

**Statement of Organization
Recipient Committee**

Type or print in ink

Statement Type

Initial
Not yet qualified or

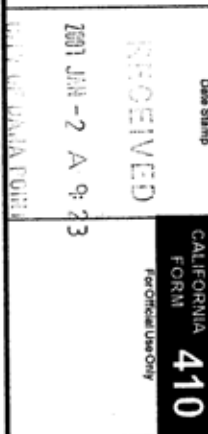
Amendment
List ID number: # _____

Termination - See Part 5
List ID number: # 1271968

Date qualified as committee _____

Date qualified as committee (if special) _____

Date of Termination 11.1.07



1. Committee Information

NAME OF COMMITTEE

The Committee to Take Back Dana Point

STREET ADDRESS (NO P.O. BOX)

32438 Crown Valley Pkwy

CITY

Dana Point, CA 92629

STATE

ZIP CODE

AREA CODE/PHONE

STREET ADDRESS

32438 Crown Valley Pkwy

CITY

Dana Point, CA 92629

STATE

ZIP CODE

AREA CODE/PHONE

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Robert Tryphagen

STREET ADDRESS

32438 Crown Valley Pkwy

CITY

Dana Point, CA 92629

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE

NAME AND POSITION OF OTHER PRINCIPAL OFFICERS, IF APPLICABLE

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Attach additional information on appropriately labeled continuation sheets.

3. Verification

I have used all reasonable diligence in preparing this 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 11/2/06 By Robert Tryphagen SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 Executed on 11/2/06 By Robert Tryphagen SIGNATURE OF CONTROLLING OFFICER/BOARD MEMBER OR STATE MEASURE PROPOSER
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/BOARD MEMBER OR STATE MEASURE PROPOSER
 Executed on _____ By _____ SIGNATURE OF CONTROLLING OFFICER/BOARD MEMBER OR STATE MEASURE PROPOSER

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

The Committee To Take Back Dana Point

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPOONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
			<input type="checkbox"/> Non-Partisan <input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
ADDRESS	CITY	STATE ZIP CODE

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
<i>James Lacy & John Claffertz</i>	<i>CITY COUNCIL SEATS</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Bill Ossewader</i>	<i>CITY COUNCIL SEAT</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Statement of Organization
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INSTRUCTIONS ON REVERSE

STATEMENT OF ORGANIZATION
CALIFORNIA
FORM
410

COMMITTEE NAME

The Committee To Take Back Dana Point

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ID NUMBER

1271968

A. Type of Committee (Continue)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee

COUNTY Committee

STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

Date qualified

Check box and provide the date this committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officer/holder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.