

SEE INSTRUCTIONS ON REVERSE

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

Type or print in ink.

Date Stamp RECEIVED 11-7-06 2006 JAN 31 P 2:57

Statement covers period from 27 OCT 06 through 31 DEC 06

Date of election if applicable (Month, Day, Year) 11-7-06

2. Type of Statement: CITY OF DANA POINT

Prelection Statement Quarterly Statement
 Semi-annual Statement Special Odd-Year Report
 Termination Statement Supplemental Prelection Statement - Attach Form 465
 Amendment (Explain below)

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

Officerholder, Candidate Controlled Committee Primarily Formed Ballot Measure Committee
 State Candidate Election Committee Controlled (Also Complete Part 6)
 General Purpose Committee Primarily Formed Candidate/Officerholder Committee (Also Complete Part 7)
 Sponsored Small Contributor Committee
 Political Party/Central Committee

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) CHOFFETZ 06

I.D. NUMBER 1288344

NAME OF TREASURER KATHY WILSON

MAILING ADDRESS 34300 LANZAN BAY DR. #97 STATE CA ZIP CODE 92629 AREA CODE/PHONE (949) 987-2790

CITY DANA POINT

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE 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 31 JAN 07 Date

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

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

Type or print in ink.

Recipient Committee Campaign Statement Cover Page - Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE JOHN CHAFFETZ
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
RESIDENTIAL ADDRESS (NO. AND STREET) CITY STATE ZIP
34300 LANTANA BLVD. #97 DAN 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.

Form with fields for COMMITTEE NAME, I.D. NUMBER, NAME OF TREASURER, CONTROLLED COMMITTEE?, COMMITTEE ADDRESS, STREET ADDRESS, CITY, STATE, ZIP CODE, AREA CODE/PHONE.

6. Primarily Formed Ballot Measure Committee

Form with fields for NAME OF BALLOT MEASURE, BALLOT NO. OR LETTER, JURISDICTION, 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.

Table with columns for NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, and SUPPORT/OPPOSE checkboxes.

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

CALIFORNIA
FORM **460**

Statement covers period
from 2/20/06
through 3/31/06
Page 3 of 7
I.D. NUMBER _____

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER _____

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Contributions Received		
1. Monetary Contributions Schedule A, Line 3	\$ <u>3815</u>	\$ <u>16,794</u>
2. Loans Received Schedule B, Line 3	\$ <u>0</u>	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>3815</u>	\$ _____
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>0</u>	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>3815</u>	\$ <u>16,794</u>
Expenditures Made		
6. Payments Made Schedule E, Line 4	\$ <u>1451.35</u>	\$ <u>4588.24</u>
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	\$ <u>1451.35</u>	\$ <u>4588.24</u>
Current Cash Statement		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$ _____	\$ _____
13. Cash Receipts Column A, Line 3 above	\$ <u>3815.00</u>	\$ _____
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ _____	\$ _____
15. Cash Payments Column A, Line 8 above	\$ <u>1451.35</u>	\$ _____
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 <i>If this is a termination statement, Line 16 must be zero.</i>	\$ <u>11,486.19</u>	\$ _____
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ _____	\$ _____
Cash Equivalents and Outstanding Debts		
18. Cash Equivalents See instructions on reverse	\$ <u>0</u>	\$ _____
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ _____	\$ _____

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.

Statement covers period from 22 OCT 06 through 31 DEC 06

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L.D. NUMBER 128834

Name of filer JOHN CRAFFER

Schedule A (Continuation Sheet)
Monetary Contributions Received

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

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 NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
6 NOV 06	LINDY M-S PRAKIN 1991 MITCHELL SQ IRVINE 92614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOUSEWIFE	\$ 590	\$ 590	\$ 590
6 NOV 06	MAN M-S PRAKIN 1991 MITCHELL SQ IRVINE 92614	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESS OWNER	\$ 590	\$ 590	\$ 590
6 NOV 06	CAROLE OBERG 33301 COVE ISLAND PLACE DANA POINT 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOUSEWIFE	\$ 580	\$ 580	\$ 580
6 NOV 06	KYRON O'CONNOR 145 MONARCH BAY DRIVE DANA POINT 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARCHITECT	\$ 250	\$ 250	\$ 250
9 NOV 06	JULIE LINDSEY 33931 VIOLET LANE DANA POINT 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GOVERNMENT EXECUTIVE	\$ 125	\$ 125	\$ 125
SUBTOTALS				\$ 2135		

*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 A
Monetary Contributions Received**

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

SCHEDULE A

CALIFORNIA
FORM
460

Statement covers period
from 2-01-06
through 3/01-06

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I.D. NUMBER
128834

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
JOHN CHAFFETZ

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, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9 NOV 06	ETCO DEVELOPMENT 9952 S. SANTA MONICA BLVD. BEVERLY HILLS 90212	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESS EXECUTIVE	\$500	\$500	\$500
9 NOV 06	TAMMY TAYLOR 18007 SKY PLACE CIRCLE Irvine 92612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PERSONAL	\$590	\$590	\$590
9 NOV 06	OSGELL MITCHELL 18007 SKY PLACE CIRCLE Irvine 92612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PERSONAL	\$590	\$1,180	\$1,180
		<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				
SUBTOTAL \$				<u>1,680</u>		

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 3,815.00

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

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 3,815.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
JOHN COFFINER

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

**Schedule E
 Payments Made**

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 filing/ballot fees
 FND fundraising events
 INO independent expenditure supporting/opposing others (explain)*
 LEG legal defense
 UT campaign literature and mailings

MBR member communications
 MTG meetings and appearances
 OFC office expenses
 PET petition circulating
 PHO 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
 REF returned contributions
 SAL campaign workers' salaries
 TEL t.v. or cable airtime and production costs
 TRC candidate travel, lodging, and meals
 TSF staff/spouse travel, lodging, and meals
 TSE transfer between committees of the same candidate/sponsor
 VOT voter registration
 WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SIGN STRATEGIES SAN LEANDRO, CA.	CVP	CAMPUS SIGN	\$1021.48
DREW COLEMAN - 35 S. DAVIS PACIFIC BEACH, CA.	SOL	PICKUP SIGNS POST ELECTION	\$200
DANA POINT YACHT CLUB DR.	MTG	ELECTION NIGHT MTG	\$166.63
SUBTOTAL \$			1388.11

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 2647.83
- Unitemized payments made this period of under \$100 \$ _____
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ _____
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 2647.83

**Schedule E
(Continuation Sheet)
Payments Made**

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

Statement covers period
from 29 OCT 06
through 31 DEC 06

Page 7 of 7

I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

JOHN CARRETT

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

GAP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	CFC	office expenses
CVC	civic donations	RET	petition circulating
FL	candidate filing/ballot fees	PHO	phone banks
PND	fundraising events	POL	polling and survey research
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LT	campaign literature and mailings	FRT	print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse 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 PAYEE (IF COMMERCIAL, ALSO ENTER U.I. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>JOHN CARRETT 34300 ANTONIO WAY SAN JOSE</i>	<i>RFD</i>	<i>RE-PAY PERSONAL LOAN</i>	<i>\$1,000</i>
<i>PHYLLIS NIESEN 51 GARDING SAN JOSE</i>	<i>TLS</i>	<i>CAMPAIGN GAS EXPENSE</i>	<i>\$35.35</i>
<i>DIAMONDI'S SAN JUAN CAJONADO</i>	<i>MTB</i>	<i>POST-ELECTION STRATEGY MTG.</i>	<i>\$224.37</i>

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1259.72