

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

Type or print in ink.

COVER PAGE

Statement covers period from 01/01/2006 through 10/21/2006	Date of election if applicable: (Month, Day, Year) 11/07/2006	<p>Postmarked 1/31/07</p> <p><b>RECEIVED</b></p> <p>2007 FEB - 2 P 12:05</p>	<p>CITY OF DANA POINT</p> <p>Page 1 of 6</p> <p>For Official Use Only</p> <p><b>CALIFORNIA FORM 460</b></p>
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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 5)
  - 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)

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) \_\_\_\_\_ I.D. NUMBER \_\_\_\_\_  
1291909

Data Point for Trazozolam \_\_\_\_\_

**Treasurer(s)**

NAME OF TREASURER \_\_\_\_\_  
Verna E. Corp  
MAILING ADDRESS \_\_\_\_\_  
9321 Silverband Lane  
CITY STATE ZIP CODE \_\_\_\_\_  
81X GROVE, CA 95624  
NAME OF ASSISTANT TREASURER IF ANY \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY STATE ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_  
9321 Silverband Lane  
CITY STATE ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_  
81X GROVE, CA 95624  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX \_\_\_\_\_  
916-686-1815  
CITY STATE ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_  
OPTIONAL FAX / E-MAIL ADDRESS \_\_\_\_\_  
916-686-1813

STREET ADDRESS (NO P.O. BOX) \_\_\_\_\_  
9321 Silverband Lane  
CITY STATE ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_  
81X GROVE, CA 95624  
NAME OF ASSISTANT TREASURER IF ANY \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
CITY STATE ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_  
OPTIONAL FAX / E-MAIL ADDRESS \_\_\_\_\_  
916-686-1813

**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.

Enrolled on 01/26/2007  
Enrolled on \_\_\_\_\_  
Enrolled on \_\_\_\_\_  
Enrolled on \_\_\_\_\_

By \_\_\_\_\_  
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Representative (Other of Sponsor)

By \_\_\_\_\_  
Signature of Controlling Officerholder, Candidate, State Measure Proponent

By \_\_\_\_\_  
Signature of Controlling Officerholder, Candidate, State Measure Proponent

FPPC Form 460 (January 05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)  
State of California

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

Type or print in ink.

COVER PAGE - PART 2  
**CALIFORNIA**  
FORM **460**  
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**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	
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	
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	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE
Jia Lacy City Council Member		
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.

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

CALIFORNIA  
FORM 460

SUMMARY PAGE

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
DATA POINT FOR TOMORROW

**Contributions Received**

	Column A Total from Individual Donors	Column B Candidate Total to Date
1. Monetary Contributions	\$ 4,000.00	\$ 4,000.00
2. Loans Received	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 4,000.00	\$ 4,000.00
4. Nonmonetary Contributions	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 4,000.00	\$ 4,000.00

**Expenditures Made**

6. Payments Made	Schedule E, Line 4	\$ 0.00	\$ 0.00
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 0.00	\$ 0.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$27.33	\$27.33
10. Nonmonetary Adjustment	Schedule G, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 27.33	\$ 27.33

**Current Cash Statement**

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ 0.00
13. Cash Receipts	Column A, Line 3 above	\$ 4,000.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	0.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 4,000.00

If this is a termination statement, Line 16 must be zero.

**LOAN GUARANTEES RECEIVED**

17. Loan Guarantees Received	Schedule B, Part 2	\$ 0.00
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents	See instructions on reverse	\$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 527.33

**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)	Total to Date	\$ _____
Date of Election (month/day)		\$ _____

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

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).

**Schedule A  
Monetary Contributions Received**

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

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

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I.D. NUMBER  
1291909

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Dana Point for Tomorrow

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/19/2006	Master Plan Developments, Inc. 24849 Del Prado Dana Point, CA 92629	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		4,000.00	4,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				4,000.00		

**Schedule A Summary**

1. Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 4,000.00

2. Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 0.00

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 4,000.00

\*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

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

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

SCHEDULED  
**CALIFORNIA  
FORM 460**

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

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
DATA POINT FOR TOMORROW

I.D. NUMBER  
1291909

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (# REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (# REQUIRED)
10/18/2006	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	Mail files	327.33	527.33	
10/19/2006	Jim Lacy City Council Member City of Dana Point	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Graphics for mailer	200.00	527.33	
<b>SUBTOTAL \$</b>				527.33		

- Schedule D Summary**
- Itemized contributions and independent expenditures made this period: (Include all Schedule D subtotals.) ..... \$ 527.33
  - 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 \$** 527.33

**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 01/01/2006 through 10/31/2006

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SCHEDULE F

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

CAP campaign paraphernalia/misc.  
 CNS campaign consultants  
 CTB contribution (explain nonmonetary)\*  
 CVC civic donations  
 FL candidate simpliballot fees  
 FND fundraising events  
 ND independent expenditure supporting/opposing others (explain)\*  
 LEG legal defense  
 UT campaign literature and mailings

MR member communications  
 MTC meetings and appearances  
 OFC office expenses  
 PET petition circulating  
 PHD 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  
 RPD returned contributions  
 SAL campaign workers' salaries  
 TEL tv or cable airtime and production costs  
 TRC candidate travel, lodging, and meals  
 TRS scatterspouse 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 9)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
POLITICAL DATA, INC. PO Box 1706 Burbank CA 91507	MAIL FILLES		0.00	327.33	0.00	327.33
Don Kindred PO Box 788 San Clemente CA 92674	LIT Graphics for MAILER		0.00	200.00	0.00	200.00
<b>SUBTOTALS \$</b>			<b>0.00 \$</b>	<b>527.33 \$</b>	<b>0.00 \$</b>	<b>527.33</b>

**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 \$ 527.33**
- 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 \$ 0.00**
- 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**