

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

Type or print in ink.

COVER PAGE

Date Stamp
Postmarked
1/31/07
RECEIVED
2007 FEB - 2 P 12:05
Page 1 of 11
CALIFORNIA FORM 460
For Official Use Only

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.**
- Officer/holder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall (Also Complete Part 5)
 - General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
 - Primarily Formed State Measure Committee
 - Primarily Formed Candidate/Officer/holder Committee (Also Complete Part 7)

- 2. Type of Statement:**
- Pre-election Statement
 - Semi-annual Statement
 - Termination Statement (Also file a Form 410 Termination)
 - Amendment (Explain below)
 - Quarterly Statement
 - Special Odd-Year Report
 - Supplemental Pre-election Statement - Attach Form 495

3. Committee Information

Treasurer(s)

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Dana Point for Tomorrow

STREET ADDRESS (AND P.O. BOX)
9321 Silverthorn Lane

CITY STATE ZIP CODE AREA CODE/PHONE
RILK GROVE, CA 95624 916-686-1815

MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / EMAIL ADDRESS
916-686-1813

NAME OF TREASURER
Vera L. Gopp

MAILING ADDRESS
9321 Silverthorn Lane

CITY STATE ZIP CODE AREA CODE/PHONE
RILK GROVE, CA 95624 916-686-1815

NAME OF ASSISTANT TREASURER IF ANY
MAILING ADDRESS
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / EMAIL 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.

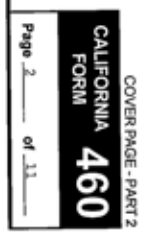
Executed on 01/26/2007
Executed on _____
Executed on _____
Executed on _____

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

FPPC Form 460 (January 05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-5772)
State of California

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

Type or print in ink.



5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) _____

RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP _____

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? YES 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? YES 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 SUPPORT OPPOSE _____

Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOONENT _____

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 SUPPORT OPPOSE _____
Jill Lacy City Council Member

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE _____

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE _____

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE _____

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

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

CALIFORNIA
FORM 460

SUMMARY PAGE

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Data Point for Tomorrow

I.D. NUMBER
1291909

Contributions Received

	Column A TOTAL YEAR TOTAL TO DATE	Column B TOTAL YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 5,896.00	\$ 5,896.00
2. Loans Received	Schedule B, Line 3 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 5,896.00	\$ 5,896.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 5,896.00	\$ 5,896.00

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 \$
21. Expenditures Made \$

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 9,067.19	\$ 9,067.19
7. Loans Made	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 9,067.19	\$ 9,067.19
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 -327.33	0.00
10. Nonmonetary Adjustment	Schedule G, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 8,739.86	\$ 9,067.19

Expenditure Limit Summary for State
Candidates

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 4,000.00
13. Cash Receipts	Column A, Line 3 above 5,896.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 12.00
15. Cash Payments	Column A, Line 8 above 9,067.19
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 840.81

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).

Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0.00
18. Cash Equivalents	See instructions on reverse \$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 0.00

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

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

**Schedule A
Monetary Contributions Received**

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

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

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Dana Point For Tomorrow

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER ID NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TODATE <small>(IF REQUIRED)</small>
10/25/2006	AccountLine, Inc. P.O. Box 365 Rald, OR 97102	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,000.00	4,000.00	
11/10/2006	Headlands Reserve, LL 24849 Del Prado Dana Point, CA 92629	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,500.00	1,500.00	
SUBTOTAL \$				5,500.00		

- Schedule A Summary**
- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 5,500.00
 - Amount received this period - unitemized monetary contributions of less than \$100 \$ 396.00
 - Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$ 5,896.00**

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

Schedule D
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

Statement covers period
 from 10/23/2006
 through 12/31/2006
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CALIFORNIA
FORM 460
 SCHEDULED

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER
 Dana Point for Tomotom

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (if required)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1-DEC 31)	PER ELECTION TO DATE (if required)
10/23/2006	Jim Lacy City Council Member City of Dana Point	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Graphics for mailer	200.00	9,382.52	
10/23/2006	Jim Lacy City Council Member City of Dana Point	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Printing of postcards	1,837.14	9,382.52	
10/23/2006	Jim Lacy City Council Member City of Dana Point	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Postage & processing	1,094.32	9,382.52	
SUBTOTAL \$				3,131.46		

- Schedule D Summary**
- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 8,855.19
 - Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
 - Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 8,855.19

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

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

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

CALIFORNIA
 FORM **460**
 SCHEDULE D (CONT)

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 1291909

NAME OF FILER
 Dana Point for Todorov

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (Jan. 1 - Dec. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/30/2006	Jim Lacy City Council Member City of Dana Point	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	Postage & processing	3,559.26	9,382.52	
10/30/2006	Jim Lacy City Council Member City of Dana Point	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Printing	1,837.14	9,382.52	
11/18/2006	Jim Lacy City Council Member City of Dana Point	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Mail files	327.33	9,382.52	
SUBTOTAL \$				5,723.73		

**Schedule E
Payments Made**

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

Statement covers period
from 10/22/2006 through 12/31/2006
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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
DANA FOULKE FOR TOMORROW

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
 CAP campaign paraphernalia
 CNS campaign consultants
 CTB contribution (explain nomenclature)*
 CVC civic donations
 FL candidate flight/call 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
 HO 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 trip/expense travel, lodging, and meals
 TRF 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 ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Don Kindred PO Box 788 San Clemente CA 92674	LIT	graphics for mailer	200.00
Don Kindred PO Box 788 San Clemente CA 92674	LIT	graphics for mailer	200.00
Universal Press 934 Calle Negocio, Ste. A San Clemente CA 92673	LIT	printing of postcards	1,837.14
SUBTOTAL \$			2,237.14

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 9,055.19
- Unitemized payments made this period of under \$100 \$ 12.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$ 9,067.19**

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

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Date Point for Tomorrow

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

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1.D NUMBER
1291909

SCHEDULE E (CONT.)

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

- CP campaign paraphernalia
- CPS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic committees
- FL candidate flight/paid fees
- FD fundraising events
- ND independent expenditure supporting/opposing others (explain)*
- LEO legal defense
- LT campaign literature and mailings
- MGR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- POL phone banks
- POL polling and survey research
- POS posting, delivery and messenger services
- PRO professional services (legal, accounting)
- PKT 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 stipend/travel, lodging, and meals
- TSP transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (if CONTRIBUTOR ALSO ENTERED NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Taubenpost, Inc. 20702 Lissner Lane Lake Forest CA 92630			Postage & processing	1,094.32
Taubenpost, Inc. 20702 Lissner Lane Lake Forest CA 92630			Postage & processing	3,559.26
Political Data, Inc. PO Box 1706 Burbank CA 91507			Mail files	327.33
Universal Press 934 Calle Negocio, Ste. A San Clemente CA 92673	LIT		Printing	1,837.14

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

SUBTOTAL \$ 6,818.05

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

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Data Point for Tomorrow

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

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

- CP campaign paraphernalia
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FL candidate flight/bill/ fees
- FO fundraising events
- ND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- LIT campaign literature and mailings
- MER member communications
- MTG meetings and appearances
- ORC office expenses
- PEI petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAID radio airtime and production costs
- RPD returned contributions
- SAL campaign workers' salaries
- TEL tv or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/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 ID NUMBER)	DESCRIPTION OF PAYMENT	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 4)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
POLITICAL DATA, Inc. PO Box 1706 Burbank CA 91507	Mail files		327.33	0.00	327.33	0.00
Don Kindred PO Box 788 San Clemente CA 92674	LIT Graphics for mailing		200.00	0.00	200.00	0.00
SUBTOTALS \$			527.33 \$	0.00 \$	527.33 \$	0.00

* 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 \$** 0.00
 - 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 \$** 527.33
 - Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -527.33

Schedule G
Payments Made by an Agent or Independent
Contractor (on Behalf of This Committee)

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

SCHEDULE G
CALIFORNIA
FORM
460

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

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I.D. NUMBER
 1291909

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
 Dana Point for Tomorrow

NAME OF AGENT OR INDEPENDENT CONTRACTOR
 Taubepost, Inc.

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

CAP campaign paraphernalia/misc.	MER member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	PTD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	FET petition circulating	TEL tv, or cable airtime and production costs
FL candidate flight/ballot fees	FHO phone banks	TRC candidate travel, lodging, and meals
RND fundraising events	POL polling and survey research	TRS staff/pouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR IF COMMITTEE, ALSO ENTER ID NUMBER	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster 24552 Raymond Way Lake Forest CA 92630	POS			918.00
US Postmaster 24552 Raymond Way Lake Forest CA 92630	POS			918.00
US Postmaster 24552 Raymond Way Lake Forest CA 92630	POS			1,035.90
US Postmaster 24552 Raymond Way Lake Forest CA 92630	POS			1,035.90
TOTAL * \$				3,907.80

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (January/08)
 FPPC Toll-Free Helpline: 866/ASISK-FPPC (866/275-3772)

