

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

Type or print in Ink.

COVER PAGE

Date Stamp	RECEIVED 2007 JAN - 2 P 1:12	CALIFORNIA FORM 460
Statement covers period from <u>July 1, 2006</u> through <u>December 31, 2006</u>	Date of election if applicable: (Month, Day, Year)	Page <u>1</u> of <u>3</u> <small>For Official Use Only</small>

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 6)
  - 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)

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

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee to Elect Lara Anderson

I.D. NUMBER  
1245050

**Treasurer(s)**

NAME OF TREASURER  
Andrew Anderson

MAILING ADDRESS  
P.O. Box 4162

CITY  
Dana Point

STATE  
CA

ZIP CODE  
92629

AREA CODE/PHONE  
949-443-2466

STREET ADDRESS (NO P.O. BOX)  
25526 Leeward Drive

CITY  
Dana Point

STATE  
CA

ZIP CODE  
92629

AREA CODE/PHONE  
949-677-4099

MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX)  
P.O. Box 4162

CITY  
Dana Point

STATE  
CA

ZIP CODE  
92629

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

MAILING ADDRESS

CITY  
Dana Point

STATE  
CA

ZIP CODE  
92629

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL 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 January 2, 2007 Date

By [Signature] Signature of Treasurer or Assistant Treasurer

Executed on January 2, 2007 Date

By [Signature] Signature of Controlling Officer/Candidate/State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date

By \_\_\_\_\_ Signature of Controlling Officer/Candidate, State Measure Proponent

Executed on \_\_\_\_\_ Date

By \_\_\_\_\_ Signature of Controlling Officer/Candidate, State Measure Proponent

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

Type or print in ink.

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Lara Anderson  
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Dana Point City Council  
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
25526 Leeward Dr. 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	ID. NUMBER	CONTROLLED COMMITTEE?
NAME OF TREASURER		<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	ID. NUMBER	
NAME OF TREASURER		<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  SUPPORT  OPPOSE  
Identify the controlling officeholder, candidate, or state measure proponent, if any.  
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT  
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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

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

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Committee to Elect Lara Anderson

STATEMENT COVERS PERIOD  
from July 1, 2006  
through December 31, 2006

CALIFORNIA FORM 460  
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I.D. NUMBER 1245050

**Contributions Received**

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

**Expenditures Made**

6. Payments Made	Schedule E, Line 4 0	0
7. Loans Made	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 0	0
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 0	0

**Current Cash Statement**

12. Beginning Cash Balance	Previous Summary Page, Line 16 1329.36
13. Cash Receipts	Column A, Line 3 above 0
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0
15. Cash Payments	Column A, Line 8 above 1329.36
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 0

**Cash Equivalents and Outstanding Debts**

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 0
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**

20. Contributions Received	1/1 through 6/30 \$	7/1 to Date \$
21. Expenditures Made	\$	\$

**Expenditure Limit Summary for State  
Candidates**

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

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.