

**Statement of Organization
Recipient Committee**

Type or print in ink

1291909

STATEMENT OF ORGANIZATION

**CALIFORNIA
FORM 410**

Statement Type Initial
Not yet qualified or

10/18/2006
Date qualified as committee

Amendment
List I.D. number:

Date qualified as committee
(If applicable)

Termination - See Part 5
List I.D. number:

Date of Termination

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

OCT 20 2006

Hand Delivered, Sacramento
Bruce McPherson, Secretary of State

For Official Use Only.

1. Committee Information

NAME OF COMMITTEE
Dana Point for Tomorrow

STREET ADDRESS (NO P.O. BOX)
9321 Silverbend Lane

CITY STATE ZIP CODE AREA CODE/PHONE
Elk Grove, CA 95624 916-686-1815

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS
916-686-1813

| | |
|----------------------------------|---|
| COUNTY OF DOMICILE Sacramento | COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE Orange |
|----------------------------------|---|

2. Treasurer and Other Principal Officers

NAME OF TREASURER
Vona L. Copp

STREET ADDRESS
9321 Silverbend lane

CITY STATE ZIP CODE AREA CODE/PHONE
Elk Grove, CA 95624 916-686-1815

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing 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 10/20/2006 DATE
Executed on _____ DATE
Executed on _____ DATE
Executed on _____ DATE

By Vona L. Copp SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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COMMITTEE NAME

Dana Point for Tomorrow

I.D. NUMBER

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY |
|--|---|------------------|---------------------------------------|
| | | | <input type="checkbox"/> Non-Partisan |
| | | | <input type="checkbox"/> Non-Partisan |

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

| NAME OF FINANCIAL INSTITUTION | AREA CODE/PHONE | BANK ACCOUNT NUMBER | |
|-------------------------------|-----------------|---------------------|----------|
| ADDRESS | CITY | STATE | ZIP CODE |
| | | | |

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|---|--|-----------|--------|
| | | SUPPORT | OPPOSE |
| Jim Lacy | City Council Member City of Dana Point | | X |
| | | SUPPORT | OPPOSE |

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I.D. NUMBER

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS

NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

____/____/____
Date qualified

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.