

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

postmarked 1/31/07 K. Wood
COVER PAGE

DATE STAMP
RECEIVED
2007 FEB - 1 P 12:41
CITY OF DANA POINT

CALIFORNIA FORM 460
Page 1 of 4
For Official Use Only

Date of election if applicable:
(Month, Day, Year)
November 7, 2006

Statement covers period
from October 22, 2006
through December 31, 2006

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- Officeholder, Candidate Controlled Committee
 - State Candidate Election Committee
 - Recall (Also Complete Part 5)
 - General Purpose Committee
 - Sponsored
 - Small Contributor Committee
 - Political Party/Central Committee
 - Primary Formed Ballot Measure Committee
 - Primary Formed Candidate/Officeholder Committee (Also Complete Part 7)
 - Controlled (Also Complete Part 6)
 - Sponsored

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

3. Committee Information
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Dana Point Voters League

Treasurer(s)
NAME OF TREASURER
Art Sanchez
MAILING ADDRESS
24356 Parkside Dr.
CITY
Laguna Niguel
NAME OF ASSISTANT TREASURER, IF ANY
MAILING ADDRESS
CITY
STATE
ZIP CODE
AREA CODE/PHONE

LD. NUMBER
1291401

STREET ADDRESS (NO P.O. BOX)
34145 Pacific Coast Hwy.
CITY
Dana Point
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
CITY
STATE
ZIP CODE
AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

OPTIONAL: FAX / E-MAIL ADDRESS

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 1-31-07
By [Signature]
Signature of Treasurer or Assistant Treasurer

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

By [Signature]
Signature of Controlling Officer/Candidate, State Measure Proponent

By [Signature]
Signature of Controlling Officer/Candidate, State Measure Proponent

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**
Page 2 of 4

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? <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 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 Greg Powers	OFFICE SOUGHT OR HELD city council	<input checked="" 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
DANA POINT VOTER'S LEAGUE

Statement covers period
October 22, 2006
from
December 31, 2006
through

SUMMARY PAGE
CALIFORNIA FORM **460**
Page 3 of 4
I.D. NUMBER
1291401

	Column A CONTRIBUTIONS RECEIVED	Column B CONTRIBUTIONS TOTAL TO DATE
Contributions Received		
1. Monetary Contributions Schedule A, Line 3	\$ 9,541.00	\$ 9,541.00
2. Loans Received Schedule B, Line 3		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$	\$
4. Nonmonetary Contributions Schedule C, Line 3		
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 9,541.00	\$ 9,541.00
Expenditures Made		
6. Payments Made Schedule E, Line 4	\$ 9,541.00	\$ 9,541.00
7. Loans Made Schedule H, Line 3		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$	\$
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3		
10. Nonmonetary Adjustment Schedule C, Line 3		
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 9,541.00	\$ 9,541.00
Current Cash Statement		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 9,541.00	
13. Cash Receipts Column A, Line 3 above		
14. Miscellaneous Increases to Cash Schedule I, Line 4		
15. Cash Payments Column A, Line 8 above	9,541.00	
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero.	-0-	
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2		
Cash Equivalents and Outstanding Debts		
18. Cash Equivalents See instructions on reverse	\$	\$
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$	\$

**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 \$ 9,541.00

21. Expenditures Made \$ 9,541.00

**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 / / \$

*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.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER DANA POINT VOTERS LEAGUE

SCHEDULE A
CALIFORNIA
FORM **460**
Page 4 of 4

Statement covers period
from October 22, 2006
through December 31, 2006

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, INDUSTRY OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CONTRIBUTION PERIOD (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
11-3-06	Robert Marcyz 1 Vista Mar Laguna Niguel, Ca	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Loan officer Riviera Finance	250.00	250.00	250.00
10-23-06	SND Limited Partnership 17609 Camino De Yatasto Pacific Palisades, CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00
11-5-06	James Raneri 24636 La Cresta Dana Point, ca	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher Santa Ana School Dist.	2,400.00	2,400.00	2,400.00
10-6-06	Dana Villas Assoc., LLC P.O. Box 2849 Mission Viejo, CA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		5,000.00	5,000.00	5,000.00
				SUBTOTAL \$	8,650.00	

Schedule A Summary
1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 8,650.00
2. Amount received this period - unitemized monetary contributions of less than \$100 \$ 891.00
3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 9,541.00

*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