

post marked 1/31/07 checked

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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CITY OF BANA POINT

CALIFORNIA FORM 460

Page 1 of 14 For Official Use Only

Date Stamp

Type or print in ink.

Statement covers period from 10/22/2006 through 12/31/2006

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

SEE INSTRUCTIONS ON REVERSE

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

2. Type of Statement: [X] Protection Statement [ ] Quarterly Statement [ ] Semi-annual Statement [ ] Special Odd-Year Report [ ] Termination Statement [ ] Supplemental Protection Statement - Attach Form 495 [ ] Amendment (Explain below)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) L.D. NUMBER

Jim Lacy for City Council 1245474

STREET ADDRESS (NO P.O. BOX) 14 Monarch Bay Plaza, #111

City State ZIP CODE AREA CODE/PHONE Dana Point, CA 92629 949-495-3334

Treasurer(s)

NAME OF TREASURER: Daralyn R. Reed

MAILING ADDRESS: 504 Hillcrest Drive, Yreka, CA 96097

City State ZIP CODE AREA CODE/PHONE Yreka, CA 96097 530-842-1365

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 1/25/07 Date

Signature of Candidate or Candidate's Assistant Treasurer

Signature of Contributing Officer, Candidate, State Measure Proposer

PPPC Form 460 (January 05) (84200-84216.5) State of California

PPPC Toll-free Helpline: 866/ASKPPPC

Type or print in ink.

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

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
James V. Lacy  
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
City Council Member  
Dana Point  
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
24921 Seagate Drive Dana 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.

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
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	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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER		

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
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.

SUMMARY PAGE

STATEMENT COVERS PERIOD  
10/22/2006 through 12/31/2006

CALIFORNIA FORM 460

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ID. NUMBER  
1245474

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Jim Lacy for City Council11

## Contributions Received

	Column A TOTAL FOR PROBATIONED SCHEDULES	Column B TOTAL FOR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 2,750.00	\$ 67,520.00
2. Loans Received	Schedule B, Line 3 11,000.00	11,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 13,750.00	\$ 78,520.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	809.88
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 13,750.00	\$ 79,329.88

## Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ 15,126.50	\$ 78,597.73
7. Loans Made	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 15,126.50	\$ 78,597.73
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 9,061.17	9,061.17
10. Nonmonetary Adjustment	Schedule C, Line 3 0.00	809.88
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 24,187.67	\$ 88,468.78

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 2,251.54
13. Cash Receipts	Column A, Line 3 above 13,750.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 176.80
15. Cash Payments	Column A, Line 8 above 15,126.50
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 851.84

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

## Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2 \$ 0.00
18. Cash Equivalents	See instructions on reverse \$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ 20,061.17

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

	1/1 through 6/30	7/1 to Date
20. Contributions Received	\$	\$
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 (mm/dd/yy)	\$
	\$

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

Statement covers period from 10/22/2006 through 12/31/2006 Page 4 of 14

I.D. NUMBER 1245474

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

**Schedule A Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Jim Lacy for City Council

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)
10/27/2006	B.I.A. of Southern California PAC (#741733) 1330 S. Valley Vista Dr. Diamond Bar, CA 91765	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		590.00	590.00	
11/02/2006	Kenneth R. Grabow 3334 E. Coast Hwy #442 Corona Del Mar, CA 92625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self	250.00	590.00	
11/02/2006	Earle Zucht 1530 Dolphin Terrace Corona Del Mar, CA 92625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	590.00	
11/06/2006	Kenneth R. Grabow 3334 E. Coast Hwy #442 Corona Del Mar, CA 92625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Self	340.00	590.00	
11/06/2006	Julie A. Lindsey 33931 Violet Lantern St. Dana Point, CA 92629	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Advertising Self	125.00	125.00	
<b>SUBTOTAL \$</b>				<b>1,555.00</b>		

**Schedule A Summary**

- Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) ..... \$ 2,520.00
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 230.00
- Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 2,750.00**

\*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 A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

CALIFORNIA  
FORM **460**

Statement covers period  
from 10/22/2006  
through 12/31/2006

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NAME OF FILER: Jim Lacy for City Council  
I.D. NUMBER: 1245474

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)	PERFECTION TO DATE (IF REQUIRED)
11/06/2006	Earle Zucht 1530 Dolphin Terrace Corona Del Mar, CA 92625	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	340.00	590.00	
11/10/2006	Michele A. Staples 6818 Xana May Carlsbad, CA 92009	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	125.00	125.00	
11/10/2006	Christopher Townsend 26022 Horsehoe Cir. Laguna Hills, CA 92653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Townsend Public Affairs	500.00	500.00	
		<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				
<b>SUBTOTAL \$</b>				965.00		

\*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

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

**Schedule B - Part 1  
Loans Received**

Statement covers period  
from 10/22/2006  
through 12/31/2006

**CALIFORNIA 460  
FORM**

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1245474

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Jim Lacy for City Council11

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	PERFECTION**	
									CALENDAR YEAR	PERFECTION**
James V. Lacy 24921 Seagate Drive Dana Point, CA 92629 Loan	Attorney Newer & Lacy	0.00	11,000.00	0.00 PAID 0.00 FORGIVEN	11,000.00		11,000.00	43,000.00	11/03/2006	
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN						
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN						
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN						
<b>SUBTOTALS \$</b>		11,000.00	11,000.00	0.00	11,000.00	0.00				

**Schedule B Summary**

- Loans received this period ..... \$ 11,000.00  
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period ..... \$ 0.00  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) ..... **NET \$** 11,000.00  
Enter the net here and on the Summary Page, Column A, Line 2.

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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

SCHEDULED

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

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

Statement covers period  
 from 10/22/2006  
 through 12/31/2006

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 1245474

CALIFORNIA  
 FORM  
**460**

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER  
 Jim Lacy for City Council

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER 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)
11/05/2006	Arnold Schwarzenegger Governor Statewide	<input type="checkbox"/> Monetary Contribution <input checked="" type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	maillet	1,547.50	3,776.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
<b>SUBTOTAL \$</b>				1,547.50		

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... \$ 1,547.50
- 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 \$** 1,547.50

**Schedule E  
Payments Made**

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

Statement covers period  
from 10/22/2006  
through 12/31/2006

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Jim Lacy for City Council  
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I.D. NUMBER  
1245474

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

<ul style="list-style-type: none"> <li>QAP campaign paraphernalia/misc.</li> <li>ONS campaign consultants</li> <li>CTB contribution (explain nonmonetary)*</li> <li>CVC civic donations</li> <li>FL candidate filing/balot fees</li> <li>RND fundraising events</li> <li>IND independent expenditure supporting/opposing others (explain)*</li> <li>LEG legal defense</li> <li>LIT campaign literature and mailings</li> </ul>	<ul style="list-style-type: none"> <li>MER member communications</li> <li>MTG meetings and appearances</li> <li>CFC office expenses</li> <li>FET petition circulating</li> <li>PHO phone banks</li> <li>POL polling and survey research</li> <li>POS postage, delivery and messenger services</li> <li>PRO professional services (legal, accounting)</li> <li>PRT print ads</li> </ul>	<ul style="list-style-type: none"> <li>RAD radio airtime and production costs</li> <li>RFD returned contributions</li> <li>SAL campaign workers' salaries</li> <li>TEL tv or cable airtime and production costs</li> <li>TRC candidate travel, lodging, and meals</li> <li>TSS staff/spouse travel, lodging, and meals</li> <li>TSS transfer between committees of the same candidate/sponsor</li> <li>VOT voter registration</li> <li>WEB information technology costs (internet, e-mail)</li> </ul>
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Garzett Enterprises Limited 1084 Skyline Dr. Daly City CA 94015	LIT		250.00
Bieber Communications 3605 W. MacArthur Blvd., #712 Santa Ana CA 92704 Advantage, Inc.	LIT		14,155.04
1611 N. Kent St., #905 Arlington VA 22209	PHO		326.46

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 14,731.50**

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 15,326.50
2. Unitemized payments made this period of under \$100 ..... \$ 0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 15,326.50**



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

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

Statement covers period  
from 10/22/2006  
through 12/31/2006

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Jim Lacy for City Council

I.D. NUMBER  
1245474

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

OMP	campaign paraphernalia/misc.	MER	member communications	RAD	radio airtime and production costs
OKS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFF	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PEL	petition circulating	TEL	t.v. or cable airtime and production costs
FL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRF	staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSE	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOI	voter registration
LT	campaign literature and mailings	PRT	print ads	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
Garrett Enterprises Limited 1084 Skyline Dr. Daly City CA 94015	PRO		220.00
IMPACT Placements, L.L.C. 22431 Antonio Way, Suite B-160#131 Rancho Santa Margarita CA 92688	OMP		375.00

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

**SUBTOTAL \$** 595.00

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

**Schedule F  
Accrued Expenses (Unpaid Bills)**

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Jim Lacy for City Council

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  
 CFP campaign paraphernalia/misc.  
 CNS campaign consultants  
 CIB contribution (explain nonmonetary)\*  
 CVC civic donations  
 FL candidate filing/ballot fees  
 FND fundraising events  
 IND independent expenditure supporting/opposing others (explain)\*  
 LEG legal defense  
 LT campaign literature and mailings  
 MBR member communications  
 MFG meetings and appearances  
 OFC office expenses  
 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  
 RFD returned contributions  
 SAL campaign workers' salaries  
 TEL tv 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 CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF PAYMENT	CODE OR	OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
EMK & Associates 17595 Harvard, #C-138 Irvine CA 92614	LIT 1,547.50 * nonmonetary to Calif. 2006 - see SCHEDULE D		0.00	3,095.00	0.00	3,095.00
Advantage, Inc. 1611 N. Kent St., #905 Arlington VA 22209	PRO		0.00	347.69	0.00	347.69
Contact America, Inc. 7777 Girard Ave., #206 La Jolla CA 92037	PRO		0.00	2,831.40	0.00	2,831.40
<b>SUBTOTALS \$</b>			0.00 \$	6,274.09 \$	0.00 \$	6,274.09

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

**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 \$** 9,061.17
- 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 \$** 9,061.17

**Schedule F**  
**(Continuation Sheet)**  
**Accrued Expenses (Unpaid Bills)**

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

Statement covers period  
 from 10/22/2006  
 through 12/31/2006

NAME OF FILER  
 Jim Lacy for City Council  
 I.D. NUMBER  
 1245474

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

CMP	campaign paraphernalia/misc.	MR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	CFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
UT	campaign literature and mailings	PRT	print ads

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

NAME AND ADDRESS OF CREDITOR (* COMMITTEE ALSO ENTER I.D. NUMBER)	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 E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
STA Campaigns, Scott Taylor 503 32nd St., #120 Newport Beach CA 92660	LIT	0.00	1,583.50	0.00	1,583.50
Visteve 9211 Bolsa Ave., #214 Westminster CA 92683	WEB	0.00	388.07	0.00	388.07
Daralyn Reed Company 504 Hillcrest Drive Yreka CA 96097	PRO	0.00	815.51	0.00	815.51
<b>SUBTOTALS \$</b>		0.00	2,787.08	0.00	2,787.08

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
 Jim Lacy For City Council

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
 Bieber Communications

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

OMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFX	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FL	candidate filing/balot fees	PHD	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/pouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (If different from I.D. Number)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Designer Mailing 2117 S. Anze Santa Ana CA 92704	LIT			600.00
T & L Printing 3720 W. Warner Ave. Santa Ana CA 92704	LIT			1,000.00
U.S. Postal Service 24551 Del Prado Dana Point CA 92629	POS			3,523.20
<b>TOTAL * \$</b>				<b>5,123.20</b>

Attach additional information on appropriately labeled continuation sheets.

\* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

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

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER Jim Lucy for City Council  
 NAME OF AGENT OR INDEPENDENT CONTRACTOR DME & Associates

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  
 AMP campaign paraphernalia/misc.  
 CNS campaign consultants  
 CTB contribution (explain nonmonetary)\*  
 CVC civic donations  
 FL candidate filing/ballot fees  
 FND fundraising events  
 IND independent expenditure supporting/opposing others (explain)\*  
 LEG legal defense  
 LT campaign literature and mailings  
 MBR member communications  
 MTG meetings and appearances  
 OFC office expenses  
 FET 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  
 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)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (If cash/retel, also enter ID number)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U. S. Postal Service  Santa Ana CA 92799	POS			810.00
<b>TOTAL*</b>				<b>\$ 810.00</b>

Attach additional information on appropriately labeled continuation sheets.  
 \* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.  
 FPPC Form 460 (January 05)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

