

Type or print in ink.

Recipient Committee  
Campaign Statement  
Cover Page

(Government Code Sections 64200-64216.5)

Date Stamp

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

11/07/2006

Statement covers period  
from 10/22/2006

through 12/31/2006

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 3)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primary Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 4)
- Primary Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement: (Check one)

- Preamble Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preamble Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Wake-up, Dana Point!

I.D. NUMBER  
1268592

Treasurer(s)

NAME OF TREASURER  
Richard A. Mackiag

MAILING ADDRESS  
23821 Salvador Bay

CITY Dana Point STATE CA ZIP CODE 92629-4207

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 hereinafter 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 26 2007

By Richard A. Mackiag  
Signature of Treasurer or Assistant Treasurer

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

By \_\_\_\_\_  
Signature of Controlling Officer/Contributor, Candidate, State Measure Proponent

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

By \_\_\_\_\_  
Signature of Controlling Officer/Contributor, Candidate, State Measure Proponent

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

By \_\_\_\_\_  
Signature of Controlling Officer/Contributor, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page - Part 2

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

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

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

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? YES 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? YES 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 SUPPORT OPPOSE

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

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

CALIFORNIA  
FORM  
**460**

Statement covers period  
from 10/22/2006  
through 12/31/2006

Page 3 of 5

I.D. NUMBER  
**1268592**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Wake-up, Dana Point!

**Contributions Received**

	Column A TOTAL (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions ..... Schedule A, Line 3	\$ 99,000	\$ 9,586,000
2. Loans Received ..... Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS ..... Add Lines 1 + 2	\$ 99,000	\$ 9,586,000
4. Nonmonetary Contributions ..... Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 3 + 4	\$ 99,000	\$ 9,586,000

**Expenditures Made**

6. Payments Made ..... Schedule E, Line 4	\$ 90,000	\$ 6,032,000
7. Loans Made ..... Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS ..... Add Lines 6 + 7	\$ 90,000	\$ 6,032,000
9. Accrued Expenses (Unpaid Bills) ..... Schedule F, Line 3	0	0
10. Nonmonetary Adjustment ..... Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE ..... Add Lines 8 + 9 + 10	\$ 90,000	\$ 6,032,000

**Current Cash Statement**

12. Beginning Cash Balance ..... Previous Summary Page, Line 16	\$ 4,205,000
13. Cash Receipts ..... Column A, Line 3 above	99,000
14. Miscellaneous Increases to Cash ..... Schedule I, Line 4	0
15. Cash Payments ..... Column A, Line 8 above	90,000
16. ENDING CASH BALANCE ..... Add Lines 12 + 13 + 14, then subtract Line 15 <i>If this is a termination statement, Line 16 must be zero.</i>	\$ 4,214,000

**17. LOAN GUARANTEES RECEIVED**

Schedule B, Part 2	\$ 0
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents ..... See instructions on reverse	\$ 0
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above	\$ 0

**Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections**

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

**Expenditure Limit Summary for State  
Candidates**

22. Cumulative Expenditures Made\*  
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yyyy) \_\_\_\_\_ Total to Date \_\_\_\_\_

\$ _____	\$ _____
\$ _____	\$ _____

\*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**  
**Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE

Statement covers period  
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through 12/31/2006

Page 4 of 5

I.D. NUMBER  
**1268592**

PER ELECTION  
TO DATE  
(IF REQUIRED)

CUMULATIVE TO DATE  
CALENDAR YEAR  
(JAN. 1 - DEC. 31)

AMOUNT  
RECEIVED THIS  
PERIOD

IF AN INDIVIDUAL, ENTER  
OCCUPATION AND EMPLOYER  
(IF SELF-EMPLOYED, ENTER NAME  
OF BUSINESS)

CONTRIBUTOR  
CODE \*

FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR  
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

DATE  
RECEIVED

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SUBTOTAL \$ 0

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SUBTOTAL \$ 0

**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

..... \$ 99.00

3. 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

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (June 03)

FPPC Toll-Free Helpline: 866/ASK-FPPC

**Schedule E**  
**Payments Made**

SEE INSTRUCTIONS ON REVERSE

Wake-up, Dana Point!

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from 10/22/2006  
through 12/31/2006

SCHEDULEE  
CALIFORNIA  
FORM  
460  
Page 5 of 5  
LD NUMBER  
1268592

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

- CNP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FL candidate filing/balot fees
- FO fundraising events
- NO independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- UT campaign literature and mailings
- MGR member communications
- MTG meetings and appearances
- CFC office expenses
- FET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- MEM member communications
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL tv or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSE transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
			SUBTOTAL \$	0

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

**Schedule E Summary**

- 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ 0
- 2. Unitemized payments made this period of under \$100 ..... \$ 90.00
- 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.) ..... TOTAL \$ 90.00