

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

Date Stamp
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CALIFORNIA FORM 460
Page 1 of 5
For Official Use Only

Type or print in ink.

Statement covers period
from 1/1/06
through 12/31/06

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

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 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
 - Controlled
 - Sponsored (Also complete Part 6)
 - Primary Formed Candidate/Officeholder Committee (Also complete Part 7)

2. Type of Statement:
- Preliminary Statement
 - Semi-Annual Statement Annual
 - Termination Statement
 - Amendment (Explain below)
 - Quarterly Statement
 - Special Odd-Year Report
 - Supplemental Preliminary Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) The Committee To Take Back Dana Point

I.D. NUMBER 1271968

STREET ADDRESS (NO P.O. BOX) 32438 Crown Valley Pr. Hwy

CITY Dana Point STATE CA ZIP CODE 92629

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX Dana Point CA 92629

Treasurer(s)

NAME OF TREASURER Robert Traplgen

MAILING ADDRESS 32438 Crown Valley Pr. Hwy #102

CITY Dana Point STATE CA ZIP CODE 92629

NAME OF ASSISTANT TREASURER, IF ANY Dana Point CA 92629

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

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 1/2/06 Date

Executed on 1/2/06 Date

Executed on _____ Date

Executed on _____ Date

By Robert Traplgen Signature of Treasurer or Assistant Treasurer

By Robert Traplgen Signature of Controlling Officer or Candidate, State Measure Proposer or Responsible Officer of Sponsor

By _____ Signature of Controlling Officer, Candidate, State Measure Proposer

By _____ Signature of Controlling Officer, Candidate, State Measure Proposer

Type or print in ink.

Recipient Committee
Campaign Statement
Cover Page - Part 2

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?
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) CITY STATE ZIP CODE AREA CODE/PHONE
NAME OF TREASURER CONTROLLED COMMITTEE?
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
OFFICE SOUGHT OR HELD OFFICE SOUGHT OR HELD
 SUPPORT
 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 type="checkbox"/> OPPOSE
James Lacy	City Council	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
John Chaffetz	City Council	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Bill Ossemmader	City Council	<input type="checkbox"/> SUPPORT <input checked="" 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.

SUMMARY PAGE

CALIFORNIA
FORM **460**

Statement covers period
from 11/06
through 12/31/06

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ID NUMBER
1271968

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
The Committee To Take Back Dana Point

**Calendar Year Summary for Candidates
Running in Both the State Primary and
General Elections**

Column A
CONTRIBUTIONS
(FROM ATTACHED SCHEDULES)

Column B
TOTAL TO DATE

1. Monetary Contributions Schedule A, Line 3 \$
2. Loans Received Schedule B, Line 3 \$
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 \$ 431.92
4. Nonmonetary Contributions Schedule C, Line 3 \$ 431.92
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$ 431.92

Column A
CONTRIBUTIONS
(FROM ATTACHED SCHEDULES)

Column B
TOTAL TO DATE

Expenditures Made

Column A
CONTRIBUTIONS
(FROM ATTACHED SCHEDULES)

Column B
TOTAL TO DATE

6. Payments Made Schedule E, Line 4 \$
7. Loans Made Schedule H, Line 3 \$
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 2 \$ 431.92
10. Nonmonetary Adjustment Schedule C, Line 3 \$ 431.92
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ 431.92

Column A
CONTRIBUTIONS
(FROM ATTACHED SCHEDULES)

Column B
TOTAL TO DATE

Current Cash Statement

Column A
CONTRIBUTIONS
(FROM ATTACHED SCHEDULES)

Column B
TOTAL TO DATE

12. Beginning Cash Balance Previous Summary Page, Line 16 \$
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 \$
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$
If this is a termination statement, Line 16 must be zero.

Column A
CONTRIBUTIONS
(FROM ATTACHED SCHEDULES)

Column B
TOTAL TO DATE

Cash Equivalents and Outstanding Debts

Column A
CONTRIBUTIONS
(FROM ATTACHED SCHEDULES)

Column B
TOTAL TO DATE

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$
18. Cash Equivalents See instructions on reverse \$
19. Outstanding Debts Add Line 2 + Line 8 in Column B above \$

Column A
CONTRIBUTIONS
(FROM ATTACHED SCHEDULES)

Column B
TOTAL TO DATE

**Expenditure Limit Summary for State
Candidates**

20. Contributions Received \$
21. Expenditures Made \$

1/1 through 6/30 7/1 to Date

22. Cumulative Expenditures Made*
(if subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yyyy) \$
Total to Date \$

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

Schedule C
Nonmonetary Contributions Received

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

SCHEDULE C
CALIFORNIA
FORM **460**

Statement covers period
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ID NUMBER
1271968

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

The Committee To Take Back Dana Point

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 APPLICABLE, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE DATE CALENDAR YEAR (JAN 1 - DEC 31)	PERFECTION TO DATE (IF REQUIRED)
9/18/06	Committee To Take Back Dana Point	IND <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		Printing costs for fliers	431.92	431.92	
		IND <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		IND <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		IND <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
SUBTOTAL \$							

Attach additional information on appropriately labeled continuation sheets.

Schedule C Summary

- Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.) \$ 431.92
- Amount received this period - unitemized nonmonetary contributions of less than \$100 \$ 0
- Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) TOTAL \$ 431.92

*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

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

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER

The Committee To Take Back Dean Apat

DATE	NAME OF CANDIDATE, OFFICE AND DISTRICT, OR MEASURE NUMBER, TITLE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/18/06	James Lacy <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	For Printing COSTS (1/3)	143.97	143.97	
9/18/06	John Chaffetz <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	For Printing COSTS (1/3)	143.97	143.97	
9/18/06	Bill Ossemmacher <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input checked="" type="checkbox"/> Independent Expenditure	For Printing COSTS (1/3)	143.98	143.98	
SUBTOTAL \$						

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 431.92
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$ 431.92