

Date Stamp
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Nov 7, 2006 2007 JAN 31 P 4: 46

Type or print in ink.

Statement covers period
from 10/27/06
through 12/31/06

SEE INSTRUCTIONS ON REVERSE

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

- Officerholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also complete Part 3)
- 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/ Officerholder Committee (Also complete Part 7)

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Citizens for Responsible Government
Friends of William Ossenmacker

STREET ADDRESS (NO P.O. BOX)
34145 Coast Hwy
CITY Dana Point STATE CA ZIP CODE 92629 AREA CODE/PHONE 949-493-3410
MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX)
Po Box 5242
CITY Dana Point STATE CA ZIP CODE 92629 AREA CODE/PHONE 949-493-3410
OPTIONAL: FAX / E-MAIL ADDRESS

2. Type of Statement: CITY OF DANA POINT

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

NAME OF TREASURER
William Ossenmacker
MAILING ADDRESS
Po Box 3242
CITY Dana Point STATE CA ZIP CODE 92629 AREA CODE/PHONE 949-493-3410
NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS

3. Committee Information

I.D. NUMBER

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 1/31/07 Date
By [Signature] Signature of Treasurer/Candidate/Responsible Officer of Sponsor
Executed on 1/31/07 Date
By [Signature] Signature of Controlling Officer/Candidate, State Measure Proposer or Responsible Officer of Sponsor
Executed on _____ Date
By _____ Signature of Controlling Officer/Candidate, State Measure Proposer
Executed on _____ Date
By _____ Signature of Controlling Officer/Candidate, State Measure Proposer

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
William Ossewacker
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Dana Point City Council
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
P.O. Box 3242, Dana Point CA 92629

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 PROPOSER		
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		
NAME OF OFFICEHOLDER OR CANDIDATE		
OFFICE SOUGHT OR HELD		
NAME OF OFFICEHOLDER OR CANDIDATE		
OFFICE SOUGHT OR HELD		

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 10/22/06
through 12/31/06

CALIFORNIA FORM 460
Page 3 of 9
LD NUMBER 1291806

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Citizens for Responsible Government
Friends of Wm. Ossemacher

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 3,165	\$ 9,507
2. Loans Received Schedule B, Line 3	\$ -1,000	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 2,165	\$ 9,507
4. Nonmonetary Contributions Schedule C, Line 3	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 2,165	\$ 9,507

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 6,639	\$ 8,849
7. Loans Made Schedule H, Line 3	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 6,639	\$ 8,849
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ 0	\$ 0
10. Nonmonetary Adjustment Schedule G, Line 3	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 6,639	\$ 8,849

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 5,132
13. Cash Receipts Column A, Line 3 above	\$ 2,165
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ 300
15. Cash Payments Column A, Line 8 above	\$ 6,639
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 957

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

LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0

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**

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$ 0	\$ 9,507
21. Expenditures Made	\$ 0	\$ 8,849

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Total to Date
Date of Election (mm/dd/yy)	\$
	\$

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 10/27/06
through 12/31/06

CALIFORNIA **460**
FORM

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I.D. NUMBER
1291806

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Responsible Government / Friends of Wm. Ossenwooter

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 TO DATE (IF REQUIRED)
10/27	Castillo Del Mar Inc One Castillo Del Mar Capistrano Beach, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	bus.	300-	590-	
10/28	Piiza Pices Inc 11250 Beach Stanton, CA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	bus.	590-	590-	
10/27	Dr. Wron 34117 Doremy Park Road Capistrano Bch CA 92624	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Self - Dactor	590-	590-	
11/1	Mr Georgeburg 35391 Beach Rd Capistrano Beach, CA 92624	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ret.	100-	100-	
11/2	Mr David Rommenberg POB 574 Stanton, CA 90680	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	manger - CRZ	590-	590-	
				SUBTOTAL \$ 2170		

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2670
- Amount received this period - unitemized monetary contributions of less than \$100 \$ 495
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 3,165

*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

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

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

CALIFORNIA
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Statement covers period
from 12/22/06
through 12/31/06

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NAME OF FILER: Citizens for Responsible Government / Friends of Wm. Ossenmacher I.D. NUMBER: 1291806

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)
11/14	Devin Hahn View Investments LP 32322 Camino Capistrano SJC CA 92675	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	bus	500-	500-	
		<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				
				SUBTOTALS		

SUBTOTALS 500-

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Type or print in ink.
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**Schedule B - Part 1
Loans Received**

Statement covers period
from 10/22/06
through 12/31/06

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Citizens for Responsible Government Friends of Wm Ossewacker

I.D. NUMBER
129 1806

IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSING THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	CALENDAR YEAR	
										DATE DUE	DATE DUE
Salt - Ossewacker Associates	William Ossewacker POB 3242 Dun Point, CA 92629	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	\$ 1000	\$ 0	\$ 1000	\$ 0	\$ 1000	\$ 0			
		<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									
			SUBTOTALS \$	\$	\$	\$	\$	\$	\$	\$	\$

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

Schedule B Summary

- Loans received this period
(Total Column (b) plus unitemized loans of less than \$100.) \$ 0
- 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.) \$ 1000
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ (-1000)
(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.

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Type or print in ink.
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Schedule E
Payments Made

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
Citizens for Responsible Government / Friends of Wm. Ossenheimer

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
 OAP campaign paraphernalia/misc.
 CNS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic donations
 FL candidate filing/ballot fees
 FND fundraising events
 ND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 UT 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 tv, or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TRS staff/cruise 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 (# COMMITTEE ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Gail Studios Overland Park, KS	CMD			1,879-
HUMAN OPTIONS Irvine, CA	CVC			100-
Penny Sever Publications Mission Viejo, CA	PAT			1,296-
SUBTOTAL \$				3,275-

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

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals) \$ 5,732.34
- Unitemized payments made this period of under \$100 \$ 907.95
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e)) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** 6,639.79

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

Type or print in ink.
Amounts may be rounded
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SEE INSTRUCTIONS ON REVERSE
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Citizens for Responsible Government / Friends of Wm. Ossenwender

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
 GAP campaign paraphernalia/misc.
 CNS campaign consultants
 CTB contribution (explain nonmonetary)*
 CVC civic decisions
 FL candidate filing/ballot fees
 FND fundraising events
 IND independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 UT campaign literature and mailings
 MBR member communications
 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
 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 PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Quantum Graphics Like Forest, CA	CMP		798 ⁷⁵
Staples San Juan Capistrano, CA	CMP		720 ²²
Union Bank MC Dove Point, CA	CMP		938 ³⁷
SUBTOTAL \$			2,457 ³⁴

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
 FPPC Form 460 (January 05)
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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**Schedule I
Miscellaneous Increases to Cash**

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	Citizens for Responsible Government / Friends of Wm. Osseyimoder		
	City of Dana Point Dana Point, CA	Ballot Stmt Defund	300-
			SUBTOTAL \$ 300-

Attach additional information on appropriately labeled continuation sheets.

Schedule I Summary

- Itemized increases to cash this period. \$ 300 -
- Unitemized increases to cash of under \$100 this period. \$ 0
- Total of all interest received this period on loans made to others. (Schedule H, Column (e)). \$ 0
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) TOTAL \$ 300 -