

Supplemental Independent Expenditure Report
(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

Report covers period from 01/01/2006 through 10/21/2006

Date of election if applicable: (Month, Day, Year) 11/07/2006

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CALIFORNIA FORM 465

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1. Committee/Filer Information

COMMITTEE/FILER/NAME: Dana Point for Tomorrow
STREET ADDRESS (NO P.O. BOX): 9321 Silverbend Lane
CITY: Elk Grove CA, 95624 STATE: ZIP CODE: 916-686-1815 AREA CODE/PHONE:
OPTIONAL FAX/EMAIL ADDRESS:

ID NUMBER (if recipient committee) 1291909

Treasurer (if recipient committee)

NAME OF TREASURER: Yvona L. Copp
MAILING ADDRESS: 9321 Silverbend Lane
CITY: Elk Grove CA, 95624 STATE: ZIP CODE: 916-686-1815 AREA CODE/PHONE:
OPTIONAL FAX/EMAIL ADDRESS:

2. Name of Candidate or Measure Supported or Opposed

NAME OF CANDIDATE	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE	CHECK ONE
NAME OF BALLOT MEASURE	BALLOT NO./LETTER JURISDICTION	SUPPORT OPPOSE
Jina Lacy	City Council Member City of Dana Point	X

3. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	NAME AND ADDRESS OF PAINEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/19/2006	Don Kindred PO Box 788 San Clemente, CA 92674	Graphics for mailer	200.00	527.33
10/18/2006	Political Data, Inc. PO Box 1706 Barstank, CA 91507	Mail files	327.33	527.33

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period from <u>01/01/2006</u> through <u>10/21/2006</u>	CALIFORNIA FORM 465
Page <u>2</u> of <u>2</u>	10. NUMBER (if incident com.) 1291909

4. Summary

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NAME OF FILER: Dana Point for Tomorrow

1. Total independent expenditures of \$100 or more made this period. (Part 3.) \$ 527.33

2. Total independent expenditures under \$100 made this period. (Not itemized.) \$ 0.00

3. Total independent expenditures made this period (Add Lines 1 + 2.) TOTAL \$ 527.33

5. Filing Officers

Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.

1) NAME OF FILING OFFICER _____ 3) NAME OF FILING OFFICER _____

City of Dana Point _____ ADDRESS _____

ADDRESS: City Clerk (NO. AND STREET) _____

33292 Golden Lantern _____ CITY _____ STATE _____ ZIP CODE _____

Dana Point, CA 92629 _____

2) NAME OF FILING OFFICER _____ 4) NAME OF FILING OFFICER _____

Address: Campaign reporting (NO. AND STREET) _____ ADDRESS _____

100 - 65th St. _____ CITY _____ STATE _____ ZIP CODE _____

Sacramento, CA 95823 _____

6. Verification

I have used all reasonable diligence in preparing and reviewing 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 1/26/07 By _____

DATE DATE SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____

DATE DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____

DATE DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____

DATE DATE SIGNATURE OF CONTROLLING OFFICER/HOLDER, CANDIDATE, STATE MEASURE PROPONENT