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

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CITY OF DANA POINT

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Type or print in ink.

Date Stamp

CALIFORNIA 460
2001/02
FORM

Statement covers period	Date of election if applicable: (Month, Day, Year)	Page __1__ of __7__
from __01/01/2005__		For Official Use Only
through __06/30/2005__		

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

[x] Officeholder, Candidate Controlled Committee
  ○ State Candidate Election Committee
  ○ Recall
  (Also Complete Part 5)

☐ General Purpose Committee
  ○ Sponsored
  ○ Small Contributor Committee
  ○ Political Party/Central Committee

☐ Primarily Formed Ballot Measure Committee
  ○ Controlled
  ○ Sponsored
  (Also Complete Part 6)

☐ Primarily Formed Candidate/Officeholder Committee
  (Also Complete Part 7)

2. Type of Statement:

☐ Preelection Statement
[x] Semi-annual Statement
☐ Termination Statement
  (Also file a Form 410 Termination)
☐ Amendment (Explain below)

☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1245474

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

Jim Lacy for City Council

STREET ADDRESS (NO P.O. BOX)

14 Monarch Bay Plaza, #111

CITY   STATE   ZIP CODE   AREA CODE/PHONE

Dana Point,   CA   92629   949-495-3314

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY   STATE   ZIP CODE   AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Daralyn E. Reed

MAILING ADDRESS

504 Hillcrest Drive

CITY   STATE   ZIP CODE   AREA CODE/PHONE

Yreka,   CA   96097   530-842-1365

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 __7/22/05__
Date

Executed on __7/26/05__
Date

Executed on _____
Date

Executed on _____
Date

Daralyn E. Reed, Treasurer
By _____
Signature of Treasurer or Assistant Treasurer

Jams V. Lacy
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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
State of California

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? ☐ YES ☐ 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? ☐ YES ☐ 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	☐ 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	
		☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

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

Statement covers period
from _____01/01/2005_____
through _____06/30/2005_____

CALIFORNIA FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jim Lacy for City Council

I.D. NUMBER
1245474

Contributions Received		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .... Schedule A, Line 3	$	9,750.00	$ 9,750.00
2. Loans Received .... Schedule B, Line 3		-9,250.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS .... Add Lines 1 + 2	$	500.00	$ 9,750.00
4. Nonmonetary Contributions .... Schedule C, Line 3		0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED .... Add Lines 3 + 4	$	500.00	$ 9,750.00

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	$	$

Expenditures Made			
6. Payments Made .... Schedule E, Line 4	$	268.75	$ 268.75
7. Loans Made .... Schedule H, Line 3		0.00	0.00
8. SUBTOTAL CASH PAYMENTS .... Add Lines 6 + 7	$	268.75	$ 268.75
9. Accrued Expenses (Unpaid Bills) .... Schedule F, Line 3		0.00	0.00
10. Nonmonetary Adjustment .... Schedule C, Line 3		0.00	0.00
11. TOTAL EXPENDITURES MADE .... Add Lines 8 + 9 + 10	$	268.75	$ 268.75

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
___/___/___	$
___/___/___	$

Current Cash Statement

12. Beginning Cash Balance .... Previous Summary Page, Line 16	$	692.98
13. Cash Receipts .... Column A, Line 3 above		500.00
14. Miscellaneous Increases to Cash .... Schedule I, Line 4		0.00
15. Cash Payments .... Column A, Line 8 above		268.75
16. **ENDING CASH BALANCE** .... Add Lines 12 + 13 + 14, then subtract Line 15	$	924.23

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

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.

17. LOAN GUARANTEES RECEIVED .... Schedule B, Part 2	$	0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents .... See instructions on reverse	$	0.00
19. Outstanding Debts .... Add Line 2 + Line 9 in Column B above	$	0.00

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A
Monetary Contributions Received

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

SCHEDULE A

Statement covers period

from _____ 01/01/2005 _____

through __ 06/30/2005 __

CALIFORNIA FORM **460**

Page ___ 4 ___ of ___ 7 ___

SEE INSTRUCTIONS ON REVERSE

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)	PER ELECTION TO DATE (IF REQUIRED)	
06/30/2005	James V. Lacy 24921 Seagate Drive Dana Point, CA 92629	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Attorney Wewer & Lacy Loan Forgiven	5,000.00	9,250.00	G 02	-2,050.00
06/30/2005	James V. Lacy 24921 Seagate Drive Dana Point, CA 92629	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Attorney Wewer & Lacy Loan Forgiven	750.00	9,250.00	G 02	-2,050.00
06/30/2005	James V. Lacy 24921 Seagate Drive Dana Point, CA 92629 .	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Attorney Wewer & Lacy Loan Forgiven	3,000.00	9,250.00	G 02	-2,050.00
06/30/2005	James V. Lacy 24921 Seagate Drive Dana Point, CA 92629	[X] IND [ ] COM [ ] OTH [ ] PTY [ ] SCC	Attorney Wewer & Lacy Loan Forgiven	500.00	9,250.00	G 02	-2,050.00
06/30/2005	Orange County Professional Firefighters Assoc. PAC (#950925) 1900 E. Warner Ave., #G Santa Ana, CA 92705	[ ] IND [X] COM [ ] OTH [ ] PTY [ ] SCC		500.00	500.00	G 02	500.00

SUBTOTAL $ 9,750.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions.
   (Include all Schedule A subtotals.) .... $ _____ 9,750.00 _____

2. Amount received this period – unitemized monetary contributions of less than $100 .... $ _____ 0.00 _____

3. Total monetary contributions received this period.
   (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .... **TOTAL $** _____ 9,750.00 _____

*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 B – Part 1
Loans Received

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

Statement covers period	
from	01/01/2005
through	06/30/2005

CALIFORNIA FORM 460

SCHEDULE B - PART 1

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Jim Lacy for City Council

I.D. NUMBER
1245474

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
James V. Lacy 24921 Seagate Drive Dana Point, CA 92629 † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Wewer & Lacy	$ 500.00	$ 0.00	☐ PAID $ 0.00 ☒ FORGIVEN $ 500.00	$ 0.00 DATE DUE	0.00% RATE $ 0.00	$ 1,000.00 07/10/2002 DATE INCURRED	CALENDAR YEAR $ 9,250.00 PER ELECTION** G02 -2,050.00 $
James V. Lacy 24921 Seagate Drive Dana Point, CA 92629 † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Wewer & Lacy	$ 3,000.00	$ 0.00	☐ PAID $ 0.00 ☒ FORGIVEN $ 3,000.00	$ 0.00 DATE DUE	0.00% RATE $ 0.00	$ 3,000.00 09/26/2002 DATE INCURRED	CALENDAR YEAR $ 9,250.00 PER ELECTION** G02 -2,050.00 $
James V. Lacy 24921 Seagate Drive Dana Point, CA 92629 † ☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Wewer & Lacy	$ 5,000.00	$ 0.00	☐ PAID $ 0.00 ☒ FORGIVEN $ 5,000.00	$ 0.00 DATE DUE	% RATE $ 0.00	$ 5,000.00 10/07/2002 DATE INCURRED	CALENDAR YEAR $ 9,250.00 PER ELECTION** G02 -2,050.00 $

SUBTOTALS $ 0.00 $ 8,500.00 $ 0.00 $ 0.00

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

1. Loans received this period .... $ 0.00
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period .... $ 9,250.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (**Subtract** Line 2 from Line 1.) .... **NET** $ -9,250.00
   Enter the net here and on the Summary Page, Column A, Line 2.
   (May be a negative number)

†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

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

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B – Part 1
Loans Received

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

Statement covers period	
from _____ 01/01/2005 _____	
through _____ 06/30/2005 _____	Page ___ 6 ___ of ___ 7 ___

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

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

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
James V. Lacy 24921 Seagate Drive Dana Point, CA 92629 †☒ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Wewer & Lacy	$ 750.00	$ 0.00	☐ PAID $ 0.00 ☒ FORGIVEN $ 750.00	$ 0.00 DATE DUE	0.00% % RATE $ 0.00	$ 10,000.00 10/18/2002 DATE INCURRED	CALENDAR YEAR $ 9,250.00 PER ELECTION** G02 -2,050.00 $
 †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	___% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
 †☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	___% RATE $	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $

SUBTOTALS $ 0.00 $ 750.00 $ 0.00 $ 0.00

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

1. Loans received this period .... $ _____ 0.00 _____
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period .... $ _____ 9,250.00 _____
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (**Subtract** Line 2 from Line 1.).. **NET** $ _____ -9,250.00 _____
   Enter the net here and on the Summary Page, Column A, Line 2.   (May be a negative number)

†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

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

Schedule E
Payments Made

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

Statement covers period	
from	01/01/2005
through	06/30/2005

CALIFORNIA FORM **460**

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.

CMP	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)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse 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)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
RGR Technology Solutions 202 Viking Ave. Brea CA 92821	WEB		32.50
RGR Technology Solutions 202 Viking Ave. Brea CA 92821	WEB		90.00
RGR Technology Solutions 202 Viking Ave. Brea CA 92821	WEB		146.25

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

SUBTOTAL $ 268.75

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) .... $ _____ 268.75

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 $** _____ 268.75