

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA 460
2001/02
FORM

Date Stamp
RECEIVED
CITY OF LAKE FOREST
CITY CLERK'S OFFICE

Page 1 of 12
For Official Use Only

Type or print in ink.

Statement covers period
from 07/01/2002
through 09/30/2002

Date of election if applicable:
(Month, Day, Year)
11/05/2002

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
 - Ballot Measure Committee
 - Primarily Formed
 - 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
 - Amendment (Explain below)
 - Quarterly Statement
 - Special Odd-Year Report
 - Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
941984

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

Citizens for Peter Herzog

Treasurer(s)

NAME OF TREASURER

Betty Presley

MAILING ADDRESS

30151 Tomas Street

CITY

Rancho Sta Margarita, CA 92688

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 10-1-02
Date

Executed on 10/4/02
Date

Executed on _____
Date

Executed on _____
Date

By Betty Presley
Signature of Treasurer or Assistant Treasurer

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

By _____
Signature of Controlling Officer/Candidate, State Measure Proponent

By _____
Signature of Controlling Officer/Candidate, State Measure Proponent

www.netfile.com

Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: Peter Herzog
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE): City Council Member, City of Lake Forest
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET), CITY, STATE, ZIP: Lake Forest, CA 92630

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

6. Ballot Measure Committee

NAME OF BALLOT MEASURE, BALLOT NO. OR LETTER, JURISDICTION, SUPPORT/OPPOSE checkboxes

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 Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

Table with 4 columns: NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, 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 07/01/2002

through 09/30/2002

Page 3 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Peter Herzog

I.D. NUMBER

941984

Contributions Received

| | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---|--|--|
| 1. Monetary Contributions Schedule A, Line 3 | \$ 13,447.00 | \$ 13,447.00 |
| 2. Loans Received Schedule B, Line 3 | 1,000.00 | 1,000.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 | \$ 14,447.00 | \$ 14,447.00 |
| 4. Nonmonetary Contributions Schedule C, Line 3 | 0.00 | 0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 | \$ 14,447.00 | \$ 14,447.00 |

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 | \$ 3,460.00 | \$ 4,300.00 |
| 7. Loans Made Schedule H, Line 3 | 0.00 | 0.00 |
| 8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 | \$ 3,460.00 | \$ 4,300.00 |
| 9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 | 1,100.00 | 1,100.00 |
| 10. Nonmonetary Adjustment Schedule C, Line 3 | 0.00 | 0.00 |
| 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 | \$ 4,560.00 | \$ 5,400.00 |

Expenditure Limit Summary for State Candidates

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

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

_____ \$ _____

Current Cash Statement

| | |
|---|--------------|
| 12. Beginning Cash Balance Previous Summary Page, Line 16 | \$ 493.84 |
| 13. Cash Receipts Column A, Line 3 above | 14,447.00 |
| 14. Miscellaneous Increases to Cash Schedule I, Line 4 | 0.00 |
| 15. Cash Payments Column A, Line 8 above | 3,460.00 |
| 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 | \$ 11,480.84 |

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

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 | \$ 2,100.00 |

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).

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

CALIFORNIA FORM 460

Page 4 of 12

Statement covers period
from 07/01/2002
through 09/30/2002

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Peter Herzog

I.D. NUMBER

941984

| 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) |
|---------------|--|---|--|-----------------------------|---|------------------------------------|
| 07/10/2002 | Manatt, Phelps & Phillips, LLP 11355 W. Olympic Blvd. Los Angeles, CA 90064 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | |
| 09/04/2002 | Marjorie L. Herzog | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 1,000.00 | 1,000.00 | |
| 09/04/2002 | Palo Verdes, CA 90274 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | None | | | |
| 09/04/2002 | Medix Ambulance Service | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| 09/04/2002 | Mission Viejo, CA 92691 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| 09/04/2002 | Waste Management of Orange County 1800 South Grand Avenue Santa Ana, CA 92705 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| 09/04/2002 | Susan Wilson | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | City Councilwoman | 100.00 | 100.00 | |
| 09/04/2002 | Mission Viejo, CA 92691 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | City of Mission Viejo | | | |
| | | | | SUBTOTAL \$ | 3,350.00 | |

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 12,950.00
- Amount received this period - unitemized contributions of less than \$100 \$ 497.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 13,447.00

*Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
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

**CALIFORNIA 460
FORM**

Page 5 of 12

Statement covers period
from 07/01/2002
through 09/30/2002

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Citizens for Peter Herzog
I.D. NUMBER
941984

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/18/2002 | Dod G. Bateman Lake Forest, Ca 92630-5844 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Salesman RE/MAX R.E. Services | 500.00 | 500.00 | |
| 09/18/2002 | Bruce Wayne Co PO BOX 129 Lake Forest, Ca 92609-0129 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | |
| 09/18/2002 | Farino Construction Services, Inc. 23201 Orange Ave Lake Forest, Ca 92630 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| 09/18/2002 | A. Patrick Munoz Newport Beach, CA 92657 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Rutan & Tucker | 150.00 | 150.00 | |
| 09/18/2002 | James D. Reed Lake Forest, Ca 92630 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired | 100.00 | 100.00 | |
| 09/18/2002 | Saddleback Enterprises 324 22nd St Huntington Beach, Ca 92648 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | |

SUBTOTAL \$ 2,250.00

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

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

SCHEDULE A

**CALIFORNIA 460
FORM**

Page 6 of 12

Statement covers period
from 07/01/2002
through 09/30/2002

SEE INSTRUCTIONS ON REVERSE

I.D. NUMBER
941984

NAME OF FILER
Citizens for Peter Herzog

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/18/2002 | Valley Building Materials 23271 Cherry Ave Lake Forest, Ca 92630-5331 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| 09/18/2002 | Richard K. Wagner Santa Ana, Ca 92705 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Real Estate Dev. RWK Development Corp. | 250.00 | 250.00 | |
| 09/18/2002 | Sue E. Waltman San Clemente, Ca 92672 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Owner Super Container Co | 1,000.00 | 1,000.00 | |
| 09/18/2002 | Judith Ware Newport Beach, CA 92658 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | President Ware Disposal Co | 500.00 | 500.00 | |
| 09/18/2002 | Waters & Faubel Lake Forest, Ca 92630 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | |
| 09/20/2002 | Joseph A. Cencel Newport Beach, Ca 92660 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired None | 100.00 | 100.00 | |

SUBTOTAL \$ 3,100.00

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

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

Statement covers period
from 07/01/2002
through 09/30/2002

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Citizens for Peter Herzog

941984

| 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) |
|---------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/20/2002 | David C. Grant Irvine, Ca 92614 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Grant & Genovese | 200.00 | 200.00 | |
| 09/20/2002 | Robert B. Hanley Santa Ana, CA 92707 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Grant & Genovese | 100.00 | 100.00 | |
| 09/20/2002 | Jensen Holdings, LLC 5100 Campus Dr. Ste 200 Newport Beach, Ca 92660 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1,000.00 | 1,000.00 | |
| 09/20/2002 | L M Powell Development Co. 1915 Orangewood Ave, Ste 200 Orange, Ca 92668 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input checked="" type="checkbox"/> PTY <input type="checkbox"/> SCC | | 500.00 | 500.00 | |
| 09/20/2002 | Donald Shubin Irvine, Ca 92612 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Executive Federal Disposal Services | 1,000.00 | 1,000.00 | |
| 09/20/2002 | Lisa L. Taylor Santa Ana Heights, Ca 92707 | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Homemaker None | 100.00 | 100.00 | |

SUBTOTAL \$

2,900.00

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

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

SCHEDULE A

**CALIFORNIA 460
FORM**

Page 8 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Peter Herzog

I.D. NUMBER

941984

Statement covers period

from 07/01/2002

through 09/30/2002

| 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) |
|--------------------|---|---|---|-----------------------------|--|---------------------------------------|
| 09/20/2002 | John E. Young 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 | Real Estate Broker World Premier Investments | 500.00 | 500.00 | |
| 09/27/2002 | Joseph D'Antony 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 | Attorney D'Antony & Doyle | 100.00 | 100.00 | |
| 09/27/2002 | Doctor Direct Sales, Inc. 26985 Brighton Lane Lake Forest, CA 92630 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | |
| 09/27/2002 | El Toro Auto Center 505 S Villa Real Suite 201 Anaheim Hills, CA 92807 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | |
| 09/27/2002 | Parsons Transportation Group 1133 15th Street, NW Washington, DC 20005 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 250.00 | 250.00 | |
| SUBTOTAL \$ | | | | 1,350.00 | | |

Statement covers period from 07/01/2002 through 09/30/2002 Page 9 of 12

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

Schedule B - Part 1 Loans Received

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER: Citizens for Peter Herzog
I.D. NUMBER: 941984

| 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) | 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 |
|---|--|---|-----------------------------|--|---|---------------------------|--|----------------------------------|
| Peter A. Herzog Lake Forest, CA 92630 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Councilman City of Lake Forest | \$ 0.00 | \$ 1,000.00 | <input type="checkbox"/> PAID \$ 0.00 <input type="checkbox"/> FORGIVEN \$ 0.00 | \$ 1,000.00 DATE DUE _____ | _____% \$ 0.00 | \$ 1,000.00 08/07/2002 DATE INCURRED | \$ 1,000.00 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 _____ | _____% \$ _____ | \$ _____ DATE INCURRED _____ | \$ _____ 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 _____ | _____% \$ _____ | \$ _____ DATE INCURRED _____ | \$ _____ PER ELECTION ** |
| SUBTOTALS \$ | | 1,000.00 \$ | 0.00 \$ | 0.00 \$ | 1,000.00 \$ | 0.00 | | |

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

Schedule B Summary

- Loans received this period \$ 1,000.00
(Total Column (b) plus unitemized loans 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 \$ 1,000.00
Enter the net here and on the Summary Page, Column A, Line 2.

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

† Contributor Codes
IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee
www.netfile.com

**Schedule E
Payments Made**

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

**CALIFORNIA
FORM 460**

Statement covers period
from 07/01/2002
through 09/30/2002
Page 10 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Peter Herzog

I.D. NUMBER

941984

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 |
|---|------|------------|------------------------|-------------|
| Betty Presley & Associates, Inc. 30151 Tomas Street Rancho Sta Margarita CA 92688 | PRO | | | 300.00 |
| City of Lake Forest 23161 Lake Center Drive, #100 Lake Forest CA 92630 | FIL | | | 1,130.00 |
| California Voter Guide (#5950004) 1658 W Carson, #454 Torrance CA 90501 | LIT | State Card | | 1,100.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$ 2,530.00**

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 3,460.00
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 \$ 3,460.00**

Schedule E (Continuation Sheet) Payments Made

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Peter Herzog

Statement covers period

from 07/01/2002

through 09/30/2002

I.D. NUMBER

941984

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 |
|---|------|----|------------------------|---------------------------|
| Golden State Senior Election Guide (#1247050) 13701 Riverside Drive, #604 Sherman Oaks CA 91423 | LIT | | Slate Card | 140.00 |
| Independent Voter 2002 (#1246759) 601 S Glenoaks, Suite 208 Burbank CA 91502 | LIT | | Slate Card | 275.00 |
| Voter Information Guide (#593003) 13701 Riverside Drive, #604 Sherman Oaks CA 91423 | LIT | | Slate Card | 515.00 |
| * Payments that are contributions or independent expenditures must also be summarized on Schedule D. | | | | SUBTOTAL \$ 930.00 |

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

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

**CALIFORNIA
FORM 460**

Statement covers period
from 07/01/2002
through 09/30/2002

Page 12 of 12

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

Citizens for Peter Herzog

941984

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 CREDITOR (IF 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 |
|---|-----------------------------------|---|---------------------------------------|---|--|
| Betty Presley & Associates, Inc. 30151 Tomas Street Rancho Sta Margarita CA 92688 | PRO | 0.00 | 1,100.00 | 0.00 | 1,100.00 |
| SUBTOTALS \$ | | 0.00 \$ | 1,100.00 \$ | 0.00 \$ | 1,100.00 |

* 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 \$** 1,100.00
- 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 \$** 1,100.00
May be a negative number