

# Supplemental Independent Expenditure Report

(Government Code Section 84203.5)

SEE INSTRUCTIONS ON REVERSE

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

**Amendment** (Explain Below)

Report covers period  
from 01/01/2006  
through 10/21/2006  
Date of election if applicable:  
(Month, Day, Year)  
11/07/2006

Date Stamp  
**RECEIVED**  
2006 OCT 26 A 11:09

**CALIFORNIA FORM 465**

Page 1 of 2

For Official Use Only

## 1. Committee/Filer Information

I.D. NUMBER (If recipient committee)  
1291909

## Treasurer (If recipient committee)

NAME OF TREASURER  
Vona L. Copp

MAILING ADDRESS  
9321 Silverbend lane

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

OPTIONAL: FAX/E-MAIL ADDRESS

COMMITTEE/FILER'S NAME  
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

OPTIONAL: FAX/E-MAIL ADDRESS

## 2. Name of Candidate or Measure Supported or Opposed

CHECK ONE

NAME OF CANDIDATE Jim Lacy	OFFICE SOUGHT OR HELD AND DISTRICT, IF APPLICABLE City Council Member City of Dana Point	SUPPORT	OPPOSE X
NAME OF BALLOT MEASURE	BALLOT NO./LETTER	JURISDICTION	SUPPORT
			OPPOSE

## 3. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	NAME AND ADDRESS OF PAYEE	DESCRIPTION OF EXPENDITURE	AMOUNT	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
10/19/2006	Don Kindred PO Box 788 San Clemente, CA 92674	Graphics for mailer	200.00	200.00

# Supplemental Independent Expenditure Report

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

SUPPLEMENTAL INDEPENDENT EXPENDITURE

Report covers period		<b>CALIFORNIA FORM 465</b>
from	01/01/2006	
through	10/21/2006	Page <u>2</u> of <u>2</u>
NAME OF FILER Dana Point for Tomorrow		I.D. NUMBER (If recipient com.)

SEE INSTRUCTIONS ON REVERSE

## 4. Summary

1. Total independent expenditures of \$100 or more made this period. (Part 3.)	\$	200.00
2. Total independent expenditures under \$100 made this period. (Not itemized.)	\$	0.00
3. Total independent expenditures made this period (Add Lines 1 + 2.)	<b>TOTAL \$</b>	200.00

## 5. Filing Officers *Enter the name and address of each filing officer with whom the filer's most recent campaign statements (Form 450, 460 or 461) have been filed.*

1) NAME OF FILING OFFICER  
City of Dana Point

ADDRESS (NO. AND STREET)  
Attn: City Clerk  
33282 Golden Lantern  
CITY STATE ZIP CODE  
Dana Point, CA 92629

2) NAME OF FILING OFFICER  
Sacramento County Registrar of Voters

ADDRESS (NO. AND STREET)  
Attn: Campaign reporting  
7000 65th St.  
CITY STATE ZIP CODE  
Sacramento, CA 95823

3) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)  
CITY STATE ZIP CODE

4) NAME OF FILING OFFICER

ADDRESS (NO. AND STREET)  
CITY STATE ZIP CODE

## 6. Verification

I have used all reasonable diligence in preparing and reviewing 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 10/25/06  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By *Dana L. Copp*  
SIGNATURE OF FILER, TREASURER OR ASSISTANT TREASURER

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT, OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT