Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5) SEE INSTRUCTIONS ON REVERSE General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Nocal
 Maccompiles Part 1) Committee Information Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. Elk Grove, CA 95624 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 9321 Silverbend Lane CITY OPTIONAL: FAX / E-MAIL ADDRESS STREET ADDRESS (NO P.O. BOX) Dana Point for Tomorrow COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) STATE ZIP CODE Primarily Formed Candidate/ Officeholder Committee (Also Complete Part 7) Primarily Formed Ballot Measure Committee ZIP CODE ○ Controlled ○ Sponsored (Also Complete Part 6) through 12/31/2006 1291909 Statement covers period 916-686-1815 AREA CODE/PHONE 10/22/2006 AREA CODE/PHONE Type or print in ink. Date of election if applicable: (Month, Day, Year) 'n ALIS 9321 Silverbend lane MAILING ADDRESS MAILING ADDRESS NAME OF TREASURER OPTIONAL: FAX / E-MAIL ADDRESS NAME OF ASSISTANT TREASURER, IF ANY Elk Grove, CA Treasurer(s) Preelection Statement
 Semi-annual Statement
 Termination Statement
 (Also file a Form 410 Termination) Type of Statement: ☐ Amendment (Explain below) 95624 1/31/07 K. War INION AWAR SO ALLO 2007 FEB -2 12 12: 05 RECEIVER, 1 of 11 STATE Quarterly Statement
 Special Odd-Year Report
 Supplemental Prodection
 Statement - Attach Form 495 ZIP CODE ZIP CODE CALIFORNIA 460 For Official Use Only AREA CODE/PHONE 916-686-1815 AREA CODE/PHONE

I have used all reasonable difigence 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 ... Executed on \_\_ 01/26/2007 Date Jackson Color

Signature of Controlling Officeholder, Candidate.

Verification

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Toll-Free Helpline: 866/ASK-FPPC (BR40275-5772)

State of California

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on \_

Date

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Recipient Committee Campaign Statement Cover Page — Part 2

Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee	Measure Committee	
NAME OF OFFICEHOLDER OR CANDIDATE		NAME OF BALLOT MEASURE		
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)	NUMBER IF APPLICABLE)	BALLOTNO, OR LETTER	JURISDICTION	☐ SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY	Y STATE ZIP	identify the controlling officeholder, candidate, or state measure proponent, if any.	holder, candidate, or s	tate measure proponent, II
		NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	DATE, OR PROPONENT	
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.	ement: List any committees are primarily formed to receive lidacy.	OFFICE SOUGHT OR HELD		DISTRICT NO. IF ANY
COMMITTEE NAME	LD. NUMBER			
NAME OF TREASURER	ED COMMITTEE?	<ol> <li>Primarily Formed Candidate/Officeholder Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.</li> </ol>	date/Officeholder Co	ommittee List names of s primarily formed.
	168	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD
COMMITTEE ADDRESS STREET ADDRESS (NO 50, 50A)		Jim Lacy	City Council Member	cil Member X OPPOSE
CITY STATE ZIP CODE	DE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD
COMMITTEE NAME	LD. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE		OFFICE SOUGHT OR HELD SUPPORT
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)				
CITY STATE ZIP CODE	DDE AREA CODE/PHONE	Attach	Attach continuation sheets if necessary	necessary

FPPC Toll-Free Helpline: 865/ASK-FPPC (866/275-3772)
State of California

### Campaign Disclosure Statement

Type or print in ink. Amounts may be rounded

Statement covers period

Summary Page	to whole dollars.	from	10/22/2006	FORM 460
SEE INSTRUCTIONS ON BEVERSE		through -	12/31/2006	Page _3 of _11
NAME OF FILER Dana Point for Tomorrow				I.D. NUMBER 1291909
Contributions Received	Column A TOTAL THIS PERSO PROMATTACHED SCHEDULES)	Column B CALINDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Flections	mary for Candidates State Primary and
1. Monetary Contributions       Solvedule 8, Line 3         2. Loans Received       Solvedule 8, Line 3         3. SUBTOTAL CASH CONTRIBUTIONS       Add Lines 1 + 2         4. Nonmonetary Contributions       Solvedule C, Line 3         5. TOTAL CONTRIBUTIONS RECEIVED       Add Lines 3 + 4	\$ 5,896,00 \$ 5,896,00 \$ 5,896,00	\$ 9,896.00	20. Contributions 20. Received \$ 21. Expenditures \$ Made	1/1 through 6/30 7/1 to Date
Expenditures Made  6. Payments Made	\$ 9,067.19	\$ 9,067.19	Expenditure Limit Summary for State Candidates	ummary for State
7. Loans Made	9,067.19 -527.33	9,067,19	22. Cumulative (#Subjects) Date of Election	22. Cumulative Expenditures Made* (# Subjects Volumery Expenditure Limit) of Election Total to Date controller)
11. TOTAL EXPENDITURES MADE	8,539,86	\$ 9,067.19		6
Current Cash Statement  12. Beginning Cash Balance Previous Summary Page, Line 16  13. Cash Receipts Cash Column A, Line 3 above  14. Miscellaneous Increases to Cash Schedule (Line 4	\$ 4,000.00 5,896.00	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last	*Amounts in this section m	*Amounts in this section may be different from amounts reported in Column B.
16. ENDING CASH BALANCE	640.81	figures that should be subtracted from previous period amounts. If this is the first report being find for this calendar year, only carry over the amounts.		
sh Equivalents and Outsta		from Lines 2, 7, and 9 (if any).		EPPC Form 460 (January/05)
19. Outstanding Debts Add Line 2+Line 9 in Column B above	0.00		FPPC Toll-Free Helplin	FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Amounts may be rounded to whole dollars.

oilars.

from 10/22/2006

through 12/31/2006

Page 4

of 11

california 460

NAME OF FILER Dana Point for Tomorrow 11/10/2006 10/25/2006 DATE RECEIVED Headlands Reserve, LL Accufile, Inc. 24849 Del Prado Enid, OK 73702 P.O. Box 365 FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR CONTRIBUTOR Dana Point, CA 92629 DDSD MODEL TO MODEL MODE ODDDD Noodd Nood Noodd Nood Noodd No OSC PTY NO OND IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
of SEU-CMINOYED, ENTERNAME
of BUSINESS) SUBTOTAL\$ AMOUNT RECEIVED THIS PERIOD 4,000.00 5,500.00 1,500.00 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 1,500.00 4,000.00 1.D. NUMBER 1291909 公本の公園の PER ELECTION TODATE (IF REQUIRED)

### Schedule A Summary

Amount received this period – unitemized monetary contributions of less than \$100\$	Amount received this period – itemized monetary contributions.  (Include all Schedule A subtotals.)\$ 5,500.00	Circums Committee
--	--	-------------------

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

\*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Parly
SCC - Small Contributor Committee

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

TOTAL \$

5,896.00

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

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

	through 12/31/2006	Statement covers period from 10/22/2006	
1.D. NUMBER 1291909	Page 5 of11	FORM 46	SCHEDUL

	☐ Support			City of Dana Point	2000	10/25/2006 Jim Lacy	ths ⊠			City of Dana Point	City Council M	10/23/2006 Jim Lacy	X Support		City of Dana P	City Council Member	10/23/2006 Jim Lacy	NAME OF CAN MEASURE NUM	Dana Point for Tomorrow
	pport K Oppose			oint	Company of the Compan		Support			oint	ember		port Dppose		oine	ember		NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	
		Independent	Contribution		Contribution	Moneton	Expenditure	x Independent	Contribution	Nonmonetary	Contribution	Monetary	Expenditure	[X] Independent	Nonmonetary	Contribution	Monetary	TYPE OF PAYMENT	
SIIRTOTAI &						Postage & processing						Printing of postcards					Graphics for mailer	DESCRIPTION (FRIGURED)	
3 131 46						1,094.32						1,837.14					200.00	AMOUNT THIS PERIOD	
のは関節では、						9,382.52						9,382.52					9,382.52	CALENDAR YEAR (JAN. 1-DEC. 31)	1291909
																		PER ELECTION TO DATE (IF REQUIRED)	9

### Schedule D Summary

ω	N	-
. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	Unitemized contributions and independent expenditures made this period of under \$100	Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotal
2. Do not enter on the Summary Page.) TOTA	0	edule D subtotals.)
\$ T	:	69
8,855.19	0.00	8,855.19

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period CALIFORNIA 460 from 10/22/2006

NAME OF FILER 11/18/2006 10/30/2006 Jim Lacy Dana Point for Tomorrow 10/30/2006 DATE Jim Lacy Jim Lacy City Council Member City of Dana Foint City Council Member City of Dana Point City Council Member City of Dana Point NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE □ Support Support Support Support  $\boxtimes$ X Oppose Oppose Oppose □ Nonmonetary Contribution × ×  $\times$ TYPE OF PAYMENT | Monetary | Contribution | Nonmonetary | Contribution Independent Expenditure Monetary Contribution Independent Expenditure Nonmonetary Contribution Monetary Contribution Independent Expenditure Nonmonetary Contribution Monetary Contribution Independent Expenditure Printing Postage & processing Mail files (F REQUIRED) SUBTOTAL \$ AMOUNT THIS PERIOD 5,723.73 1,837.14 3,559.26 12/31/2006 327.30 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31) 9,382.52 9,382.52 9,382.52 1.D. NUMBER 1291909 Page | PER ELECTION TODATE (IF REQUIRED) of 11

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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ayments Made  Amounts may be rounded  to whole dollars.	e rounded ollars.		from 10/22/2006	FORM 460
E INSTRUCTIONS ON REVERSE			through 12/31/2006	Page 7 of11
ME OF FILER				1.D. NUMBER
NAMA POINT FOR TOROTROW				200
ne following codes accurately describes the parallalmiac.  MER MIG MIG OFF OFF OFF OFF OFF OFF OFF OFF OFF OF	u may ent nunications I appearance ses afing	er the code. Otherw	rise, describe the payment.  RAD radio airline and production costs  RPD returned contributions  SAL campaign workers salaries  TEL tv. or cable airline and production costs  TEC candidate travel, lodging, and meals	costs suction costs d meals
D Indicatising events expenditure supporting/opposing others (explain)* PCs, posing and survey research S legal defense FRO professional services (legal C campaign liberature and mailings FRO print ads	urvey resear very and me services (leg	posting and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	** .	sumspruper unrec, roughly, and mouse transfer between committees of the same candidate/sponsor voter registration information technology costs (internet, e-mail)
NAME AND ADDRESS OF PAYER OF COMMITTEE, ALSO BATES ID HAMBERS	CODE	OR DESC	DESCRIPTION OF PAYMENT	AMOUNT PAID
on Kindred	LIT	Graphics for mailer	er	200.00
PO Box 788				
an Clemente CA 92674				
on Kindred	117	Graphics for mailer	er	200.00
PO Box 788				
san Clemente CA 92674				
Universal Press	TIT	Printing of postcards	ards	1,837.14
934 Calle Negocio, Ste. A				
San Clemente CA 92673				
Payments that are contributions or independent expenditures must also be summarized on Schedule D.	arized on 8	chedule D.	SU	SUBTOTAL\$ 2,237.14
chedule E Summary				
Itemized payments made this period. (Include all Schedule E subtotals.)				\$ 9,0
Unitemized payments made this period of under \$100				\$ 22.00
. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	1, Column	(0).)		9.00
. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	ne Summa	ry Page, Column A,	Line 6.) TO	TOTAL \$ 9,067.19

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)	FPPC Form 460 (January/05)

### Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Dana Point for Tomorrow

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 10/22/2006

12/31/2006 CALIFORNIA 460 Page 8 of 11

1291909

6,818.05	SUBTOTAL \$	Schedule D.	ummarized on	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
1,837.14	Printing	LIT		Universal Press 934 Calle Negocio, Ste. A San Clemente CA 92673
327.33	Mail files	×		Political Data, Inc. PO Box 1706 Burbank CA 91507
3,559.26	Postage & processing	2		Taubenpost, Inc. 20702 Linear Lane Lake Forest CA 92630
1,094.32	Postage & processing	Pe		Taubenpost, Inc. 20702 Linear Lane Lake Forest CA 92630
AMOUNTPAID	DESCRIPTION OF PAYMENT	CODE OR		OF COMMITTEE ALSO ENTER ID. NUMBERS  OF PAYEE
ne candidate/sponsor	the code. Otherwise, describe the payment.  RAD radio artime and production costs  RED returned contributions  SAL campalign workers' satisfies  TEL tv. or cable artime and production costs  TEL tv. or cable artime and production costs  TRC candidate travel, lodging, and meals  TRS statifspouse travel, lodging, and meals  TRS statifspouse travel, lodging, and meals  TRS transfer between committees of the same candidate/sponsor of the same candidate/spo	ayment, you may enter the code. member communications meetings and appearances office expenses petition circulating phone banks postage, delivery and messenger services professional services (legal, accounting) print ads	payment, you may e member communications meetings and appearan office expenses petition circulating phone banks postage, delivery and m professional services (it print ads	CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  CAP campaign paraphernalishmise.  CRS campaign consultants  CRS campaign consultants  CRS campaign nonmonetary)*  CRC crisc donations  CRC civic donations  CRC civic donations  CRC civic donations  FET petition circulating  FET petition circulating  FRO bindependent expenditure supporting/opposing others (explain)*  POL polling and survey research  POL polling and survey research  POL postage, delivery and messenger services  FRO protessional services (legal, accounting)  VOT voter registration technology cost  FRO protessional services (legal, accounting)  WEB information technology cost

Accrued Expenses (Unpaid Bills) Schedule F

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period 10/22/2006

CALIFORNIA 460

SCHEDULE

SEE INSTRUCTIONS ON REVERSE NAME OF FILER 55**53**7833 Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on Schedule F Summary Payments that are contributions or independent expenditures must also be summarized on Schedule D. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment Dana Point for Tomorrow PO Box 788 Don Kindred Burbank CA 91507 PO Box 1706 Political Data, Inc. San Clemente CA 92674 accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) campaign paraphemalia/misc. campaign consultants contribution (explain nonmonetary)\* campaign literature and mailings fundraising events candidate filing/ballot fees legal defense independent expenditure supporting/opposing others (explain)\* NAME AND ADDRESS OF CREDITOR OF COMMITTEE, ALSO ENTER ID, NUMBER) LIT Graphics for mailer Mail files CODE OR DESCRIPTION OF PAYMENT polling and survey research postage, delivery and messenger services professional services (legal, accounting) member communications meetings and appearances print ads phone banks office expenses petition circulating SUBTOTALS \$ (a)
OUTSTANDING
BALANCE BEGINNING
OF THIS PERIOD 527.33 \$ 200.00 RAD radio airlime and production costs
RPD returned contributions
SAL campaign workers staintes
TEL t.v. or cable airline and production costs
TRC candidate travel, lodging, and meals
TRS staffspouse travel, lodging, and meals
TRS staffspouse travel, lodging, and meals
TRS transfer between committees of the same candid
VOT voter registration
WEB information technology costs (internet, e-mail) (b) AMOUNT INCURRED THIS PERIOD through 12/31/2006 staffispouse travel, lodging, and meals transfer between committees of the same candidate/sponsor 0.00 0.00\$ 0.00 INCURRED TOTALS \$ PAID TOTALS \$ AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) 327.33 527.33\$ 200.00 LD. NUMBER Page 9 1291909 (d)
OUTSTANDING
BALANCE AT CLOSE
OF THIS PERIOD 9 527.33 0.00 0.00 0.00 0.00

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

NET \$ -527.33

on the Summary Page, Column A, Line 9.) ..

## Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

from 10/22/2006	Statement covers period
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Page 10 of 11

NAME OF AGENT OR INDEPENDENT CONTRACTOR SEE INSTRUCTIONS ON REVERSE NAME OF FILER Dana Point for Tomorrow through. 12/31/2006 I.D. NUMBER 1291909

describes the payment, you may enter the code. Otherwise, describe the payment.

Taubenpost, Inc.

	E	3	3	Æ	8	CTB	S	Ş	2
campaign literature and mailings	legal defense	independent expenditure supporting/opposing others (explain)*	fundraising events	candidate filing/ballot fees	civic donations		campaign consultants	campaign paraphemalia/misc.	CODES: If one of the following codes accurately describes the payment, you may arrive the codes accurately describes the payment, you may arrive the codes accurately describes the payment, you may arrive the codes accurately the payment.
R	80	g	B	7	4	OFC.	MTG	MBR	0 0
print ads	professional services (legal, accounting)	ijħ.			ulating		meetings and appearances		payment, you may enter the code. Our
WEB	Š	Ş	3	8	Ē	SAL	2	B	7
information technology costs (internet, e-mail)	voter registration	transfer between committees of the same candidate/sponsor	staff/spouse travel, looging, and means	candidate travel, lodging, and means	LV. or cable artime and production costs	campaign workers salaries	eturned contributions	RAD radio airlime and production costs	describe are believes

LIT campaign literature and malings expenditures must also be summarized on Schedule D.

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	Schedule I		
NAME AND ADDRESS OF PAYEE OR CREDITOR (# COMMTTEL AUD BRISH D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster	POS		918.00
24552 Raymond Way			
Lake Forest CA 92630			
US Postmaster	200		918.00
24552 Raymond Way			
Lake Forest CA 92630			
US Postmaster	Pos		1,035.90
24552 Raymond Way			
Lake Forest CA 92630			
US Postmaster	POS		1,035.90
24552 Raymond Way			
Lake Forest CA 92630			
Attach additional information on appropriately labeled continuation sheets.		TOTAL' \$	3,907.80

Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule I Miscellaneo Type or print in ink.

Iscellaneous Increases to Cash Amount	Amounts may be rounded to whole dollars.	eriod	CALIFORNIA 460
E INSTRUCTIONS ON REVERSE		through _^====================================	Page of
MEOFFILER			LD. NUMBER
ma Point for Tomorrow			1291909
DATE  FILL NAME AND ADDRESS OF SOURCE  RECEIVED  OF COMMITTEE, ALSO BRIES LD, NAMERS	390	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
Attach additional information on appropriately labeled continuation sheets.		SUBTOTAL \$	0.00

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M	al m	al o	tem	nize	ď	
Summary Page, Line 14.) TOTAL \$	4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the	3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	2. Unitemized increases to cash of under \$100 this period	1. Itemized increases to cash this period	Schedule I Summary	
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FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 855/ASK-FPPC (866/275-3772)