  
1485 RANCHO HILLS DR

CITY CHINO HILLS STATE CA ZIP CODE 91709 AREA CODE/PHONE 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE 909

OPTIONAL: FAX / E-MAIL ADDRESS  
909-597-3152 wkrugers@earthlink.net

**Treasurer(s)**

NAME OF TREASURER  
JANET KRUGER

MAILING ADDRESS  
1485 RANCHO HILLS DR

CITY CHINO HILLS STATE CA ZIP CODE 91709 AREA CODE/PHONE 909-597-4319

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 10/26/06 By [Signature]  
Date Signature of Treasurer or Assistant Treasurer

Executed on 10/26/06 By [Signature]  
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ By \_\_\_\_\_  
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ By \_\_\_\_\_  
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA FORM 460**  
Page 2 of 12

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
BILL KRUGER

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
CHINO HILLS CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1485 RANCHO HILLS DR CHINO HILLS CA 91709

**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	<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

Statement covers period from <u>OCT 1, 2006</u> through <u>OCT 21, 2006</u>	<b>CALIFORNIA FORM 460</b>
Page <u>3</u> of <u>12</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

**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>9809.00</u>	\$ <u>12,256.00</u>
2. Loans Received ..... Schedule B, Line 3	<u>0</u>	<u>8000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>9809.00</u>	\$ <u>20,256.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>230.17</u>	<u>230.17</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>10,039.17</u>	\$ <u>20,486.17</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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>12,293.47</u>	\$ <u>16,960.35</u>
7. Loans Made ..... Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>12,293.47</u>	\$ <u>16,960.35</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>&lt;230.17&gt;</u>	<u>&lt;230.17&gt;</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>12,063.30</u>	\$ <u>16,730.18</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>3618.67</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>9809.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>0</u>
15. Cash Payments ..... Column A, Line 8 above	<u>12,293.47</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1,234.20</u>

If this is a termination statement, Line 16 must be zero.

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>
---	-------------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>8000.00</u>

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>OCT 1, 2006</u> through <u>OCT 21, 2006</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>12</u>
I.D. NUMBER <u>1225003</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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)
10/3	<u>PRAVAKUMAR PATEL</u> [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200 <sup>00</sup>	200 <sup>00</sup>	
10/3	<u>BIG LEAGUE DEGRANS</u> [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400 <sup>00</sup>	400 <sup>00</sup>	
10/6	<u>MARNIE LISBLON WC</u> [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500 <sup>00</sup>	1500 <sup>00</sup>	
10/3	<u>CURT HAGMAN</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>OWNER APEX BALL BEA</u> <u>CHINO HILLS CA 91709</u>	400 <sup>00</sup>	400 <sup>00</sup>	
10/3	<u>CHINO HILLS FORD</u> [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		120 <sup>00</sup>	120 <sup>00</sup>	

**SUBTOTAL \$ 2620<sup>00</sup>**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 8920.00
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 889.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 9809.00**

\*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.

SCHEDULE A (CONT.)

Statement covers period from <u>OCT 1, 2006</u> through <u>OCT 21, 2006</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>12</u>
I.D. NUMBER <u>1225003</u>	

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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)
10/12	HOWARD FUCHS [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LAW ENFORCEMENT	100 <sup>00</sup>	100 <sup>00</sup>	
10/3	JOHN ANDERSON [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BOARD MEMBER I.E.U.A	120 <sup>00</sup>	120 <sup>00</sup>	
10/11	KAREN BRISTO [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PLANNING COMMISSIONER	120 <sup>00</sup>	120 <sup>00</sup>	
10/9	MERITAGE HOMES [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200 <sup>00</sup>	200 <sup>00</sup>	
<del>10/21</del>	<del>CURT PRINGLE &amp; ASSOC [REDACTED]</del>	<del><input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC</del>	<del>[IN NON ITEMIZED (LESS THAN \$100)]</del>	<del>40<sup>00</sup></del>	<del>40<sup>00</sup></del>	
<b>SUBTOTAL \$</b>				<b>540<sup>00</sup></b>		

\*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.

SCHEDULE A (CONT.)

Statement covers period from <u>OCT 1, 2006</u> through <u>OCT 21, 2006</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>12</u>
I.D. NUMBER <u>1225003</u>	

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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)
10/20	<u>SHERA HOOKS</u> [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>[REDACTED]</u>	200 <sup>00</sup>	200 <sup>00</sup>	
10/15	<u>CHWD FIRMANS ASSN</u> [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 <sup>00</sup>	500 <sup>00</sup>	
10/13	<u>BIA - OF S. CALIF</u> [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400 <sup>00</sup>	400 <sup>00</sup>	
10/16	<u>MR CHECK CASHING</u> [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1500 <sup>00</sup>	1500 <sup>00</sup>	
10/9/1	<u>ELBOSTONE COMMUNITIES</u> [REDACTED]	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		160 <sup>00</sup>	160 <sup>00</sup>	

**SUBTOTAL \$ 2760<sup>00</sup>**

\*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.

SCHEDULE A (CONT.)

Statement covers period from <u>OCT 1, 2006</u> through <u>OCT 21, 2006</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>12</u>
I.D. NUMBER <u>1225003</u>	

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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)
9/27	TAORMINA INDUSTRIES [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500 <sup>00</sup>	500 <sup>00</sup>	
10/8	TREH PARTNERS [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2500 <sup>00</sup>	2500 <sup>00</sup>	
		<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				
				<b>SUBTOTAL \$</b> 3000 <sup>00</sup>		

\*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 B – Part 1  
Loans Received**

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

Statement covers period from <u>OCT 1, 2006</u> through <u>OCT 21, 2006</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>8</u> of <u>12</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

I.D. NUMBER

1225003

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
<u>WILBORN KRUGER 1485 RANCHO HILLS DR CIVIC HILLS CA 91709</u>	<u>RETIRED</u>	<u>\$ 3500<sup>00</sup></u>	<u>\$ 0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	<u>\$ 3500<sup>00</sup></u>	<u>0</u> % RATE \$ <u>0</u>	<u>\$ 3500<sup>00</sup></u> <u>10/2002</u> DATE INCURRED	CALENDAR YEAR <u>\$ 3500<sup>00</sup></u> PER ELECTION** \$ _____
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE			
<u>JANET KRUGER 1485 RANCHO HILLS DR CIVIC HILLS CA 91709</u>	<u>HEALTH CARE GROUP SAN DIEGO CA SPECIAL ASST</u>	<u>\$ 4500<sup>00</sup></u>	<u>\$ 0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	<u>\$ 4500<sup>00</sup></u>	<u>0</u> % RATE \$ <u>0</u>	<u>\$ 4500<sup>00</sup></u> <u>9/2006</u> DATE INCURRED	CALENDAR YEAR <u>\$ 4500<sup>00</sup></u> PER ELECTION** \$ _____
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE			
<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 \$ _____	\$ _____	_____% RATE \$ _____	\$ _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
		\$ _____	\$ _____	\$ _____	DATE DUE		DATE INCURRED	
		<b>SUBTOTALS \$</b>		<u>0</u>	<u>0</u>	<u>\$ 8000<sup>00</sup></u>	<u>\$ 0</u>	

(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.

SCHEDULE C

Statement covers period from <u>OCT 1, 2006</u> through <u>OCT 21, 2006</u>	<b>CALIFORNIA FORM 460</b>
Page <u>9</u> of <u>12</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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)
10/3	LOS SERRANOS COUNTRY CLUB 15656 YORBA AVE CHANDLER CA 91709	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		FACILITY & FOOD FOR FUNDRAISER	230.17	230.17	
		<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					

Attach additional information on appropriately labeled continuation sheets. **SUBTOTAL \$ 230.17**

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions. (Include all Schedule C subtotals.) ..... \$ 230.17
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ 0
- 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 \$ 230.17**

\*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.

SCHEDULE E

Statement covers period from <u>OCT 1, 2006</u> through <u>OCT 21, 2006</u>	<b>CALIFORNIA FORM 460</b>
Page <u>10</u> of <u>12</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
VOLUNTEERS TO RE-ELECT BILL KRUGER

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

CMP 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
LIT 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
<u>RP PRINTING 14736 MORNING FLOW DR CITANO HILLS CA 91709</u>	<u>LIT (SCUS)</u>		<u>523.67</u>
<u>RP PRINTING 14736 MORNING FLOW DR CITANO HILLS CA 91709</u>	<u>LIT (FLUES)</u>		<u>3840.21</u>
<u>CONNECTION (CHRIS JONES CONSULTING) PO BOX 1873 ROCKW CA 95677</u>	<u>LIT (FLUES)</u>	<u>(KEEP US SAFE) FLUOR</u>	<u>5866.38</u>

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

**SUBTOTAL \$** 10,230.26

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>12,256.00</u>
2. Unitemized payments made this period of under \$100	\$ <u>37.47</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b> <u>12,293.47</u>

**Schedule F  
Accrued Expenses (Unpaid Bills)**

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

Statement covers period from <u>OCT 1, 2006</u> through <u>OCT 21, 2006</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>12</u> of <u>12</u>
I.D. NUMBER <u>1225003</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

CMP 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
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
<u>RP PRINTING 14736 MORNINGFIELD DR CROW HILLS CA 91709</u>	<u>LIT (SIGNS)</u>	<u>523.67</u>	<u>0</u>	<u>523.67</u>	<u>0</u>
<u>RP PRINTING 14736 MORNINGFIELD DR CROW HILLS CA 91709</u>	<u>LIT (POSTERS)</u>	<u>3840.21</u>	<u>0</u>	<u>3840.21</u>	<u>0</u>
<b>SUBTOTALS \$</b>		<u>4363.88</u>	<u>0</u>	<u>4363.88</u>	<u>0</u>

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

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... **INCURRED TOTALS \$** 0
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... **PAID TOTALS \$** 4363.88
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** <4363.88>  
May be a negative number

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

SCHEDULE E (CONT.)

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

Statement covers period		<b>CALIFORNIA FORM 460</b>
from	OCT 1, 2006	
through	OCT 21, 2006	Page 12 of 12
I.D. NUMBER		1225003

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | 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  |
| LIT | 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
CHRIS JONES CONSULTING 3245 GRANITE CREEK PLACE NEWCASTLE CA 95658	LIT		"PUBLIC SAFETY" MAILER	2620.66

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

**SUBTOTAL \$ 2620.66**

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

27

Original

COVER PAGE

Date Stamp <b>RECEIVED</b> 2007 JAN 29 AM 9:27	<b>CALIFORNIA</b> 2001/02 <b>FORM 460</b>
Page <u>1</u> of <u>9</u>	For Official Use Only
OFFICE OF CITY CLERK CHINO HILLS MM	

Statement covers period from <u>OCT 22, 2006</u> through <u>DEC 31, 2006</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 7, 2006</u>
--	---

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Primarily Formed Ballot Measure Committee  |
| <input type="checkbox"/> State Candidate Election Committee                      | <input type="checkbox"/> Controlled   |
| <input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small>         | <input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small>   |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small> |
| <input type="checkbox"/> Sponsored   |   |
| <input type="checkbox"/> Small Contributor Committee                             |   |
| <input type="checkbox"/> Political Party/Central Committee                       |   |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement                                  |
| <input checked="" type="checkbox"/> Semi-annual Statement   | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

**3. Committee Information**

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

VOLUNTEERS TO RE-ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

909-597-3152 wkrugens@earthlink.net

**Treasurer(s)**

NAME OF TREASURER

JANET KRUGER

MAILING ADDRESS

1485 RANCHO HILLS DR  
CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

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

Executed on 1-30-07  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA FORM		<b>460</b>
Page	<u>2</u>	of <u>9</u>

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
**BILL KRUGER**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**CHINO HILLS CITY COUNCIL MEMBER**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**1485 RANCHO HILLS DR CHINO HILLS CA 91709**

**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	<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

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 <u>OCT 22, 2006</u> through <u>DEC 31, 2006</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>9</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

**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>4300.00</u>	\$ <u>16,556.00</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>&lt;2500.00</u>	\$ <u>5,500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>1800.00</u>	\$ <u>22,056.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>213.89</u>	\$ <u>449.06</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>2013.89</u>	\$ <u>22,505.06</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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>3211.19</u>	\$ <u>19,769.19</u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>3211.19</u>	\$ <u>19,769.19</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>&lt;213.89</u>	\$ <u>&lt;449.06</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>2997.30</u>	\$ <u>19,320.13</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>1139.00</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>1800.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>2997.30</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>3670</u>

*If this is a termination statement, Line 16 must be zero.*

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**

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>5500.00</u>

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

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from OCT 22, 2006  
through DEC 31, 2006

**CALIFORNIA FORM 460**

Page 4 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

I.D. NUMBER

1225003

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)
11-9-06	HARVEST LAND DEVELOPMENT [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000 <sup>00</sup>		
11-1-06	BIA OF SOUTHERN CA [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		400 <sup>00</sup>	800 <sup>00</sup>	
11-8-06	CRESCENT FINANCIAL SERVICES [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		900 <sup>00</sup>		
10-24-06	COMMITTEE TO ELECT GUSTAV NORTON PERRY [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		150 <sup>00</sup>		
	PMG PRACTICE MANAGEMENT [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		900 <sup>00</sup>		

SUBTOTAL \$ 3350<sup>00</sup>

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 4250<sup>00</sup>
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 50<sup>00</sup>
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 4300<sup>00</sup>

\*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.

SCHEDULE A (CONT.)

Statement covers period from <u>OCT 22, 2006</u> through <u>DEC 31, 2006</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>9</u>
I.D. NUMBER <u>1225003</u>	

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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)
<u>11/8/06</u>	<u>PRAMUKHRAJ WC</u> [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>900<sup>00</sup></u>		
		<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 \$** 900<sup>00</sup>

**\*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 B - Part 1  
Loans Received**

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

Statement covers period  
from OCT 22, 2006  
through DEC 31, 2006

**CALIFORNIA FORM 460**

Page 6 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

I.D. NUMBER

1225003

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
<u>WILBURN KRUGER 1495 RANCHO HILLS DR CHINO HILLS CA 91709</u>	<u>RETIRED</u>	<u>\$ 3500<sup>00</sup></u>	<u>\$ 0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	<u>\$ 3500<sup>00</sup></u> DATE DUE _____	<u>0</u> % RATE <u>0</u> DATE INCURRED <u>10/2002</u>	<u>\$ 3500<sup>00</sup></u>	CALENDAR YEAR <u>\$ 3500<sup>00</sup></u> PER ELECTION** \$ _____
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<u>JANET KRUGER 1495 RANCHO HILLS DR CHINO HILLS CA 91709</u>	<u>HEALTH CARE GROUP SAN DIEGO CA SPECIAL ASST</u>	<u>\$ 4500<sup>00</sup></u>	<u>\$ <del>2500</del><sup>00</sup></u>	<input checked="" type="checkbox"/> PAID \$ <u>2500<sup>00</sup></u> <input type="checkbox"/> FORGIVEN \$ _____	<u>\$ 2000<sup>00</sup></u> DATE DUE _____	<u>0</u> % RATE <u>0</u> DATE INCURRED <u>9/2006</u>	<u>\$ 4500<sup>00</sup></u>	CALENDAR YEAR <u>\$ 4500<sup>00</sup></u> PER ELECTION** \$ _____
<input checked="" 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								
<b>SUBTOTALS \$</b>		<u>0</u>	<u>\$ 2500<sup>00</sup></u>	<u>\$ 5500<sup>00</sup></u>	<u>\$ 0</u>			

(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 ..... \$ 2500<sup>00</sup>  
(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 \$** <2500<sup>00</sup>>  
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.

SCHEDULE C

Statement covers period from <u>OCT 22, 2006</u> through <u>DEC 31, 2006</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>7</u> of <u>9</u>
I.D. NUMBER <u>1225003</u>	

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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)
<u>11/9/06</u>	<u>ALSTON TASCOM</u>	<input type="checkbox"/> IND. <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>TELEPHONE CALLS TO VOTERS</u>	<u>213.89</u>		
		<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 \$ 213.89**

Attach additional information on appropriately labeled continuation sheets.

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 213.89
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ -
- 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 \$ 213.89**

\*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 <u>OCT 22, 2006</u> through <u>DEC 31, 2006</u>	<b>CALIFORNIA FORM 460</b>
Page <u>8</u> of <u>9</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

- |   |   |   |
|---|---|---|
| CMP 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  |
| LIT 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
<u>MAIN STREET SIGNS</u>	<u>CMP</u>	<u>SIGNS</u>	<u>275.84</u>
<u>RP PRINTING</u>	<u>CMP</u>	<u>SIGNS</u>	<u>290.93</u>
<u>CHRIS JONES CONSULTING</u>	<u>CNS</u>	<u>CONSULTING SERVICES</u>	<u>1000.00</u>

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

**SUBTOTAL \$** 1566.77

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>3211.19</u>
2. Unitemized payments made this period of under \$100	\$ <u>0</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$</b> <u>3211.19</u>

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

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

Statement covers period from <u>OCT 22, 2006</u> through <u>DEC 31, 2006</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>9</u> of <u>9</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

- |   |   |   |
|---|---|---|
| CMP 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  |
| LIT 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
CHAMPION NEWS PAPERS	CMP	NEWSPAPER AD	337.43
MARION NELSON	CNS	CAMPAIGN CONSULTANT FUNDRAISOR	462.90
ALPHA GRAPHICS	CMP	FUNDRAISER INVITATIONS/POSTAGE	421.44
CHAMPION NEWS PAPER	CMP	NEWSPAPER AD	74.29
CHAMPION NEWS PAPER	CMP	NEWSPAPER AD	348.36

**SUBTOTAL \$** 1644.42

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

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

ORIGINAL

COVER PAGE

reviewed  
7.27.07  
MM

SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>JAN 1, 2007</u> through <u>JUNE 30, 2007</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 7, 2006</u>	Date Stamp <b>RECEIVED</b> 007 JUL 27 AM 9:52 CITY OF CHINO HILLS	CALIFORNIA 2007/02 FORM <b>460</b> Page <u>1</u> of <u>6</u> For Official Use Only
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**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**

I.D. NUMBER  
1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
VOLUNTEERS TO RE-ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
909-597-8152 wkrugers@earthlink.net

**Treasurer(s)**

NAME OF TREASURER

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 7/27/07  
Date

Executed on 7/27/07  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

<b>CALIFORNIA FORM</b>	<b>460</b>
Page <u>2</u> of <u>6</u>	

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**BILL KRUGER**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**CHINO HILLS CITY COUNCIL MEMBER**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**1485 RANCHO HILLS DR CHINO HILLS CA 91709**

**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	<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

*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 <u>JAN 1, 2007</u> through <u>JUNE 30, 2007</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>6</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

**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>888<sup>24</sup></u>	\$ <u>888<sup>24</sup></u>
2. Loans Received ..... Schedule B, Line 3	<u>0</u>	<u>5500<sup>00</sup></u> <i>(carry over)</i>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>888<sup>24</sup></u>	\$ <u>888<sup>24</sup></u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>888<sup>24</sup></u>	\$ <u>888<sup>24</sup></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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>430<sup>00</sup></u>	\$ <u>430<sup>00</sup></u>
7. Loans Made ..... Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ _____	\$ <u>430<sup>00</sup></u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment ..... Schedule G, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>430<sup>00</sup></u>	\$ <u>430<sup>00</sup></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>36.70</u>
13. Cash Receipts ..... Column A, Line 3 above	<u>888.24</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<del>36.70</del>
15. Cash Payments ..... Column A, Line 8 above	<u>430.00</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>489.94</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
---	-------------

**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ _____
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>5500<sup>00</sup></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).

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

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

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

**CALIFORNIA FORM 460**

Page 4 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

I.D. NUMBER  
1225003

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)
1/17/07	CITY OF CHAND HILLS [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REFUND OF SIGN DEPOSIT	43 <sup>00</sup>	<del>43<sup>00</sup></del>	
2/1/2007	K&K DEVELOPERS [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		600 <sup>00</sup>	600 <sup>00</sup>	
2/28/07	CHAMPION NEWSPAPERS [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REFUND OF NEWSPAPER ADS NOT USED	111 <sup>24</sup>		
4/5/07	CITY OF CHAND HILLS [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REFUND OF EXCESS CANDIDATE STATEMENT	134 <sup>00</sup>		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			<del>600<sup>00</sup></del>	

SUBTOTAL \$ 888<sup>24</sup>

**Schedule A Summary**

- Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... \$ 888<sup>24</sup>
- 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.) ..... TOTAL \$ 888<sup>24</sup>

\*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 B – Part 1  
Loans Received**

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

Statement covers period from <u>JAN 1, 2007</u> through <u>JUNE 30, 2007</u>	<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>6</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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
<u>WILBURN KRUGER</u> [REDACTED]	<u>RETIRED</u>	\$ <u>3500.00</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>3500.00</u> DATE DUE _____	<u>0</u> % RATE \$ <u>0</u>	\$ <u>3500.00</u> <u>10/2002</u> DATE INCURRED	CALENDAR YEAR \$ <u>0</u> PER ELECTION** \$ _____
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC <u>JANET KRUGER</u> [REDACTED]	<u>HEALTH CARE GROUP SAN DIEGO CA SPECIAL ASST</u>	\$ <u>2000.00</u>	\$ <u>0</u>	<input type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>2000.00</u> DATE DUE _____	<u>0</u> % RATE \$ <u>0</u>	\$ <u>4500.00</u> <u>9/2006</u> DATE INCURRED	CALENDAR YEAR \$ <u>0</u> PER ELECTION** \$ _____
<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 DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS</b>		\$ <u>0</u>	\$ <u>0</u>	\$ <u>5500.00</u>	\$ <u>0</u>			

**Schedule B Summary**

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

- 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 E  
Payments Made**

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

Statement covers period from <u>JAN 1, 2000</u>	<b>CALIFORNIA FORM 460</b>
through <u>JUN 30, 2007</u>	
Page <u>6</u> of <u>6</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

- |   |   |   |
|---|---|---|
| CMP 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  |
| LIT 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
<u>CITY OF CHINO HILLS 2001 GRAND AVE CHINO HILLS CA 91709</u>	<u>FND</u>	<u>DEPOSIT FOR RENTAL OF McCoy EQUINE CENTER</u>	<u>430<sup>00</sup></u>

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

SUBTOTAL \$ 430<sup>00</sup>

**Schedule E Summary**

- |  |   |
|--|---|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.) .....   | \$ <u>430<sup>00</sup></u>              |
| 2. Unitemized payments made this period of under \$100 .....   | \$ <u>—</u>                             |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....                   | \$ <u>—</u>                             |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... | <b>TOTAL \$</b> <u>430<sup>00</sup></u> |

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

25

ORIGINAL

COVER PAGE

CALIFORNIA  
2007/02  
FORM **460**

Date Stamp

RECEIVED

2008 JAN 29 AM 10:57

Page 1 of 5

For Official Use Only

OFFICE OF CITY CLERK  
CHINO HILLS

Statement covers period  
from JULY 1, 2007  
through DEC. 30, 2007

Date of election if applicable:  
(Month, Day, Year)  
NOV 7, 2006

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**

I.D. NUMBER  
1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

VOLUNTEERS TO RE-ELECT BILL KRUGER

STREET ADDRESS (NO P.O. BOX)

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

909-597-4319 wkrugers@earthlink.net

**Treasurer(s)**

NAME OF TREASURER

JANET KRUGER

MAILING ADDRESS

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

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 1/28/08  
Date

Executed on 1/28/08  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

BILL KRUGER

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CHINO HILLS CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1485 RANCHO HILLS DR CHINO HILLS CA 91709

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.

Table with 2 columns: COMMITTEE NAME, I.D. NUMBER. Includes fields for NAME OF TREASURER, CONTROLLED COMMITTEE?, COMMITTEE ADDRESS, STREET ADDRESS, CITY, STATE, ZIP CODE, AREA CODE/PHONE.

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

SUPPORT OPPOSE checkboxes

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.

Table with 3 columns: NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, SUPPORT OPPOSE checkboxes. Multiple rows for listing candidates.

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 <u>JULY 1, 2007</u> through <u>DEC 30, 2007</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>5</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
VOLUNTEERS TO RE-ELECT BILL KRUGER

**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>420.00</u>	\$ <u>1808.24</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>5500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>420.00</u>	\$ <u>420.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>420.00</u>	\$ <u>1308.24</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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>0</u>	\$ <u>430.00</u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>0</u>	\$ _____
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>0</u>	\$ <u>430.00</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. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>0</u>	\$ <u>430.00</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>489.94</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>420.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>—</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>0</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>909.94</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).

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	\$ <u>0</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>5500.00</u>

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

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from JULY 1, 2007  
through DEC 31, 2007

**CALIFORNIA FORM 460**

Page 4 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

I.D. NUMBER

1225003

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)
<u>9/26/07</u>	<u>CITY OF CHICO HILLS BUDGET DEPOSIT REFUND</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>420<sup>00</sup></u>	<u>420<sup>00</sup></u>	
		<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 \$ 420<sup>00</sup>

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 420<sup>00</sup>
- 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.) ..... **TOTAL \$** 420<sup>00</sup>

\*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 B - Part 1  
Loans Received**

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

Statement covers period from <u>JULY 1, 2007</u> through <u>DEC 30, 2007</u>	<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>5</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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
<u>WILBUR KRUGER</u> <u>1485 RANCHO HILLS DR</u> <u>CHICO HILLS 91709</u>	<u>RETIRED</u>	<u>\$ 3500<sup>00</sup></u>	<u>\$ 0</u>	<input type="checkbox"/> PAID <u>\$ 0</u> <input type="checkbox"/> FORGIVEN <u>\$ 0</u>	<u>\$ 3500<sup>00</sup></u> DATE DUE	<u>0</u> % RATE <u>0</u>	<u>\$ 3500<sup>00</sup></u> <u>10/2002</u> DATE INCURRED	CALENDAR YEAR <u>\$ 0</u> PER ELECTION** <u>\$</u>
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<u>JUST KRUGER</u> <u>1485 RANCHO HILLS DR</u> <u>CHICO HILLS CA 91709</u>	<u>HEALTH CARE GROUP</u> <u>SAN DIEGO CA</u> <u>SPECIFIC ASST TO PRES</u>	<u>\$ 2000</u>	<u>\$ 0</u>	<input type="checkbox"/> PAID <u>\$ 0</u> <input type="checkbox"/> FORGIVEN <u>\$ 0</u>	<u>\$ 2000<sup>00</sup></u> DATE DUE	<u>0</u> % RATE <u>0</u>	<u>\$ 4500<sup>00</sup></u> <u>9/2006</u> DATE INCURRED	CALENDAR YEAR <u>\$ 0</u> PER ELECTION** <u>\$</u>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
				<input type="checkbox"/> PAID <u>\$</u> <input type="checkbox"/> FORGIVEN <u>\$</u>	<u>\$</u> DATE DUE	<u> </u> % RATE	<u>\$</u> DATE INCURRED	CALENDAR YEAR <u>\$</u> PER ELECTION** <u>\$</u>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<b>SUBTOTALS \$</b>								

**Schedule B Summary**

1. Loans received this period ..... \$ 6  
(Total Column (b) plus unitemized loans of less than \$100.)
2. 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.)
3. Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 6  
Enter the net here and on the Summary Page, Column A, Line 2.  
(May be a negative number)

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

†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.

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

ORIGINAL

COVER PAGE

Date Stamp	<b>CALIFORNIA FORM 460</b>
(26) RECEIVE	Page 1 of 5
2008 JUL 29 PM 5:12	For Official Use Only
OFFICE OF CITY CLERK CHINO HILLS	

Statement covers period from <u>JAN 1, 2008</u> through <u>JUN 30, 2008</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 7, 2006</u>
---	---

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**

I.D. NUMBER  
1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
VOLUNTEERS TO RE-ELECT BILL KRUGER  
1485 RANCHO HILLS DR  
STREET ADDRESS (NO P.O. BOX)  
CHINO HILLS CA 91709 909-597-4319  
CITY STATE ZIP CODE 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  
909-597-3152 wkrugers@earthlink.net

**Treasurer(s)**

NAME OF TREASURER  
MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 7/28/08  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

Executed on 7/28/08  
Date

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

CALIFORNIA FORM		<b>460</b>
Page	<u>2</u>	of <u>5</u>

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
**BILL KRUGER**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**CHINO HILLS CITY COUNCIL MEMBER**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**1485 RANCHO HILLS DR CHINO HILLS CA 91709**

**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	<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

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 <u>JAN 1, 2008</u> through <u>JUN 30, 2008</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>5</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

**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>0</u>	\$ <u>0</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>0</u> (CORRECT AMT)	\$ <u>5500<sup>00</sup></u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>0</u>	\$ <u>0</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**

	Column A	Column B
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. TOTAL EXPENDITURES 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>909.94</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>0</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>909.94</u>

If this is a termination statement, Line 16 must be zero.

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>
---	-------------

**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>5500<sup>00</sup></u>

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

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>JAN 1, 2008</u> through <u>JUN 30, 2008</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>5</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <u>VOLUNTEERS TO RE-ELECT BILL KRUGER</u>	I.D. NUMBER <u>1225003</u>
--	-------------------------------

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)
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 0
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 0

**\*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 B – Part 1  
Loans Received**

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

Statement covers period  
from JAN 1, 2008  
through JUN 30, 2008

**CALIFORNIA FORM 460**

Page 5 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

I.D. NUMBER

1225003

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
<u>WILBORN KRUGER 1485 RANCHO HILLS DR CHINO HILLS, CA 91709</u> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRED</u>	<u>\$ 3500<sup>00</sup></u>	<u>\$ 0</u>	<input type="checkbox"/> PAID <u>\$ 0</u> <input type="checkbox"/> FORGIVEN <u>\$ 0</u>	<u>\$ 3500<sup>00</sup></u> DATE DUE _____	<u>0</u> % RATE <u>0</u>	<u>\$ 3500<sup>00</sup></u> <u>10/2002</u> DATE INCURRED	CALENDAR YEAR <u>0</u> PER ELECTION** \$ _____
<u>JANET KRUGER 1485 RANCHO HILLS DR CHINO HILLS, CA 91709</u> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>HEALTH CARE GROUP SAN DIEGO, CA SPECIAL ASST. IS PRESIDENT</u>	<u>\$ 2000<sup>00</sup></u>	<u>\$ 0</u>	<input type="checkbox"/> PAID <u>\$ 0</u> <input type="checkbox"/> FORGIVEN <u>\$ 0</u>	<u>\$ 2000<sup>00</sup></u> DATE DUE _____	<u>0</u> % RATE <u>0</u>	<u>\$ 4500<sup>00</sup></u> <u>9/2006</u> DATE INCURRED	CALENDAR YEAR <u>0</u> PER ELECTION** \$ _____
<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 DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR \$ _____ PER ELECTION** \$ _____
<b>SUBTOTALS \$</b>						\$	\$	\$

**Schedule B Summary**

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

- 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.

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

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Original

COVER PAGE

Date Stamp <b>RECEIVED</b> 2009 JAN 27 AM 11:55 OFFICE OF CITY CLERK CHINO HILLS	<b>CALIFORNIA FORM 460</b> Page 1 of 5 For Official Use Only
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SEE INSTRUCTIONS ON REVERSE

Statement covers period from <u>JULY 1, 2008</u> through <u>DEC 30, 2008</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 7, 2006</u>
--	---

**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**

I.D. NUMBER 1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
VOLUNTEERS TO RE-ELECT BILL KRUGER

1485 RANCHO HILLS DR  
 STREET ADDRESS (NO P.O. BOX)  
CHINO HILLS CA 91709 909-597-4319  
 CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
909-597-3152 wkrugens@earthlink.net  
 CITY STATE ZIP CODE AREA CODE/PHONE  
 OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY STATE ZIP CODE AREA CODE/PHONE \_\_\_\_\_

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 1/27/09 By [Signature]  
Date Signature of Treasurer or Assistant Treasurer

Executed on 1/27/09 By [Signature]  
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ By \_\_\_\_\_  
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ By \_\_\_\_\_  
Date Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

BILL KRUGER

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CHINO HILLS CITY COUNCILMEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1485 RANCHO HILLS DR CHINO HILLS CA 91709

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

Statement covers period from <u>JULY 1, 2008</u> through <u>DEC 30, 2008</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>5</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGLER

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ <u>0</u>	\$ <u>0</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>0</u> <del>(CARRY OVER)</del>	\$ <u>5500<sup>00</sup></u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>0</u>	\$ <u>0</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	\$ _____	\$ _____

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
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. TOTAL EXPENDITURES 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>909.94</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>0</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>909.94</u>

*If this is a termination statement, Line 16 must be zero.*

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.

**Cash Equivalents and Outstanding Debts**

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
18. Cash Equivalents ..... See instructions on reverse	\$ <u>0</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>5500<sup>00</sup></u>

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>JULY 1, 2008</u> through <u>DEC 30, 2008</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>5</u>
I.D. NUMBER <u>1225003</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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)
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 0
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 0

\*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 B – Part 1  
Loans Received**

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

JULY 1, 2008

STATEMENT COVERS PERIOD  
from JAN 1, 2008  
through DEC 30, 2008

CALIFORNIA FORM **460**  
Page 5 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**VOLUNTEERS TO RE-ELECT BILL KRUGER**

I.D. NUMBER

**1225003**

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		
WILBORN KRUGER 1485 RANCHO HILLS DR CHICOHILLS CA 91709	RETIRED	\$ 3500 <sup>00</sup>	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 3500 <sup>00</sup> DATE DUE	0 % 0 DATE INCURRED	\$ 3500 <sup>00</sup> 10/2002	CALENDAR YEAR \$ 0 PER ELECTION** \$		
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
JANET KRUGER 1485 RANCHO HILLS DR CHICO HILLS, CA 91709	HEALTH CARE GROUP SAN DIEGO CA SPEAK ASST. TO PRESIDENT	\$ 2000 <sup>00</sup>	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 2000 <sup>00</sup> DATE DUE	0 % 0 DATE INCURRED	\$ 4500 <sup>00</sup> 9/2006	CALENDAR YEAR \$ 0 PER ELECTION** \$		
† <input checked="" 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 DUE	% RATE \$	\$ DATE INCURRED	CALENDAR YEAR \$ PER ELECTION** \$		
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC										
<b>SUBTOTALS \$</b>							\$ 0	\$ 0	\$ 5500 <sup>00</sup>	\$ 0

(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.

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Original

COVER PAGE

28

Date Stamp <b>RECEIVED</b> 2009 JUL 30 AM 9:32	<b>CALIFORNIA FORM 460</b>
OFFICE OF CITY CLERK CHINO HILLS	Page <u>1</u> of <u>5</u> For Official Use Only

Statement covers period  
from JAN 1, 2009  
through JUNE 30, 2009

Date of election if applicable:  
(Month, Day, Year)  
NOV 7, 2006

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**

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
VOLUNTEERS TO RE-ELECT BILL KRUGER

1485 RANCHO HILLS DR

STREET ADDRESS (NO P.O. BOX)  
CHINO HILLS CA 91709      909-597-4319

CITY      STATE      ZIP CODE      AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY      STATE      ZIP CODE      AREA CODE/PHONE  
909-597-3152      wknugens@earthlink.net

OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER

MAILING ADDRESS

CITY      STATE      ZIP CODE      AREA CODE/PHONE

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 7/30/09  
Date

Executed on 7/30/09  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

CALIFORNIA FORM		<b>460</b>
Page	<u>2</u>	of <u>5</u>

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
**BILL KRUGER**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**CHINO HILLS CITY COUNCIL MEMBER**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**1485 RANCHO HILLS DR CHINO HILLS CA 91709**

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	<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

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 <u>JAN 1, 2009</u> through <u>JUN 30, 2009</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>5</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

**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>0</u>	\$ <u>0</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>(CARPOOL) 5500<sup>00</sup></u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>0</u>	\$ <u>0</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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
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. TOTAL EXPENDITURES 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>909.94</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>0</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>909.94</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).

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

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
---	-------------

**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>5500<sup>00</sup></u>

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>JAN 1, 2009</u> through <u>JUNE 30, 2009</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>5</u>
I.D. NUMBER <u>1225003</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

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

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 0
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 0

\*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 B - Part 1  
Loans Received**

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

Statement covers period  
from JAN 1, 2009  
through JUN 30, 2009

**CALIFORNIA FORM 460**

Page 5 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

**VOLUNTEERS TO RE-ELECT BILL KRUGER**

I.D. NUMBER

**1225003**

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
WILBURN KRUGER 1485 RANCHO HILLS DR CHINO HILLS CA 91709	RETIRED	\$ 3500 <sup>00</sup>	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 3500 <sup>00</sup>	0 % RATE	\$ 3500 <sup>00</sup> 10/2002 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTION**
JANET KRUGER 1485 RANCHO HILLS DR CHINO HILLS CA 91709	HEALTH CARE GROUP SAN DIEGO CA SPCL. ASST. TO PRESIDENT	\$ 2000 <sup>00</sup>	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 2000 <sup>00</sup>	0 % RATE	\$ 4500 <sup>00</sup> 9/2006 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTION**
		\$ _____	\$ _____	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ _____	\$ _____	_____% RATE	\$ _____ DATE INCURRED	CALENDAR YEAR \$ _____ PER ELECTION**
<b>SUBTOTALS</b>		\$ 0	\$ 0	\$ 0	\$ 5500 <sup>00</sup>	\$ 0		

(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.

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

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Original

COVER PAGE

Date Stamp <b>RECEIVED</b> 2010 JAN 20 AM 8:12	<b>CALIFORNIA FORM 460</b>
Page 1 of 5	For Official Use Only
OFFICE OF CITY CLERK CHINO HILLS	

Statement covers period from <u>JULY 1, 2009</u> through <u>DEC 31, 2009</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 2, 2010</u>
--	---

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><i>(Also Complete Part 5)</i> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><i>(Also Complete Part 6)</i> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee      | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><i>(Also Complete Part 7)</i>  |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input type="checkbox"/> Preelection Statement  | <input type="checkbox"/> Quarterly Statement                                  |
| <input checked="" type="checkbox"/> Semi-annual Statement                                   | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><i>(Also file a Form 410 Termination)</i> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

**3. Committee Information**

I.D. NUMBER  
1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
VOLUNTEERS TO RE-ELECT BILL KRUGER  
1485 RANCHO HILLS DR  
STREET ADDRESS (NO P.O. BOX)  
CHINO HILLS CA 91709 909-597-4319  
CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX  
CITY STATE ZIP CODE AREA CODE/PHONE  
909-597-3152 wkrugens@earthlink.net  
OPTIONAL: FAX / E-MAIL ADDRESS

**Treasurer(s)**

NAME OF TREASURER  
MAILING ADDRESS  
CITY STATE ZIP CODE AREA CODE/PHONE  
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 1/19/10  
Date  
Executed on 1/19/10  
Date  
Executed on \_\_\_\_\_  
Date  
Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer  
By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent  
By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

<b>CALIFORNIA FORM</b>	<b>460</b>
Page <u>2</u> of <u>5</u>	

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**BILL KRUGER**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**CHINO HILLS CITY COUNCIL MEMBER**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**1485 RANCHO HILLS DR CHINO HILLS CA 91709**

**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	<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

*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 <u>JULY 1, 2009</u> through <u>DEC 31, 2009</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>5</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER

**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>0</u>	\$ <u>0</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>0</u> (CARRIED)	\$ <u>5500 00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>0</u>	\$ <u>0</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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
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. TOTAL EXPENDITURES 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>909 94</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>0</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>909 94</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
---	-------------

**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>5500 00</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).

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

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from JULY 1, 2009  
through DEC 31, 2009

**CALIFORNIA FORM 460**  
Page 4 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO REELECT BILL KRUGER

I.D. NUMBER  
1225003

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)
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$**

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 0
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 0

\*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 B - Part 1  
Loans Received**

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

Statement covers period  
from JULY 1, 2009  
through DEC 31, 2009

**CALIFORNIA FORM 460**

Page 5 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO REELECT BILL KRUGER

I.D. NUMBER

1225003

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
<u>WILBURN KRUGER 1485 RANCHO HILLS DR CHINO HILLS CA 91709</u> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRED</u>	<u>\$ 3500.00</u>	<u>\$ 0</u>	<input type="checkbox"/> PAID <u>\$ 0</u> <input type="checkbox"/> FORGIVEN <u>\$ 0</u>	<u>\$ 3500.00</u> DATE DUE	<u>0</u> % RATE <u>0</u>	<u>\$ 3500.00</u> <u>10/2002</u> DATE INCURRED	CALENDAR YEAR <u>0</u> PER ELECTION**
<u>JANET KRUGER 1485 RANCHO HILLS DR CHINO HILLS CA 91709</u> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>HEALTH CARE GROUP SAN DIEGO CA SPECIAL ASST TO PRESIDENT</u>	<u>\$ 2000.00</u>	<u>\$ 0</u>	<input type="checkbox"/> PAID <u>\$ 0</u> <input type="checkbox"/> FORGIVEN <u>\$ 0</u>	<u>\$ 2000.00</u> DATE DUE	<u>0</u> % RATE <u>0</u>	<u>\$ 4500.00</u> <u>9/2006</u> DATE INCURRED	CALENDAR YEAR <u>0</u> PER ELECTION**
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$</u>	<u>\$</u>	<input type="checkbox"/> PAID <u>\$</u> <input type="checkbox"/> FORGIVEN <u>\$</u>	<u>\$</u> DATE DUE	<u> </u> % RATE	<u>\$</u> DATE INCURRED	CALENDAR YEAR <u> </u> PER ELECTION**
<b>SUBTOTALS</b>		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 5500.00</u>	<u>\$ 0</u>			

(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.

Original

COVER PAGE

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

31

RECEIVED 2010 JUL 16 PM 4:18 OFFICE OF CITY CLERK CHINO HILLS CALIFORNIA FORM 460

Statement covers period from JAN 1, 2010 through JUNE 30, 2010 Date of election if applicable: NOV 2, 2010

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee (checked)
State Candidate Election Committee
Recall
General Purpose Committee
Sponsored
Small Contributor Committee
Political Party/Central Committee
Primarily Formed Ballot Measure Committee
Controlled
Sponsored
Primarily Formed Candidate/Officeholder Committee

2. Type of Statement:

- Preelection Statement
Semi-annual Statement (checked)
Termination Statement
Amendment (Explain below)
Quarterly Statement
Special Odd-Year Report
Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) VOLUNTEER TO RE-ELECT BILL KRUGER TO CHINO HILLS CITY COUNCIL IN 2010

STREET ADDRESS (NO P.O. BOX) 1485 RANCHO HILLS DR CHINO HILLS CA 91709 909-597-4319

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS 909-597-3152 wkrugers@earthlink.net

Treasurer(s)

NAME OF TREASURER JANET KRUGER MAILING ADDRESS 1485 RANCHO HILLS DR CHINO HILLS CA 91709 909-597-4319

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 7-16-10 Date
Executed on 7-16-10 Date
Executed on Date
Executed on Date

By Janet Kruger Signature of Treasurer or Assistant Treasurer
By William C. Kruger Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
By Signature of Controlling Officeholder, Candidate, State Measure Proponent
By Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

COVER PAGE - PART 2

CALIFORNIA FORM		<b>460</b>
Page	<u>2</u>	of <u>6</u>

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
**WILBURU C "BILL" KRUGER**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**CHINO HILLS, CA CITY COUNCIL MEMBER**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**1485 RANCHO HILLS DR, CHINO HILLS, CA 91709**

**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	<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

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 <u>JAN 1, 2010</u> through <u>JUNE 30, 2010</u>	<b>CALIFORNIA FORM 460</b> Page <u>3</u> of <u>6</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
VOLUNTEERS TO REG-BUD BILL KRUGER TO CH CITY COUNCIL IN 2010

**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>950<sup>00</sup></u>	\$ <u>950<sup>00</sup></u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>0</u> (CAR-HOUSE)	\$ <u>5500<sup>00</sup></u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>950<sup>00</sup></u>	\$ <u>6450<sup>00</sup></u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>-</u>	\$ <u>-</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>950<sup>00</sup></u>	\$ <u>950<sup>00</sup></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**

	Column A	Column B
6. Payments Made ..... Schedule E, Line 4	\$ <u>52<sup>20</sup></u>	\$ <u>52<sup>20</sup></u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>-</u>	\$ <u>-</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>52<sup>20</sup></u>	\$ <u>52<sup>20</sup></u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>-</u>	\$ <u>-</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>-</u>	\$ <u>-</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>52<sup>20</sup></u>	\$ <u>52<sup>20</sup></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>909.94</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>950<sup>00</sup></u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>52.50</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1807.74</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
---	-------------

**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>5500<sup>00</sup></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).

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

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from JAN 1, 2010  
through JUNE 30, 2010

**CALIFORNIA FORM 460**

Page A of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
VOLUNTEERS TO RE-BUY BILL KRUGER TO CITY COUNCIL IN 2010

I.D. NUMBER  
1225003

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)
6/24/2010	LOS SERRANOS GOLF & COUNTRY CLUB [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100 <sup>00</sup>	100 <sup>00</sup>	
6/24/10	JOHN A. KRUGER JR [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LOS SERRANOS GOLF & COUNTRY CLUB	100 <sup>00</sup>	100 <sup>00</sup>	
6/24/2010	DAVID E KRUGER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LOS SERRANOS GOLF AND COUNTRY CLUB	250 <sup>00</sup>	250 <sup>00</sup>	
6/11/10	SAREN EMPLOYEE'S BENEFIT [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC		500 <sup>00</sup>	500 <sup>00</sup>	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 950<sup>00</sup> 950<sup>00</sup>

**Schedule A Summary**

- Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) ..... \$ 950<sup>00</sup>
- 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.) ..... TOTAL \$ 950<sup>00</sup>

\*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 <u>JAN 1, 2010</u> through <u>JUNE 30, 2010</u>	<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>6</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER TO CITY COUNCIL IN 2010

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

- |   |   |   |
|---|---|---|
| CMP 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  |
| LIT 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
<u>GRAPHIC DETAILS INC 14122 CENTRAL AVE CHINO, CA 91710</u>	<u>CMP</u>	<u>2'x4' ELECTION BANNER</u>	<u>52.20</u>
<b>SUBTOTAL \$</b>			<u>52.20</u>

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

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$ <u>52.20</u>
2. Unitemized payments made this period of under \$100 .....	\$ <u>—</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$ <u>—</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$</b> <u>52.20</u>

**Schedule B – Part 1  
Loans Received**

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

Statement covers period  
from JAN 1, 2010  
through JUNE 30, 2010

**CALIFORNIA FORM 460**

Page 6 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTIERS TO RE-ELECT BIKE KRUGER TO CITY COUNCIL IN 2010

I.D. NUMBER

1225003

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	
<u>WILBURST KRUGER</u> <u>1485 RANCHO HILLS DR</u> <u>CHINO HILLS CA 91709</u> † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRED</u>	<u>\$ 3500<sup>00</sup></u>	<u>\$ 0</u>	<input type="checkbox"/> PAID <u>\$ 0</u> <input type="checkbox"/> FORGIVEN <u>\$ 0</u>	<u>\$ 3500<sup>00</sup></u> DATE DUE	<u>0</u> % RATE <u>0</u>	<u>3500<sup>00</sup></u> <u>10/2002</u> DATE INCURRED	CALENDAR YEAR <u>\$ 0</u> PER ELECTION** <u>\$</u>	
<u>JANET KRUGER</u> <u>1485 RANCHO HILLS DR</u> <u>CHINO HILLS, CA 91709</u> † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>HEALTH CARE GROUP</u> <u>SAN DIEGO CA</u> <u>SPECIAL ASST TO PRESIDENT</u>	<u>\$ 2000<sup>00</sup></u>	<u>\$ 0</u>	<input type="checkbox"/> PAID <u>\$ 0</u> <input type="checkbox"/> FORGIVEN <u>\$ 0</u>	<u>\$ 2000<sup>00</sup></u> DATE DUE	<u>0</u> % RATE <u>0</u>	<u>4500<sup>00</sup></u> <u>9/2006</u> DATE INCURRED	CALENDAR YEAR <u>\$ 0</u> PER ELECTION** <u>\$</u>	
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$</u>	<u>\$</u>	<input type="checkbox"/> PAID <u>\$</u> <input type="checkbox"/> FORGIVEN <u>\$</u>	<u>\$</u> DATE DUE	<u>%</u> RATE	<u>\$</u> DATE INCURRED	CALENDAR YEAR <u>\$</u> PER ELECTION** <u>\$</u>	
<b>SUBTOTALS \$</b> <u>0</u> <u>0</u> <u>3500<sup>00</sup></u> <u>0</u>									

(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.

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

34 original

COVER PAGE

Date Stamp <b>RECEIVED</b> 2010 OCT -7 AM 8:19	<b>CALIFORNIA FORM 460</b>
	Page <u>1</u> of <u>9</u> For Official Use Only
<b>OFFICE OF CITY CLERK CHINO HILLS</b>	

Statement covers period from <u>JULY 1, 2010</u> through <u>SEPT 30, 2010</u>	Date of election if applicable (Month, Day, Year) <u>2010 NOV 2, 2010</u>
---	---

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement   | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

**3. Committee Information**

I.D. NUMBER

**Treasurer(s)**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
**VOLUNTEERS TO RE-ELECT BILL KRUGER CITY COUNCIL MEMBER  
2010**

NAME OF TREASURER

**JANET KRUGER**

MAILING ADDRESS

**1485 RANCHO HILLS DR**

CITY STATE ZIP CODE AREA CODE/PHONE  
**CHINO HILLS CA 91709 909-597-4319**

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

STREET ADDRESS (NO P.O. BOX)

**1485 RANCHO HILLS DR**

CITY STATE ZIP CODE AREA CODE/PHONE  
**CHINO HILLS, CA 91709 909-597-4319**

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

**909-597-3152**

**wkrugers@earthlink.net**

**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 10-6-2010  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

Executed on 10-4-2010  
Date

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM		<b>460</b>
Page	<u>2</u>	of <u>9</u>

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
**WILBURN C. "BILL" KRUGER**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**CHINO HILLS, CA, CITY COUNCIL MEMBER**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**1485 RANCHO HILLS DE CHINO HILLS CA 91709**

**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	<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

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 <u>JULY 1, 2010</u> through <u>SEPT 30, 2010</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>9</u>
I.D. NUMBER <u>1225003</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER CHINO HILLS CITY COUNCIL 2010

**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>8254.00</u>	\$ <u>9209.00</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>1000.00 + 5500.00</u>	\$ <u>6500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>9254.00</u>	\$ <u>15704.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	<u>—</u>	<u>—</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>9254.00</u>	\$ <u>15704.00</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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>4403.20</u>	\$ <u>4455.40</u>
7. Loans Made ..... Schedule H, Line 3	<u>—</u>	<u>—</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>4403.20</u>	\$ <u>4455.20</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	<u>—</u>	<u>—</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	<u>—</u>	<u>—</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>4403.20</u>	\$ <u>4455.20</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>1807.79</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>9254.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	<u>—</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>4403.20</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>6658.54</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>—</u>
---	-------------

**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>6500.00</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).

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

**Schedule A**  
**Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from JULY 1, 2010  
through SEPT 30, 2010

**CALIFORNIA FORM 460**

Page 4 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER TO CH. CITY COUNCIL 2010

I.D. NUMBER

1225003

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)
9/29/10	CAL. RISAL ESTATE POLITICAL ACTION COMMITTEE [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 750 <sup>00</sup>	\$ 750 <sup>00</sup>	
9/28/10	TREX PARTNERS [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 3000 <sup>00</sup>	\$ 3000 <sup>00</sup>	
9/4/10	CHINO FIREMANS ASSN INC. PAC ACCOUNT [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 1500 <sup>00</sup>	\$ 1500 <sup>00</sup>	
8/27/10	JOHN & CYNTHIA STADLER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED/SELF EMPLOYED	\$ 200 <sup>00</sup>	\$ 200 <sup>00</sup>	
9/19/10	BARRY FISCHER [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$ 126 <sup>00</sup>	\$ 126 <sup>00</sup>	

SUBTOTAL \$ 5576<sup>00</sup>

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 6001<sup>00</sup>
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 2253<sup>00</sup>
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 8254<sup>00</sup>

\*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.

SCHEDULE A (CONT.)

Statement covers period from <u>JULY 1, 2010</u> through <u>SEPT 30, 2010</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>9</u>
I.D. NUMBER <u>1225003</u>	

VOLUNTEERS TO RE-ELECT BILL KRUGER C.H. CITY COUNCIL 2010  
 NAME OF FILER

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)
9/18/10	MICHAEL KREGER [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100 <sup>00</sup>	\$ 100 <sup>00</sup>	
9/18/10	CONNIE NA [REDACTED] [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 200 <sup>00</sup>	\$ 200 <sup>00</sup>	
9/19/10	NOEL & LWOA MATFIELD [REDACTED] [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$ 125 <sup>00</sup>	\$ 125 <sup>00</sup>	
		<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 \$ 425<sup>00</sup>

\*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 B – Part 1  
Loans Received

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

Statement covers period  
from JULY 1, 2010  
SEPT 30, 2010  
through \_\_\_\_\_

CALIFORNIA  
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER TO CITY COUNCIL 2010

I.D. NUMBER

1225003

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
WILBURN KRUGER 1485 RANCHO HILLS DR CALINDO HILLS, CA 91709	RETIRED	\$ 3500 <sup>00</sup>	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	3500 <sup>00</sup>	0 % RATE 0	3500 <sup>00</sup> 10/2002 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTION** \$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE			
JANET KRUGER 1485 RANCHO HILLS DR CALINDO HILLS, CA 91709	HEALTH CARE GROUP SAN DIEGO CA SPECIAL ASST TO PRESIDENT	\$ 2000 <sup>00</sup>	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	2000 <sup>00</sup>	0 % RATE 0	4500 <sup>00</sup> 9/2006 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTION** \$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE			
WILBURN KRUGER 1485 RANCHO HILLS DR CALINDO #	RETIRED	\$ 0	\$ 1000 <sup>00</sup>	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	1000 <sup>00</sup>	0 % RATE 0	1000 <sup>00</sup> 8/2010 DATE INCURRED	CALENDAR YEAR \$ 1000 <sup>00</sup> PER ELECTION** \$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					DATE DUE			
SUBTOTALS		\$ 1000 <sup>00</sup>	\$ 0	\$ 0	\$ 5500 <sup>00</sup>	\$ 0		

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

Schedule B Summary

- Loans received this period ..... \$ 1000.00  
(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 \$ 1000.00  
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 E  
Payments Made**

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

SCHEDULE E

Statement covers period from <u>JULY 1, 2010</u> through <u>SEPT 30, 2010</u>	<b>CALIFORNIA FORM 460</b>
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I.D. NUMBER <u>1225003</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER C.H. COUNCIL MEMBER 2010

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

- |   |   |   |
|---|---|---|
| CMP 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  |
| LIT 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
<u>COPS VOTER GUIDE 705-2 E. BIDWELL ST FOLSOM CA</u>	<u>LIT</u>	<u>MAILERS/POSTAGE</u>	<u>\$ 534.00</u>
<u>AYALA FOOTBALL BOOSTERS</u>	<u>LIT</u>	<u>AD IN SCHOOL NEWSPAPER</u>	<u>\$ 83.34</u>
<u>CHNS FOOTBALL BOOSTERS</u>	<u>LIT</u>	<u>AD IN SCHOOL NEWSPAPER</u>	<u>66.75</u>

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

**SUBTOTAL \$ 684.09**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) .....	\$ <u>4352.97</u>
2. Unitemized payments made this period of under \$100 .....	\$ <u>50.23</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) .....	\$ <u>—</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) .....	<b>TOTAL \$ <u>4403.20</u></b>

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

SCHEDULE E (CONT.)

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

Statement covers period from <u>JULY 1, 2010</u> through <u>SEP 30, 2010</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>8</u> of <u>9</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER C.H. CITY COUNCIL MEMBER 2010

I.D. NUMBER  
1225003

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

- |   |   |   |
|---|---|---|
| CMP 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  |
| LIT 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
CA TAXPAYER PROTECTION COMMITTEE VOTER GUIDE 9321 SILVERBAND LANE ELK GROVE, CA 95624	LIT	STATE MAILERS	\$ 452.92
FAMILY FAITH & FREEDOM ASSN 9321 SILVERBAND LN ELK GROVE, CA 95624	LIT	STATE MAILOR	\$ 428.23
DEMOCRATIC VOTER CHOICE 728 W. EDNA PLACE Covina CA 91722	LIT	STATE MAILOR	\$ 306.00
CITIZENS FOR GOOD GOVERNMENT 728 W. EDNA PLACE Covina CA 91722	LIT	STATE MAILOR	\$ 425.00
ASIAN AMERICAN VOTER GUIDE 9877 CHAPMAN AVE GARDEN GROVE CA 92841	LIT	STATE MAILOR	\$ 163.00

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

SUBTOTAL \$ 1775.15

**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 <u>JULY 1, 2010</u> through <u>SEPT 30, 2010</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>9</u> of <u>9</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BULLKENBERG CAL. CITY COUNCIL MEMBER 2010

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

CMP 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
LIT 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
CITY OF CHINO HILLS 14000 CITY CENTER DR CHINO HILLS CA 91709	DEP	SIGN PLACARD DEPOSIT	\$ 250.00
RAGLAND GRAPHICS 15942 LOS SERRANOS CT. DRIVE CHINO HILLS CA 91709	PRT	AD IN LOCAL NEWS PAMPHLET	\$ 323.00
GRAPHIC DETAILS 14122 CENTRAL AVE CHINO, CA 91710	LIT	ELECTION SIGNS	\$ 751.73
CITY OF CHINO HILLS 14000 CENTER CITY DR CHINO HILLS CA 91709	FND	RENTAL OF MCCOY FOR FUNDRAISER	\$ 200.00
AMAC 1145. CATALINA AVE RIVERDALE BOCA, CA 90277	LIT	MAILING LABELS	\$ 369.00

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

SUBTOTAL \$ 1893.73

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

35

Original

COVER PAGE

Date Stamp <b>RECEIVED</b> 2010 OCT 18 PM 3:31	<b>CALIFORNIA FORM 460</b>
Page <u>1</u> of <u>9</u>	For Official Use Only
OFFICE OF CITY CLERK CHINO HILLS	

Statement covers period from <u>OCT 1, 2010</u> through <u>OCT 16, 2010</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 2, 2010</u>
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SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees – Complete Parts 1, 2, 3, and 4.

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><small>(Also Complete Part 5)</small> | <input type="checkbox"/> Primarily Formed Ballot Measure Committee<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><small>(Also Complete Part 6)</small> |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee              | <input type="checkbox"/> Primarily Formed Candidate/Officeholder Committee<br><small>(Also Complete Part 7)</small>  |

**2. Type of Statement:**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Preelection Statement   | <input type="checkbox"/> Quarterly Statement                                  |
| <input type="checkbox"/> Semi-annual Statement  | <input type="checkbox"/> Special Odd-Year Report                              |
| <input type="checkbox"/> Termination Statement<br><small>(Also file a Form 410 Termination)</small> | <input type="checkbox"/> Supplemental Preelection Statement - Attach Form 495 |
| <input type="checkbox"/> Amendment (Explain below)  |   |

**3. Committee Information**

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
VOLUNTEERS TO RE-ELECT BILL KRUGER CITY COUNCILMEMBER 2010

STREET ADDRESS (NO P.O. BOX)  
1485 RANCHO HILLS DR

CITY CHINO HILLS, CA STATE CA ZIP CODE 91709 AREA CODE/PHONE 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
909-597-3152 wkrugers@earthlink.net

**Treasurer(s)**

NAME OF TREASURER  
JANET KRUGER

MAILING ADDRESS  
1485 RANCHO HILLS DR

CITY CHINO HILLS STATE CA ZIP CODE 91709 AREA CODE/PHONE 909-597-4319

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 10/18/10  
Date

Executed on 10/18/10  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA FORM 460**  
Page 2 of 7

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
WILBORN C. "BILL" KRUGER

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
CHINO HILLS, CA CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1485 RANCHO HILLS DR, CHINO HILLS CA 91709

**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	<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

Statement covers period from <u>OCT 1, 2010</u> through <u>OCT 16, 2010</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>7</u>
I.D. NUMBER <u>1225003</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGGER CHAND HILLS CITY COUNCIL 2010

**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>174.00</u>	\$ <u>9378.00</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>6500.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>174.00</u>	\$ <u>15878.00</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>375.84</u>	\$ <u>375.84</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>549.84</u>	\$ <u>16253.84</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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>3254.55</u>	\$ <u>7709.95</u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>6500.00</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>3254.55</u>	\$ <u>7709.95</u>
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	\$ <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>4375.847</u>	\$ <u>4375.847</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>2878.08</u>	\$ <u>7334.11</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>6658.54</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>174.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>3254.55</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>3577.99</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).

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

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	\$ <u>0</u>
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ <u>6500.00</u>

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from OCT 1, 2010  
through OCT 16, 2010

**CALIFORNIA FORM 460**  
Page 4 of 9  
I.D. NUMBER  
122 5003

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER TO C.H. CITY COUNCIL 2010

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)
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 0

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 0
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 174.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... TOTAL \$ 174.00

\*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 B – Part 1  
Loans Received**

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

Statement covers period  
from OCT 1, 2010  
through OCT 16, 200

**CALIFORNIA FORM 460**

Page 5 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER TO CITY COUNCIL 2010

I.D. NUMBER

1225003

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
WILBURU KRUGER 1485 RANCHO HILLS DR CHINO HILLS, CA 91709	RETIRED	\$ 3500 <sup>00</sup>	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 3500 <sup>00</sup> DATE DUE	0 % RATE	\$ 3500 <sup>00</sup> 10/2002 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTION** \$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
JANET KRUGER 1485 RANCHO HILLS DR CHINO HILLS CA 91709	HEALTH CARE GROUP SAN DIEGO CA SPECIAL ASST TO PRESIDENT	\$ 2000 <sup>00</sup>	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 2000 <sup>00</sup> DATE DUE	0 % RATE	\$ 4500 <sup>00</sup> 9/2006 DATE INCURRED	CALENDAR YEAR \$ 0 PER ELECTION** \$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
WILBURU KRUGER 1485 RANCHO HILLS DR CHINO HILLS, CA 91709	RETIRED	\$ 1000 <sup>00</sup>	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 1000 <sup>00</sup> DATE DUE	0 % RATE	\$ 1000 <sup>00</sup> 8/200 DATE INCURRED	CALENDAR YEAR \$ 1000 <sup>00</sup> PER ELECTION** \$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<b>SUBTOTALS \$</b>		\$ 0	\$ 0	\$ 0	\$ 6500 <sup>00</sup>	\$ 0		

(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.

SCHEDULE C

Statement covers period from <u>OCT 1, 2010</u> through <u>OCT 16, 2010</u>	<b>CALIFORNIA FORM 460</b>
Page <u>6</u> of <u>9</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER CITY COUNCIL 2010

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)
INVOICE 10/9/2010	TRISH PARTWIGS [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2 BANNERS (4'x8')	375.84	375.84	
		<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					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 375.84

**Schedule C Summary**

- Amount received this period – itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 375.84
- Amount received this period – unitemized nonmonetary contributions of less than \$100 ..... \$ —
- 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 \$ 375.84

\*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.

SCHEDULE E

Statement covers period from <u>OCT 1, 2010</u> through <u>OCT 31, 2010</u>	<b>CALIFORNIA FORM 460</b>
Page <u>7</u> of <u>7</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER CITY COUNCIL 2010

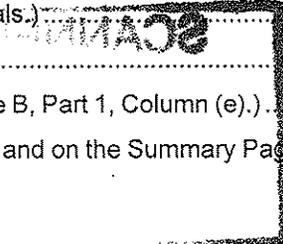
**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP 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  |
| LIT 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
<u>MOONLIGHT PRESS 13555 RAMONA AVE CHINO HILLS, CA 91709</u>	<u>LITER</u>	<u>CAMPAIGN FLYERS</u>	<u>588.25</u>
<u>JC EVENTS INC 11230 GOLD EXPRESS DR GOLD RIVER, CA 95676</u>	<u>LITER</u>	<u>CAMPAIGN FLYERS</u>	<u>2588.59</u>
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>			<b>SUBTOTAL <u>3176.84</u></b>

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>3176.84</u>
2. Unitemized payments made this period of under \$100	\$ <u>77.71</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL <u>3254.55</u></b>



**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Original

COVER PAGE

(36)

Date Stamp: **RECEIVED**  
**2011 JAN 24 AM 10:48**

**CALIFORNIA FORM 460**

Page 1 of 8  
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**OFFICE OF CITY CLERK  
CHINO HILLS**

Statement covers period  
 from OCT 17, 2010  
 through DEC 31, 2010

Date of election if applicable:  
 (Month, Day, Year)  
NOV 2, 2010

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**

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
VOLUNTEERS TO RE-ELECT BILL KRUGER CITY COUNCIL MEMBER 2010

STREET ADDRESS (NO P.O. BOX)  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

909-597-3152 wkrugers@earthlink.net

**Treasurer(s)**

NAME OF TREASURER

JANET KRUGER

MAILING ADDRESS

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

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 1/21/11 Date  
 Executed on 1/21/11 Date  
 Executed on \_\_\_\_\_ Date  
 Executed on \_\_\_\_\_ Date

By [Signature] Signature of Treasurer or Assistant Treasurer  
 By [Signature] Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
 By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent  
 By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

<b>CALIFORNIA FORM</b>	<b>460</b>
Page <u>2</u> of <u>8</u>	

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
WILBURN C. "BILL" KRUGER

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
CHINO HILLS, CA, CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1485 RANCHO HILLS DR, CHINO HILLS, CA 91709

**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	<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

Statement covers period from <u>OCT 17, 2010</u> through <u>DEC 31, 2010</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>8</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER CHAIRS HILLS CITY COUNCIL 2010

I.D. NUMBER

1225003

**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>4314.00</u>	\$ <u>13692.</u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>&lt;4500.00&gt;</u>	\$ <u>2000.</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>4314.00</u>	\$ <u>15692</u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>375</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>4314.00</u>	\$ <u>16067</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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made ..... Schedule E, Line 4	\$ <u>7071.50</u>	\$ <u>14780</u>
7. Loans Made ..... Schedule H, Line 3	\$ <u>0</u>	\$ <u>2000</u>
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ <u>7071.50</u>	\$ <u>16780</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>&lt;375&gt;</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>7071.50</u>	\$ <u>16405</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>3577.99</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>4314.00</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>&lt;7071.50&gt;</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>821.49</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).

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

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
---	-------------

**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>2000.00</u>

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from OCT 17, 2010  
through DEC 31, 2010

**CALIFORNIA FORM 460**

Page 4 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER TO CHICOHUMS CITY COUNCIL 2010

I.D. NUMBER

1225003

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)
10/23/10	ROLLING RIDGE RANCH [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 250 <sup>00</sup>		
10/23/10	WILLIAM SHANNON [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 50 <sup>00</sup>		
10/28/10	CALIFORNIA REAL ESTATE (PAC) [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 750 <sup>00</sup>		
10/28	MANUFACTURED HOUSING TRUST (PAC) [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 300 <sup>00</sup>		
11/5/2010	TILAK & SANTOSH CHOPRA [REDACTED]	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$ 250 <sup>00</sup>		

SUBTOTAL \$ 11600<sup>00</sup>

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 4314<sup>00</sup>
- 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.) ..... TOTAL \$ 4314<sup>00</sup>

\*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.

SCHEDULE A (CONT.)

Statement covers period from <u>OCT 17, 2010</u> through <u>DEC 31, 2010</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>5</u> of <u>8</u>

NAME OF FILER <u>VOLUNTEERS TO REELECT BILL KRUGER TO CHINO HILLS CITY COUNCIL W 2010</u>	I.D. NUMBER <u>1225003</u>
--	-------------------------------

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)
11/5/2010	MANUFACTURED HOUSING TRUST [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500 <sup>00</sup>	\$800 <sup>00</sup>	
12/8/2010	VERITAS HEALTH SERVICES INC [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$1500 <sup>00</sup>		
12/10/2010	CITY OF CHINO HILLS [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250 <sup>00</sup>		
12/21/2010	CITY OF CHINO HILLS [REDACTED]	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$169 <sup>00</sup>		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$ 2714.00**

\*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 B – Part 1  
Loans Received**

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

Statement covers period  
from Oct 17, 2010  
through Dec 31, 2010

**CALIFORNIA FORM 460**

Page 6 of 8

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER TO CITY COUNCIL 2010

I.D. NUMBER

1225003

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
<u>WILBURU KRUGER 1485 RANCHO HILLS DR CANAHO HILLS CA, 91709</u>	<u>RETIRED</u>	<u>\$ 3500<sup>00</sup></u>	<u>\$ 0</u>	<input checked="" type="checkbox"/> PAID <u>\$ 1500<sup>00</sup></u> <input type="checkbox"/> FORGIVEN	<u>\$ 2000<sup>00</sup></u> DATE DUE	<u>0</u> % RATE <u>0</u> DATE INCURRED	<u>\$ 3500<sup>00</sup></u> DATE INCURRED	CALENDAR YEAR <u>\$ 0</u> PER ELECTION** <u>\$</u>
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<u>JANET KRUGER 1485 RANCHO HILLS DR CANAHO HILLS CA, 91709</u>	<u>HEALTH CARE GROUP SAN DIEGO CA SPECIAL ASST TO PRESIDENT</u>	<u>\$ 2000<sup>00</sup></u>	<u>\$ 0</u>	<input checked="" type="checkbox"/> PAID <u>\$ 2000<sup>00</sup></u> <input type="checkbox"/> FORGIVEN	<u>\$ 0</u> DATE DUE	<u>0</u> % RATE <u>0</u> DATE INCURRED	<u>\$ 2000<sup>00</sup></u> DATE INCURRED	CALENDAR YEAR <u>\$ 0</u> PER ELECTION** <u>\$</u>
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<u>WILBURU KRUGER 1485 RANCHO HILLS DR CANAHO HILLS, CA 91709</u>	<u>RETIRED</u>	<u>\$ 1000<sup>00</sup></u>	<u>\$ 0</u>	<input checked="" type="checkbox"/> PAID <u>\$ 1000<sup>00</sup></u> <input type="checkbox"/> FORGIVEN	<u>\$ 0</u> DATE DUE	<u>0</u> % RATE <u>0</u> DATE INCURRED	<u>\$ 1000<sup>00</sup></u> DATE INCURRED	CALENDAR YEAR <u>\$ 1000<sup>00</sup></u> PER ELECTION** <u>\$</u>
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC								
<b>SUBTOTALS \$</b>		<u>0</u>	<u>\$ 4500<sup>00</sup></u>	<u>\$ 2000<sup>00</sup></u>	<u>\$ 0</u>			

(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 ..... \$ 4500<sup>00</sup>  
(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 \$ -4500<sup>00</sup>  
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 E  
Payments Made**

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

SCHEDULE E

Statement covers period from <u>OCT 17, 2010</u> through <u>DEC 31, 2010</u>	<b>CALIFORNIA FORM 460</b>
Page <u>7</u> of <u>8</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO REELECT BILL KRUGER CHINO HILLS CITY COUNCIL 2010

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

<b>CMP</b> campaign paraphernalia/misc.	<b>MBR</b> member communications	<b>RAD</b> radio airtime and production costs
<b>CNS</b> campaign consultants	<b>MTG</b> meetings and appearances	<b>RFD</b> returned contributions
<b>CTB</b> contribution (explain nonmonetary)*	<b>OFC</b> office expenses	<b>SAL</b> campaign workers' salaries
<b>CVC</b> civic donations	<b>PET</b> petition circulating	<b>TEL</b> t.v. or cable airtime and production costs
<b>FIL</b> candidate filing/ballot fees	<b>PHO</b> phone banks	<b>TRC</b> candidate travel, lodging, and meals
<b>FND</b> fundraising events	<b>POL</b> polling and survey research	<b>TRS</b> staff/spouse travel, lodging, and meals
<b>IND</b> independent expenditure supporting/opposing others (explain)*	<b>POS</b> postage, delivery and messenger services	<b>TSF</b> transfer between committees of the same candidate/sponsor
<b>LEG</b> legal defense	<b>PRO</b> professional services (legal, accounting)	<b>VOT</b> voter registration
<b>LIT</b> campaign literature and mailings	<b>PRT</b> print ads	<b>WEB</b> 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
<u>MIKE SPONCE</u>	<u>CNS</u>		<u>\$ 100.00</u>
<u>JANET KRUGER 1485 RANCHO HILLS DR CHINO HILLS CA 91709</u>		<u>REPAYMENT OF LOAN</u>	<u>\$ 2000.00</u>
<u>FELIPE 207 ARCHIBALD AVE RANCHO CUCAMONGA CA 91730</u>	<u>FND</u>	<u>ELECTION PARTY (CATERING)</u>	<u>\$ 224.00</u>

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

SUBTOTAL \$ 2324.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ <u>7071.50</u>
2. Unitemized payments made this period of under \$100	\$ <u>—</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ <u>—</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ <u>7071.50</u>

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

SCHEDULE E (CONT.)

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

Statement covers period  
from Oct 17, 2010  
through Dec 31, 2010

CALIFORNIA **460**  
FORM

Page 8 of 8

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER CHAND HILLS CITY COUNCIL 2010

I.D. NUMBER  
1225003

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

- |   |   |   |
|---|---|---|
| CMP 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  |
| LIT 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
WILBURN KRUGER 1485 RANCHO HILLS DR CHAND HILLS CA 91709	FIL	REIMBURSEMENT OF CANDIDATE STATEMENT	\$1478 <sup>00</sup>
CHAMPION NEWSPAPERS (AMERICAN EXPRESS) 13179 NANTA ST CHAND CA 91710	PRT	NEWSPAPER AD IN CHAND HILLS CHAMPION	\$769 <sup>50</sup>
WILBURN KRUGER 1485 RANCHO HILLS DR CHAND HILLS CA 91709		REPAYMENT OF LOAN	\$1000 <sup>00</sup>
WILBURN KRUGER 1485 RANCHO HILLS DR CHAND HILLS CA 91709		PARTIAL REPAYMENT OF LOAN (\$2000 <sup>00</sup> REMAINING)	\$1500

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

SUBTOTAL \$ 4747.50

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Original

COVER PAGE

37

Date Stamp  
**RECEIVED**  
2011 JUL 29 AM 9:11  
OFFICE OF CITY CLERK  
CHINO HILLS

**CALIFORNIA FORM 460**  
Page 1 of 6  
For Official Use Only

Statement covers period  
from JAN 1, 2011  
through JUNE 30, 2011

Date of election if applicable:  
(Month, Day, Year)  
NOV - 2014

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 (Also file a Form 410 Termination)
- 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**

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

VOLUNTEERS TO RE-ELECT BILL KRUGER  
CITY COUNCIL MEMBER

STREET ADDRESS (NO P.O. BOX)

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE

CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

909-597-3152 wkrugers@earthlink.net

**Treasurer(s)**

NAME OF TREASURER

JANET KRUGER

MAILING ADDRESS

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE

CHINO HILLS CA 91709

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 7/29/11  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

Executed on 7/29/11  
Date

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

Recipient Committee  
Campaign Statement  
Cover Page — Part 2

CALIFORNIA FORM		<b>460</b>
Page	<u>2</u>	of <u>6</u>

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

WILBURN E. "BILL" KRUBER

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

CANON HILLS, CA, CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

1485 RANCHO HILLS DR, CANON HILLS, CA 91709

**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 PROONENT

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

Statement covers period from <u>JAN 1, 2011</u>	<b>CALIFORNIA FORM 460</b>
through <u>JUNE 30 2011</u>	
Page <u>3</u> of <u>6</u>	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER CHANDLER CITY COUNCIL

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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
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>200</u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ <u>0</u>	\$ <u>200</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>821.49</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>0</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>821.49</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
---	-------------

**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>2000.00</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).

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

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>JAN 1, 2011</u> through <u>JUNE 30, 2011</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>6</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER WILBORN C KRUGER JR (VOLUNTEER TO REGISTER BILL KRUGER) I.D. NUMBER 1225003

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)
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 0

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 0
- Amount received this period – unitemized monetary contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 0

\*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 B – Part 1  
Loans Received**

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

Statement covers period  
from JAN 1, 2011  
through JUN 30, 2011

**CALIFORNIA FORM 460**  
Page 5 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

VOLUNTEERS TO RE-ELECT BILL KRUGER TO CITY COUNCIL

1225003

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
<u>WILBARD KRUGER</u> <u>1485 RANCHO HILLS DR</u> <u>CHINO HILLS CA 91709</u>  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RETIRO</u>	<u>\$ 2000<sup>00</sup></u>	<u>\$ 0</u>	<input type="checkbox"/> PAID <u>\$ 0</u> <input type="checkbox"/> FORGIVEN <u>\$ 0</u>	<u>\$ 2000<sup>00</sup></u>  <u>—</u> DATE DUE	<u>0</u> % RATE <u>\$</u>	<u>3500<sup>00</sup></u>  DATE INCURRED	CALENDAR YEAR <u>\$ 0</u> PER ELECTION** <u>\$</u>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$</u>	<u>\$</u>	<input type="checkbox"/> PAID <u>\$</u> <input type="checkbox"/> FORGIVEN <u>\$</u>	<u>\$</u>  DATE DUE	<u>—</u> % RATE <u>\$</u>	<u>\$</u>  DATE INCURRED	CALENDAR YEAR <u>\$</u> PER ELECTION** <u>\$</u>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>\$</u>	<u>\$</u>	<input type="checkbox"/> PAID <u>\$</u> <input type="checkbox"/> FORGIVEN <u>\$</u>	<u>\$</u>  DATE DUE	<u>—</u> % RATE <u>\$</u>	<u>\$</u>  DATE INCURRED	CALENDAR YEAR <u>\$</u> PER ELECTION** <u>\$</u>

SUBTOTALS \$ 0 \$ 0 \$ 2000<sup>00</sup> \$ 0

**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 F  
Accrued Expenses (Unpaid Bills)**

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

Statement covers period from <u>JAN 1, 2011</u> through <u>JUNE 30, 2011</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>6</u> of <u>6</u>
	I.D. NUMBER <u>1225003</u>

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER CITY COUNCILMEMBER

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

- |   |   |   |
|---|---|---|
| CMP 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  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
<u>WILBUR J C KRUGER 1485 RANCHO HILLS DR CHAND HILLS CA 91769</u>	<u>LOAN</u>	<u>2000<sup>00</sup></u>	<u>0</u>	<u>0</u>	<u>2000<sup>00</sup></u>

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

**SUBTOTALS \$ 2000<sup>00</sup> \$ 0 \$ 0 \$ 2000<sup>00</sup>**

**Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) ..... 0 ..... **INCURRED TOTALS \$ 0**
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) ..... 0 ..... **PAID TOTALS \$ 0**
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... 0 ..... **NET \$ 0**  
May be a negative number

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

ORIGINAL

COVER PAGE

38 RECEIVED

Date Stamp

CALIFORNIA FORM 460

Page 1 of 5

For Official Use Only

Statement covers period  
from JULY 1, 2011  
through DEC 31, 2012

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

2012 JAN 17 PM 12:06  
OFFICE OF CITY CLERK  
CHINO HILLS

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 5)*
- Primarily Formed Candidate/Officeholder Committee  
*(Also Complete Part 7)*

**2. Type of Statement:**

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

**3. Committee Information**

I.D. NUMBER

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

VOLUNTEERS TO RE-ELECT BILL KRUGER  
CITY COUNCIL MEMBER

STREET ADDRESS (NO P.O. BOX)

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE

CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

909-597-3152 wkrugers@earthlink.net

**Treasurer(s)**

NAME OF TREASURER

JANET KRUGER

MAILING ADDRESS

1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE

CHINO HILLS CA 91709

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 1/12/2012  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

Executed on 1/12/2012  
Date

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM		<b>460</b>
Page	<u>2</u>	of <u>5</u>

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
**WILBURN C "BILL" KRUGER**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**CHINO HILLS, CA CITY COUNCIL MEMBER**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**1485 RANCHO HILLS DR, CHINO HILLS CA 91709**

**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	<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

Statement covers period  
from JULY 1, 2011  
through DEC 31, 2011

**CALIFORNIA FORM 460**

Page 3 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER CHICO HILLS CITY COUNCIL

I.D. NUMBER

1225003

**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>250<sup>00</sup></u>	\$ <u>250<sup>00</sup></u>
2. Loans Received ..... Schedule B, Line 3	\$ <u>0</u>	\$ <u>0</u>
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ <u>250<sup>00</sup></u>	\$ <u>250<sup>00</sup></u>
4. Nonmonetary Contributions ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ <u>250<sup>00</sup></u>	\$ <u>250<sup>00</sup></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**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
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>2000<sup>00</sup></u>
10. Nonmonetary Adjustment ..... Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES 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>821<sup>49</sup></u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>250<sup>00</sup></u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>1071<sup>49</sup></u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>0</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>1071<sup>49</sup></u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED ..... Schedule B, Part 2	\$ <u>0</u>
---	-------------

**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>2000<sup>00</sup></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).

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

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period from <u>JULY 1, 2011</u> through <u>DEC 31, 2011</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>4</u> of <u>5</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

WILBURN C KRUGER JR - VOLUNTEERS TO RE-ELECT BUCKEY

I.D. NUMBER

1225003

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)
<u>11/24/2011</u>	<u>CODE ENFORCEMENT REFORM SIGNS</u>	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<u>250<sup>00</sup></u>		
		<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 \$ 250<sup>00</sup>

**Schedule A Summary**

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 250<sup>00</sup>
- 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.) ..... **TOTAL \$** 250<sup>00</sup>

\*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 B – Part 1  
Loans Received**

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

Statement covers period  
from JULY 1, 2011  
through DEC 31, 2011

**CALIFORNIA FORM 460**

Page 5 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER TO CITY COUNCIL

I.D. NUMBER

1225003

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
<u>WILBURD (Bill) KRUGER 1485 RANDALL HILLS DR CITWOOD HILLS CA 91709</u> <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>RESERVED</u>	<u>\$ 2000<sup>00</sup></u>	<u>\$ 0</u>	<input type="checkbox"/> PAID \$ _____ <input type="checkbox"/> FORGIVEN \$ <u>0</u>	<u>\$ 2000<sup>00</sup></u> DATE DUE _____	<u>0</u> % RATE <u>0</u>	<u>\$ 3500<sup>00</sup></u> DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** _____
<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 DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** _____
<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 DUE _____	_____% RATE \$ _____	\$ _____ DATE INCURRED _____	CALENDAR YEAR _____ PER ELECTION** _____
<b>SUBTOTALS</b>		\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>2000<sup>00</sup></u>	\$ <u>0</u>		

**Schedule B Summary**

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

1. Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)
2. 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.)
3. 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.

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

39

Original

COVER PAGE

Date Stamp <b>RECEIVED</b> 2012 JUL -5 AM 10:24 OFFICE OF CITY CLERK CHINO HILLS	<b>CALIFORNIA</b> 2001/02 <b>FORM 460</b>
Page <u>1</u> of <u>5</u>	
For Official Use Only	

Statement covers period from <u>JAN 1, 2012</u> through <u>JUN 30, 2012</u>	Date of election if applicable: (Month, Day, Year) <u>NOV 2014</u>
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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
- Ballot Measure Committee
  - Primarily Formed
  - 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
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

**3. Committee Information**

I.D. NUMBER  
1225003

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
VOLUNTEERS TO RE-ELECT BILL KRUGER  
CITY COUNCIL MEMBER

STREET ADDRESS (NO P.O. BOX)  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS  
909-597-3152 wkrugense@earthlink.net

**Treasurer(s)**

NAME OF TREASURER  
JANET KRUGER

MAILING ADDRESS  
1485 RANCHO HILLS DR

CITY STATE ZIP CODE AREA CODE/PHONE  
CHINO HILLS CA 91709 909-597-4319

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 7/5/2012  
Date

Executed on 7/5/2012  
Date

Executed on \_\_\_\_\_  
Date

Executed on \_\_\_\_\_  
Date

By [Signature]  
Signature of Treasurer or Assistant Treasurer

By [Signature]  
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officeholder, Candidate, State Measure Proponent

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

Page 2 of 5

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
WILBURN C "BILL" KRUGER

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
CHINO HILLS, CA CITY COUNCIL MEMBER

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1485 RANCHO HILLS DR, CHINO HILLS CA 91709

**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. 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 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

Statement covers period from <u>JAN 1, 2012</u> through <u>JUN 30, 2012</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>3</u> of <u>5</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

VOLUNTEERS TO RE-ELECT BILL KRUGER, CANYON HILLS CITY COUNCIL

I.D. NUMBER

1225003

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

**Expenditures Made**

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
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. TOTAL EXPENDITURES 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
___/___/___	\$ <u>0</u>

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ <u>1071.49</u>
13. Cash Receipts ..... Column A, Line 3 above	\$ <u>0</u>
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	\$ <u>0</u>
15. Cash Payments ..... Column A, Line 8 above	\$ <u>1071.49</u>
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>0</u>

If this is a termination statement, Line 16 must be zero.

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>
---	-------------

**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>

\*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A  
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period  
from JAN 1, 2012  
through JUN 30, 2012

**CALIFORNIA  
FORM 460**

Page 4 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

~~VOLUNTEERS~~ WILBURN KRUGER- VOLUNTEERS TO RE-ELECT BILL KRUGER  
CITY OF CANYON HILLS

I.D. NUMBER

1225003

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)
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$ 0

**Schedule A Summary**

- Amount received this period – contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 0
- Amount received this period – unitemized contributions of less than \$100 ..... \$ 0
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 0

\*Contributor Codes  
 IND – Individual  
 COM – Recipient Committee  
 (other than PTY or SCC)  
 OTH – Other  
 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.

Statement covers period  
from JAN 1, 2012  
through JUN 30, 2012

CALIFORNIA FORM **460**

Page 5 of 5

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: VOLUNTEERS TO RE-ELECT BILL KRUGER CHINO HILLS CITY COUNCIL

I.D. NUMBER: 1225003

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
<u>WILBURN KRUGER 1485 RANCHO HILLS DR CHINO HILLS CA 91709</u>	<u>RETIRED</u>	<u>2000</u>	<u>0</u>	<input checked="" type="checkbox"/> PAID \$ <u>1071.49</u> <input checked="" type="checkbox"/> FORGIVEN \$ <u>928.51</u>	<u>0</u>	<u>0</u> % RATE	<u>3500</u>	CALENDAR YEAR \$ <u>0</u> PER ELECTION \$
† <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$
† <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 \$	\$	% RATE		CALENDAR YEAR \$ PER ELECTION** \$
† <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 \$	\$	% RATE		CALENDAR YEAR \$ PER ELECTION** \$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$	DATE DUE	\$	DATE INCURRED	\$

SUBTOTALS \$ 0 \$ 2000 \$ 0 \$ 0

**Schedule B Summary**

1. Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period ..... \$ 2000<sup>00</sup>  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ < 2000<sup>00</sup>  
(May be a negative number)

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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

† Contributor Codes

IND – Individual    COM – Recipient Committee (other than PTY or SCC)    OTH – Other    PTY – Political Party    SCC – Small Contributor Committee