

Type of print in ink.

Statement covers period  
from 10/01/2006  
through 10/23/2006

Date of election if applicable:  
(Month, Day, Year)  
06 OCT 26 19:29  
11/07/2006

RECEIVED  
CITY OF LAKE FOREST  
CITY CLERK'S OFFICE

SEE INSTRUCTIONS ON REVERSE

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

Officer/holder, 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 5)  
 Primarily Formed Candidate/Officer/holder Committee (Also Complete Part 7)

**2. Type of Statement:**

Pre-election Statement  
 Semi-annual Statement  
 Termination Statement (Also file a Form 410 Termination)  
 Amendment (Explain below)

Quarterly Statement  
 Special Odd-Year Report  
 Supplemental Pre-election Statement - Attach Form 495

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) \_\_\_\_\_  
 I.D. NUMBER 911941

Citizens (or Better) Help2Go

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 \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

**Treasurer(s)**

NAME OF TREASURER  
 Betty Bradley  
 MAILING ADDRESS  
 20151 Tomas Street  
 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 10/23/06 By Betty Bradley  
Date Signature  
 Signature of Treasurer or Assistant Treasurer

Executed on 10/25/06 By R. H. Arroyo  
Date Signature  
 Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ By \_\_\_\_\_  
Date Signature  
 Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Executed on \_\_\_\_\_ By \_\_\_\_\_  
Date Signature  
 Signature of Controlling Officer/holder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

# Recipient Committee Campaign Statement Cover Page — Part 2

# CALIFORNIA 460 FORM

Page 2 of 12

## 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. 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 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	<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 10/01/2006  
through 10/31/2006

Page 3 of 32

ID NUMBER  
941981

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Peter Herzog

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

	Column A TOTAL THIS PERIOD (FROM 10/01/2006 TO 10/31/2006)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 14,861.00	\$ 22,705.00
2. Loans Received	Schedule B, Line 3 \$ 0.00	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 14,861.00	\$ 22,705.00
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 0.00	\$ 0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 14,861.00	\$ 22,705.00

1/1 through 6/30 7/1 to Date  
20. Contributions Received \$  
21. Expenditures Made \$

## Expenditure Limit Summary for State Candidates

6. Payments Made	Schedule E, Line 4 \$ 0,360.00	\$ 13,670.00
7. Loans Made	Schedule H, Line 3 \$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 0,360.00	\$ 13,670.00
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 \$ 0,360.00	\$ 13,670.00

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

Date of Election (mm/dd/yyyy) / / Total to Date \$

\$

\*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 \$ 5,077.02
13. Cash Receipts	Column A, Line 3 above \$ 14,861.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 0.00
15. Cash Payments	Column A, Line 8 above \$ 9,360.00
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14 then subtract Line 15 \$ 10,578.02

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 8 (if any).

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2	\$ 0.00
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## 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

# Schedule A Monetary Contributions Received

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

SCHEDULE A

## CALIFORNIA FORM 460

Statement covers period  
from 10/01/2006  
through 10/31/2006

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Citizens for Peter Hetzogl

I.D. NUMBER  
941904

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
10/06/2006	Masabian, Gutheer, Knox & Elliott, LLP 10101 Von Karman Ave., #1800 Irvine, CA 92612-1077	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00
10/06/2006	Novis 3151 Airway Ave., Suite G-5 Costa Mesa, CA 92626-4640	<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	250.00
10/06/2006	Richard Wilmon, D.C. Westminster, CA 92683-3921	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	200.00
10/06/2006	Sempia Energy 101 Ash Street San Diego, CA 92103	<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	250.00
10/11/2006	Wylie A. Attken 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 Attken, Attken & Cohen	250.00	250.00	250.00
<b>SUBTOTAL \$</b>				1,450.00		

### Schedule A Summary

1. Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) \$ 13,549.00

2. Amount received this period - unitemized monetary contributions of less than \$100 \$ 1,312.00

3. Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 14,861.00

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
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.)

Statement covers period

from 10/21/2006  
through 10/21/2006

**CALIFORNIA FORM 460**

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I.D. NUMBER

941384

NAME OF FILER

Citizens for Peter Herzog

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
10/11/2006	William Anderson Newport Beach, CA 92663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Commercial Real Estate Broker Meridian Pacific, Inc.	250.00	250.00	
10/11/2006	Crevier RNH 1500 Auto Mall Dr. Santa Ana, CA 92705-4741	<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	
10/11/2006	John L. Curti Newport Beach, CA 92659	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner Curti-Turner	250.00	250.00	
10/11/2006	Maurice J. Dewald Newport Beach, CA 92663	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Chairman Verity Financial Group, Inc.	250.00	250.00	
10/11/2006	Faebel Public Affairs 25 Dechard 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	
<b>SUBTOTAL \$</b>				2,000.00		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
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.)

Statement covers period

from 10/11/2006

through 10/21/2006

**CALIFORNIA FORM 460**

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NAME OF FILER

Citizens for Peter Herzig

I.D. NUMBER

941984

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(PROGRAMTEE, ALSO ENTER ID NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED ENTER HOME OR BUSINESS)</small>	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR <small>(JAN 1 - DEC 31)</small>	PER ELECTION TO DATE <small>(IF REQUIRED)</small>
10/11/2006	James P. Warrington Family Trust  Costa Mesa, CA 92626	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Developer  James P. Warrington	250.00	250.00	
10/11/2006	Lehman Family Trust  Newport Beach, CA 92660-6123	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer  Armas, LLC	250.00	250.00	
10/11/2006	Riverstone Residential West LLC/dba Riverstone Res Gp A/E 2104 Waterman Rd.  Lake Forest, CA 92630	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	
10/11/2006	Shea Properties  26890 Laguna Hills Drive, #100  Aliso Viejo, CA 92656	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		249.00	249.00	
10/11/2006	E. L. Smith III  Tustin, CA 92780	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Insurance Broker  Armstrong Rodcliffe Insurance	200.00	200.00	
<b>SUBTOTAL \$</b>				1,249.00		

\*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 10/11/2006

through 10/19/2006

Page 1 of 12

ID NUMBER

941964

NAME OF FILER

Clifford Lee Peter Hezood

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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)
10/11/2006	Frank Hood Trane Belbina, CA 92661	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	250.00	250.00	
10/11/2006	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	2,000.00	
10/19/2006	Cox Communications, Inc. 1400 Lake Hearn Drive Atlanta, GA 30319	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	2,500.00	
10/19/2006	Jolie V. Szable 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	Honshaker None	100.00	1,600.00	
10/19/2006	JPB Development, LLC 270 Newport Center Drive, #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		750.00	2,350.00	
<b>SUBTOTAL \$</b>				2,600.00		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
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.

Statement covers period  
from 10/19/2006  
through 10/20/2006

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NAME OF FILER

CITIZENS FOR BETTER REDDING

ID NUMBER

941984

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTERED 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)
10/19/2006	Ken Spiker and Associates, Inc. 1100 S Flower Street, #2100 Los Angeles, CA 90015	<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	
10/19/2006	Orange County Automobile Dealers Association PAC (863017) 125 Baker Street East, #262 Costa Mesa, CA 92626	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	
10/19/2006	Otay Project LP 610 W Ash Street, #1500 San Diego, CA 92101	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		750.00	750.00	
10/19/2006	William R. Mitchell, Inc. 32052 Via Pavo Real Coto de Caza, CA 92679	<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	
10/20/2006	Casino 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		2,000.00	2,000.00	
<b>SUBTOTAL \$</b>				<b>4,250.00</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
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.

Statement covers period

from 10/01/2006

through 10/21/2006

Page 9 of 12

ID NUMBER

941988

NAME OF FILER

Citizens for Peter Heizoq

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE ALSO ENTERED 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)
10/20/2006	Walnut Investment Co, LLC 10200 S. Plover Blvd, #500 Santa Fe Springs, CA 90673	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		2,000.00	2,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
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Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period  
from 10/01/2006  
through 10/31/2006

Page 10 of 12  
I.D. NUMBER  
941984

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Citizens For Peter Hedding

**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	PET	petition circulating
FL	candidate filing/balot 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)
LIT	campaign literature and mailings	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 PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Petzone Communications, Inc. 2024 Nevis Circle Costa Mesa CA 92626	LIT			5,000.00
Betty Presley & Associates, Inc. 30151 Tomas Street Rancho Sta Margarita CA 92688	PRO			600.00
Petzone Communications, Inc. 2024 Nevis Circle Costa Mesa CA 92626	LIT			4,700.00
			<b>SUBTOTAL \$</b>	<b>9,300.00</b>

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

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals) ..... \$ 9,300.00
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 (c)) ..... \$ 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 \$ 9,300.00**



**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 460**  
**FORM**

Statement covers period  
from 10/01/2006

through 10/31/2006 Page 12 of 17

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Peter Herzig

I.D. NUMBER

941904

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Petition Communications, Inc.

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

- CHP campaign paraphernalia/misc.
- CHS 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
- LIT campaign literature and mailings
- MBR member communications
- MITG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHD phone banks
- POL polling and survey research
- POG 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
- WOT 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 COMMITTEE ALSO ENTERED NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Greensburgh Group, Inc. 245 Fischer Ave, D-3 Costa Mesa CA 92626	117			750.00
HILL MAILERS 7 Claxton Irvine CA 92618	117			1,225.57
Thomas Printers 629 Terminal Way Suite 11 Costa Mesa CA 92629	117			2,138.89

Attach additional information on appropriately labeled continuation sheets.

TOTAL \$ 4,114.47

\* 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.