

Date Stamp
RECEIVED
2001 JUN 30 P 12:08

Type or print in ink.
Statement covers period
from 7/1/06
through 12/31/06

Date of election if applicable
(Month, Day, Year)
2007 JUN 30 P 12:08

SEE INSTRUCTIONS ON REVERSE

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

- 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
- 2. Type of Statement: OF DANA POINT**
- Prediction Statement
 - Quarterly Statement
 - Semi-annual Statement
 - Special Odd-Year Report
 - Termination Statement
 - Supplemental Prediction Statement - Attach Form 495
 - Amendment (Explain below)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Taxpayers for a Better Dana Point

I.D. NUMBER
1248891

Treasurer(s)

NAME OF TREASURER
Mike Winterhalter

MAILING ADDRESS
234 Monarch Bay

CITY
Dana Point

STATE
CA

ZIP CODE
92629

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 1/29/07 Date

By [Signature] Signature of Treasurer or Assistant Treasurer

By _____ Signature of Controlling Officer/Candidate, State Measure Proponent or Republican Officer of Sponsor

By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

**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 7/1/06
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Taxpayers for a Better DanaPoint

I.D. NUMBER
1248891

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

Column B
TOTAL TO DATE

Column A
TOTAL TO DATE
(FROM ATTACHED SCHEDULES)

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ _____

21. Expenditures Made \$ _____

Contributions Received

- 1. Monetary Contributions Schedule A, Line 3 \$ 100 —
- 2. Loans Received Schedule B, Line 3 \$ _____
- 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 100 —
- 4. Nonmonetary Contributions Schedule C, Line 3 \$ _____
- 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ 100 —

Expenditures Made

- 6. Payments Made Schedule E, Line 4 \$ 100 —
- 7. Loans Made Schedule H, Line 3 \$ _____
- 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 100 —
- 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 \$ 4.30
- 10. Nonmonetary Adjustment Schedule G, Line 3 \$ _____
- 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ 104.30

Current Cash Statement

- 12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 0
 - 13. Cash Receipts Column A, Line 3 above \$ 100 —
 - 14. Miscellaneous Increases to Cash Schedule I, Line 4 \$ 104.30
 - 15. Cash Payments Column A, Line 8 above \$ 4.30
 - 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 104.30
- If this is a termination statement, Line 16 must be zero.*

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 \$ _____

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(if subject to Voluntary Expenditure Limit)

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

*Amounts in this section may be different from amounts reported in Column B.

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).

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Schedule A
Monetary Contributions Received

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Tax Payers for A Better Dana Point

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER L.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)
7/31/06	Headlands Reserve LLC 24849 Del Prado Dana Point, CA 92629	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
		<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 \$	100.00	

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 100.00
- 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 \$** 100.00

*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

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**Schedule E
Payments Made**

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Tax Payers For A Better Dana Point

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

- OMP campaign paraphernalia/misc.
- ONS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate limousine fees
- RND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHD 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
- TRS staff/pouse travel, lodging, and meals
- TSF 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 I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

* 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.) \$ 104.30
2. Unitemized payments made this period of under \$100 (Bank charges) \$ 104.30
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 104.30

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

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FORM **460**

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I.D. NUMBER
1248891

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Tax payers For A Better Dana Point

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
 OMP campaign paraphernalia/misc.
 CNS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donations
 FL candidate filing/ballot fees
 RND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defenses
 UT campaign literature and mailings
 MBR member communications
 MTG meetings and appearances
 OFC office expenses
 PCT petition circulating
 PHO phone banks
 POL polling and survey research
 POS postage, delivery and messenger services
 PRO professional services (legal, accounting)
 PRT print ads
 RAO 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
 TSF transfer between committees of the same candidate/sponsor
 VOT voter registration
 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
Bank of America	Bank Service Charges	56.25	48.05	100.00	4.30
SUBTOTALS \$		56.25 \$	48.05 \$	100.00 \$	4.30

* 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 \$ 48.05**
- 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 \$ 43.75**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$ 4.30**
May be a negative number