

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.

Amendment (Explain Below)

ID NUMBER (if recipient committee)
1291909

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

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

2007 FEB -2 P 12:05

RECEIVED
Data Stamp
Postmarked
1/31/07
1/31/07

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

Treasurer (if recipient committee)

NAME OF TREASURER
Vona L. Corp
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
Jian Lacy
NAME OF BALLOT MEASURE
OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE
City Council Member City of Dana Point
BALLOT NO./LETTER JURISDICTION
CHECK ONE
SUPPORT OFFICE X
SUPPORT OFFICE

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

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/25/2006	Taubenpost, Inc. 20702 Linear Lane Lake Forest, CA 92630	Postage & processing	1,094.32	9,382.52
10/30/2006	Taubenpost, Inc. 20702 Linear Lane Lake Forest, CA 92630	Postage & processing	3,539.26	9,382.52
10/23/2006	Don Kindred PO Box 788 San Clemente, CA 92674	Graphics for mailer	200.00	9,382.52

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SUPPLEMENTAL INDEPENDENT EXPENDITURE

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SEE INSTRUCTIONS ON REVERSE
For use by an officeholder, candidate, or committee making independent expenditures totaling \$500 or more in a calendar year to support or oppose a single candidate or a single measure. This form must be filed at the same times and places as the campaign statements filed by the candidate supported or opposed or by a committee primarily formed to support or oppose the measure. A separate form must be filed for each candidate or measure being supported or opposed. This form is filed in addition to any other required campaign statements.

Report covers period
from 10/23/2006 through 12/31/2006
Date of election if applicable:
(Month, Day, Year)
11/02/2006

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

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/23/2006	Universal Press 934 Calle Negocio, Ste. A San Clemente, CA 92673	Printing of postcards	1,837.14		9,382.52
10/30/2006	Universal Press 934 Calle Negocio, Ste. A San Clemente, CA 92673	Printing	1,037.14		9,382.52
11/18/2006	POLITICAL DATA, Inc. PO Box 1706 Burbank, CA 91507	Mail files	327.33		9,382.52

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 NAME OF FILER
 Dana Point for Tomorrow

SUPPLEMENTAL INDEPENDENT EXPENDITURE
CALIFORNIA 465
 FORM

Report covers period from 10/22/2006 through 12/31/2006	Page 3 of 3 I.D. NUMBER (if recipient cert.) 1291509
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4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.) \$ 8,855.19
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 \$ 8,855.19**

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 City of Dana Point ADDRESS Attention 32282 Golden Lantern CITY Dana Point, CA 92629	3) NAME OF FILING OFFICER ADDRESS CITY STATE ZIP CODE
2) NAME OF FILING OFFICER Sacramento County Registrar of Voters ADDRESS Attention Campaign reporting 65th St. CITY Sacramento, CA 95823	4) NAME OF FILING OFFICER ADDRESS CITY STATE ZIP CODE

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 [Signature]
 DATE DATE SIGNATURE OF FILER, CANDIDATE OR ASSISTANT TREASURER

Executed on _____ By _____
 DATE DATE SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
 DATE DATE SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, STATE MEASURE PROponent

Executed on _____ By _____
 DATE DATE SIGNATURE OF CONTROLLING OFFICER/CANDIDATE, STATE MEASURE PROponent