

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

RECEIVED

CALIFORNIA FORM **460**

Page 1 of 6

For Official Use Only

Statement covers period
from JULY 1, 2005
through DEC 31, 2005

Date of election if applicable:
(Month, Day, Year)
'06 JAN 31

Date Stamp
1/10 :32

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 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
- 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
- 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
1244460

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

COMMITTEE TO ELECT DON WEBB

STREET ADDRESS (NO P.O. BOX)

1821 MARINERS DRIVE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>NEWPORT BEACH</u>	<u>CA</u>	<u>92660</u>	<u>949.646.3133</u>

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

P.O. BOX 9153

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>NEWPORT BEACH</u>	<u>CA</u>	<u>92658</u>	<u>949.646.3133</u>

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

RAYMOND J. ZARTLER

MAILING ADDRESS

1970 PORT PROVENCE

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>NEWPORT BEACH</u>	<u>CA</u>	<u>92660</u>	<u>949.759.9341</u>

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 30 JAN 2006
Date

Executed on 30 Jan 2006
Date

Executed on _____
Date

Executed on _____
Date

By Raymond J. Zartler
Signature of Treasurer or Assistant Treasurer

By [Signature]
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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
DONALD L. WEBB

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
MAYOR, CITY OF NEWPORT BEACH, DISTRICT 3

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
1821 MARINERS DRIVE NEWPORT BEACH, CA 92660

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
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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
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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 from <u>JULY 1, 2005</u>	CALIFORNIA FORM 460
through <u>DEC 31, 2005</u>	
Page <u>3</u> of <u>6</u>	
I.D. NUMBER <u>1244460</u>	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT DON WEBB

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ <u>0</u>	\$ <u>0</u>
2. Loans Received Schedule B, Line 3	<u>0</u>	<u>200.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions Schedule C, Line 3	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>0</u>	\$ <u>0</u>

**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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
6. Payments Made Schedule E, Line 4	\$ <u>60.00</u>	\$ <u>146.00</u>
7. Loans Made Schedule H, Line 3	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>60.00</u>	\$ <u>146.00</u>
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment Schedule C, Line 3	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ <u>60.00</u>	\$ <u>146.00</u>

**Expenditure Limit Summary for State
Candidates**

22. Cumulative Expenditures Made*
(# 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	\$ <u>287.10</u>
13. Cash Receipts Column A, Line 3 above	<u>0</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	<u>.33</u>
15. Cash Payments Column A, Line 8 above	<u>60.00</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>227.43</u>

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0</u>
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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	\$ <u>200.00</u>

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.

**Schedule B – Part 1
Loans Received**

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

Statement covers period
from JULY 1, 2005
through DEC 31, 2005

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

1244460

COMMITTEE TO ELECT DON WEBB

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
DONALD L. WEBB 1821 MARINERS DRIVE NEWPORT BEACH, CA 92660	NONE	\$ 200.00	\$ --	<input type="checkbox"/> PAID \$ -- <input type="checkbox"/> FORGIVEN \$ --	\$ 200.00 - DATE DUE	--% RATE --	\$ 5,700 APR/OCT 2002 DATE INCURRED	CALENDAR YEAR \$ -- PER ELECTION** \$ --
† <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 \$ --	\$ -- DATE DUE	% RATE	\$ -- DATE INCURRED	CALENDAR YEAR \$ -- PER ELECTION** \$ --
† <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 \$ --	\$ -- DATE DUE	% RATE	\$ -- DATE INCURRED	CALENDAR YEAR \$ -- PER ELECTION** \$ --
† <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 \$ --	\$ -- DATE DUE	% RATE	\$ -- DATE INCURRED	CALENDAR YEAR \$ -- PER ELECTION** \$ --
SUBTOTALS		\$	\$ --	\$ --	\$ 200.00	\$ --		

Schedule B Summary

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

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(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 \$ 0**
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 JULY 1, 2005
through DEC 31, 2005

SCHEDULEE
CALIFORNIA FORM 460
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1244460

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT DON WEBB

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

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

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$	<u>0</u>
2. Unitemized payments made this period of under \$100	\$	<u>60.00</u>
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	<u>0</u>
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$	<u>60.00</u>

**Schedule I
Miscellaneous Increases to Cash**

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

SCHEDULE I

Statement covers period
from JULY 1, 2005
through DEC 31, 2005

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FORM 460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

COMMITTEE TO ELECT DON WEBB

I.D. NUMBER

1244460

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$

Schedule I Summary

1. Itemized increases to cash this period.	\$	<u>0</u>
2. Unitemized increases to cash of under \$100 this period.	\$	<u>.33</u>
3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	\$	<u>0</u>
4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)	TOTAL \$	<u>.33</u>