

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

CALIFORNIA  
2001/02  
FORM

Date Stamp

RECEIVED  
CITY OF LAKE FOREST  
CITY CLERK'S OFFICE

Page 1 of 13  
For Official Use Only

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

11/05/2002 '03

Statement covers period  
from 10/20/2002

through 12/31/2002

SEE INSTRUCTIONS ON REVERSE

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

- Officerholder, 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/Officerholder 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

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

Lake Forest, CA 92630

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

CITY STATE ZIP CODE AREA CODE/PHONE

CITY STATE ZIP CODE AREA CODE/PHONE

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 1-16-03 Date

Executed on 1/27/03 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

Type or print in ink.

COVER PAGE - PART 2

# Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA  
FORM **460**

Page 2 of 13

## 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? <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. 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

## 7. Primarily Formed 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 10/20/2002

through 12/31/2002

CALIFORNIA  
FORM 460

Page 3 of 13

I.D. NUMBER  
941984

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Peter Herzog

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 11,412.00	\$ 30,459.00
2. Loans Received	Schedule B, Line 3 -1,000.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 10,412.00	\$ 30,459.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 10,412.00	\$ 30,459.00

## 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 \$ 10,653.77	\$ 29,548.82
7. Loans Made	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 10,653.77	\$ 29,548.82
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 \$ 10,653.77	\$ 29,548.82

## 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
/ /	\$ _____
/ /	\$ _____
/ /	\$ _____
/ /	\$ _____
/ /	\$ _____
/ /	\$ _____

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

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 2,485.79
13. Cash Receipts	Column A, Line 3 above 10,412.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 0.00
15. Cash Payments	Column A, Line 8 above 10,653.77
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 2,244.02

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

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 \$ 0.00

## Cash Equivalents and Outstanding Debts

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).

**Schedule A  
Monetary Contributions Received**

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

Statement covers period  
from 10/20/2002  
through 12/31/2002

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)
10/21/2002	Rental Housing Independent Exp PAC (#980470) 12822 Garden Grove Blvd, #D Garden Grove, CA 92843	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		500.00	500.00	
10/23/2002	W.W. Morningstar Newport Beach, CA 92663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Retired None	250.00	250.00	
10/28/2002	El Toro Mobile Estates PO Box 1960 Newport Beach, CA 92658	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		500.00	500.00	
10/28/2002	W. William Gaboury Laguna Niguel, CA 92677	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Executive Shea Properties	250.00	250.00	
10/28/2002	Jack R. Godard Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Executive Shea Properties	250.00	250.00	

**SUBTOTAL \$ 1,750.00**

**Schedule A Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 10,549.00
- Amount received this period - unitemized contributions of less than \$100 ..... \$ 863.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 11,412.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other  
PTY - Political Party  
SOC - Small Contributor Committee

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FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

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

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

SCHEDULE A

CALIFORNIA  
FORM **460**

Page 5 of 13

Statement covers period  
from 10/20/2002  
through 12/31/2002

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)
10/28/2002	Hunsaker & Associates 3 Hughes Irvine, CA 92618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		250.00	250.00	
10/28/2002	Keena Communications 20532 El Toro Road, #312 Mission Viejo, CA 92692	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		100.00	100.00	
10/28/2002	MRET PAC (#820165) 25241 Pase de Alicia #120 Laguna Hills, CA 92653	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		500.00	500.00	
10/28/2002	RBF Consulting 14725 Alton Pkwy Irvine, CA 92618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		250.00	250.00	
10/28/2002	Shea Properties 26840 Laguna Hills Drive, #100 Aliso Viejo, CA 92656	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		250.00	250.00	
10/28/2002	Kenneth J. Smith Chino Hills, CA 91709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Architect Carter Burgess	750.00	750.00	

**SUBTOTAL \$** 2,100.00

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

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

SEE INSTRUCTIONS ON REVERSE  
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)
10/28/2002	Eugene A. Spindler Mission Viejo, CA 92691	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Executive Shea Properties	250.00	250.00	
10/28/2002	Western Manufactured Housing Assoc PAC (#742422) 455 Capitol Mall #800 Sacramento, CA 95814	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		250.00	250.00	
10/31/2002	Best Best & Krieger LLP 400 Mission Square Riverside, CA 92501	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		500.00	500.00	
10/31/2002	CA Real Estate PAC (#890106) 525 S Virgil Avenue Los Angeles, CA 90020	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		500.00	500.00	
10/31/2002	Stanford Green Hillsborough, CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Owner Hillsborough Properties	750.00	750.00	
10/31/2002	Frank Michelena Costa Mesa, CA 92626	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Owner Frank Michelena & Associates	999.00	999.00	

**SUBTOTAL \$ 3,249.00**

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

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

SCHEDULE A  
CALIFORNIA  
FORM 460

Page 7 of 13

Statement covers period  
from 10/20/2002  
through 12/31/2002

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER  
941984

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)
10/31/2002	Prochero Mobile Estates 24701 Raymond Way Lake Forest, CA 92630	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		500.00	500.00	
11/05/2002	Baker Ranch RV Storage 3 Corporate Park #220 Irvine, CA 92606	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		250.00	250.00	
11/05/2002	Converse Construction Group Inc 801 North Lake Ave, #320 Pasadena, CA 91101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		750.00	750.00	
11/05/2002	Doctor's Ambulance Service 23091 Terra Drive Laguna Hills, CA 92653	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		100.00	100.00	
11/05/2002	Lucetta Dum Coto de Caiza, CA 92679	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Executive Hearthside Homes	100.00	100.00	
11/05/2002	Judy D. Hogan Laguna Beach, CA 92651	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Architect HRP Lanoesign	250.00	250.00	
<b>SUBTOTAL \$</b>				<b>1,950.00</b>		

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

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

Statement covers period  
from 10/20/2002  
through 12/31/2002

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)
11/05/2002	JBZ Architecture 5010 Campus Drive Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		250.00	250.00	
11/05/2002	Lincoln Club of Orange County State PAC PO Box 8095 Newport Beach, CA 92658	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		350.00	350.00	
11/05/2002	Tim Paone Orange, CA 92867	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	Attorney Manatt Phelps	100.00	100.00	
11/05/2002	Sempora Energy 101 Ash Street San Diego, CA 92101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		250.00	250.00	
11/05/2002	Smith Public Affairs 17801 Cartwright Road Irvine, CA 92614	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC		100.00	100.00	
11/05/2002	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"/> SOC	President Ware Disposal Co	450.00	950.00	
<b>SUBTOTAL \$</b>				<b>1,500.00</b>		



**Schedule B - Part 1  
Loans Received**

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

Statement covers period  
from 10/20/2002  
through 12/31/2002

**CALIFORNIA 460  
FORM**

Page 9 of 13

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	Councilman City of Lake Forest	\$ 1,000.00	\$ 0.00	<input checked="" type="checkbox"/> PAID \$ 1,000.00 <input type="checkbox"/> FORGIVEN \$ 0.00	\$ 0.00	% 0.00	\$ 1,000.00	\$ 1,000.00
<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 \$	\$	% RATE	\$	\$
<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 \$	\$	% RATE	\$	\$
<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 \$	\$	% RATE	\$	\$
<b>SUBTOTALS \$</b>		0.00 \$	0.00 \$	1,000.00 \$	0.00 \$	0.00	0.00	0.00

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

**Schedule B Summary**

- Loans received this period..... \$ 0.00  
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period..... \$ 1,000.00  
(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](http://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 10/20/2002  
through 12/31/2002

Page 10 of 13  
I.D. NUMBER  
941984

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Citizens for Peter Herzog

**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)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	FET 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	TRS staff/spouse travel, lodging, and meals
ND 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
Greensburgh Group, Inc. 245 Fischer Ave, C-3 Costa Mesa CA 92626	LIT			3,880.71
Greensburgh Group, Inc. 245 Fischer Ave, C-3 Costa Mesa CA 92626	LIT			2,700.00
Casablanca Printing 2761 S Grand Avenue Santa Ana CA 92705	LIT			1,006.49

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

**SUBTOTAL \$ 7,587.20**

**Schedule E Summary**

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ 10,616.77
2. Unitemized payments made this period of under \$100 ..... \$ 37.00
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 \$ 10,653.77**

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

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

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Citizens for Peter Herzog

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

<p>MBR member communications</p> <p>MTG meetings and appearances</p> <p>OFC office expenses</p> <p>FET petition circulating</p> <p>PHO phone banks</p> <p>POL polling and survey research</p> <p>POS postage, delivery and messenger services</p> <p>PRO professional services (legal, accounting)</p> <p>PRT print ads</p>	<p>RAD radio airtime and production costs</p> <p>RFD returned contributions</p> <p>SAL campaign workers' salaries</p> <p>TEL t.v. or cable airtime and production costs</p> <p>TRC candidate travel, lodging, and meals</p> <p>TRS staff/spouse travel, lodging, and meals</p> <p>TSF transfer between committees of the same candidate/sponsor</p> <p>VOT voter registration</p> <p>WEB information technology costs (internet, e-mail)</p>
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NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Taubenpost, Inc. 20702 Linear Lane Lake Forest CA 92630	LIT			1,012.50
Waters & Faubel 25 Orchard Lake Forest Ca 92630	CNS			300.00
Betty Presley & Associates, Inc. 30151 Tomas Street Rancho Sta Margarita CA 92688	PRO			500.00
Taubenpost, Inc. 20702 Linear Lane Lake Forest CA 92630	LIT			130.28
Greensburgh Group, Inc. 245 Fischer Ave, C-3 Costa Mesa CA 92626	LIT			1,000.00

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

**SUBTOTAL \$ 2,942.78**

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

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

Statement covers period  
from 10/20/2002  
through 12/31/2002

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Peter Herzog

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

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
City of Lake Forest 23161 Lake Center Drive, #100 Lake Forest CA 92630	FIL			86.79

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

**SUBTOTAL \$ 86.79**

**Schedule G**

**Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)**

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

SCHEDULE G

CALIFORNIA  
FORM **460**

Statement covers period  
from 10/20/2002  
through 12/31/2002

Page 13 of 13

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Citizens for Peter Herzog

I.D. NUMBER  
941984

NAME OF AGENT OR INDEPENDENT CONTRACTOR  
Greensburgh Group, Inc.

**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)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET 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               | 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  |
| LT 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 COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
U.S. Postmaster Main Post Office Lake Forest CA 92630	LIT		1,000.00
<b>TOTAL* \$</b>			<b>1,000.00</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.

www.netfile.com

FPPC Form 460 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC.