

COVER PAGE

**CALIFORNIA FORN 460**

Page 1 of 13  
For Official Use Only

**RECEIVED**  
CITY OF LAKE FOREST

FEB -4 03:10

Type or print in ink.

Date of election if applicable:  
(Month, Day, Year)  
11/04/2014

Statement covers period  
from 07/01/2012  
through 12/31/2012

SEE INSTRUCTIONS ON REVERSE

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

**Official/Candidate Controlled Committee**

State Candidate Election Committee

Recall (Also Complete Part 3)

General Purpose Committee

Sponsored

Small Contributor Committee

Political Party/Candidate Committee

Primary Formed United Measure Committee

Controlled

Sponsored (Also Complete Part 3)

Primary Formed Candidate Official/Host Committee (Also Complete Part 7)

**2. Type of Statement:**

Provision Statement

Semi-annual Statement

Termination Statement (Also file a Form 413 Termination)

Amendment (Explain below)

Quarterly Statement

Special One-Year Report

Supplemental Periodic Statement - Attach Form 495

**3. Committee Information**

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) 1311241

ED. NUMBER \_\_\_\_\_

Vougle For Lake Forest City Council 2014

**Treasurer(s)**

NAME OF TREASURER \_\_\_\_\_

MR. JOHN PUGGETT

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

NAME OF ASSOCIATED EMPLOYER, IF ANY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

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

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

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 01/31/2012 Date By \_\_\_\_\_ Signature of Treasurer or Account Executive

Executed on 01/31/2012 Date By \_\_\_\_\_ Signature of Controlling Officer/Contributor Candidate State Election Program or Responsible Officer of Sponsor

Executed on \_\_\_\_\_ Date By \_\_\_\_\_ Signature of Controlling Officer/Contributor Candidate State Election Program

Executed on \_\_\_\_\_ Date By \_\_\_\_\_ Signature of Controlling Officer/Contributor Candidate State Election Program

PPPC Form 460 (January 2015)  
PPPC Roll-off use Neigoline: 884848K.FPPC (880275-3712)  
State of California

Type or print in ink.

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

COVER PAGE - PART 2  
**CALIFORNIA 460**  
 FORM

Page 2 of 11

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE \_\_\_\_\_  
 MR. MRS. MISS MESSRS. \_\_\_\_\_  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) \_\_\_\_\_  
 City Council Member \_\_\_\_\_  
 RESIDENTIAL/BUSINESS ADDRESS (INC. AND STREET) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**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	LD. 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	LD. 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 \_\_\_\_\_  
 SUPPORT  OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.  
 NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT \_\_\_\_\_

OFFICE SOUGHT OR HELD \_\_\_\_\_ DISTRICT NO. IF ANY \_\_\_\_\_

**7. Primarily Formed Candidate/Officeholder Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Volgens Fox Lake Poseac City Council 2014

Statement covers period  
from 07/01/2012  
through 12/31/2012

Page 3 of 13

STATEMENT NUMBER  
1331261

SUMMARY PAGE  
CALIFORNIA FORM 460

**Contributions Received**

	Column A TOTAL THIS PERIOD FROM ATTACHED SCHEDULES	Column B CALCULATE YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ 5,786.00	\$ 10,588.26
2. Loans Received	Schedule B, Line 3 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 5,786.00	\$ 10,588.26
4. Nonmonetary Contributions	Schedule C, Line 2 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 5,786.00	\$ 10,588.26

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

171 through 07/30 7/1 to Date

20. Contributions Received \$ \_\_\_\_\_

21. Expenditures Made \$ \_\_\_\_\_

**Expenditures Made**

6. Payments Made	Schedule E, Line 4 \$ 2,870.00	\$ 4,887.09
7. Loans Made	Schedule H, Line 2 0.00	2,700.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 2,870.00	\$ 7,587.09
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 315.92	428.56
10. Nonmonetary Adjustment	Schedule I, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ 3,185.92	\$ 8,015.65

Expenditure Limit Summary for State  
Candidates

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

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

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Current Cash Statement**

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 3,122.01
13. Cash Receipts	Column A, Line 3 above \$ 5,786.00
14. Miscellaneous Increases to Cash	Schedule L, Line 4 0.00
15. Cash Payments	Column A, Line 8 above \$ 2,870.00
15. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ 3,218.01

If this is a termination statement, Line 15 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 \$ 2,700.00
19. Outstanding Debts	Add Line 7 + Line 8 as Column B above \$ 498.56

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 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 07/01/2012  
through 12/31/2012

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Volgus For Lake Forest City Council 2014

I.D. NUMBER  
1111261

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF CONTRIBUTOR IS AN INDIVIDUAL, ENTER SOCIAL SECURITY 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)
04/05/2012	Tierre Verde Industries 3942 Irvine Blvd, East Irvine, CA 92610	<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	012 1,000.00
04/05/2012	Mayor Eric Assembly 2012 (613272961) 16312 Rialto Drive San Jose, CA 95147	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	012 100.00
08/08/2012	Summit Enactigian 300 Clarence, CA 92512	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney	249.00	249.00	012 249.00
08/08/2012	Landside Communications, Inc. 32302 Camino Capitano, Ste 21 San Jose, California, CA 92075	<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	012 250.00
08/08/2012	Miller Commercial Real Estate 32332 Camino Capitano, Ste 104 San Jose, California, CA 92075	<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	012 250.00
<b>SUBTOTAL \$</b>				<b>1,649.00</b>		

**Schedule A Summary**

- Amount received this period - itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 1,649.00
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 817.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 5,766.00**

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (January 05)  
FPPC Toll-free Helpline: 866ASK-FPPC (866275-3772)

**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 07/11/2012  
through 12/11/2012

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ID NUMBER  
1331261

CALIFORNIA  
FORM  
**460**

NAME OF FILER

VOIGTS FOR LAKE FOREST CITY COUNCIL 2014

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, PLEASE STATE)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE TO DATE (IF REQUIRED)
08/10/2012	Carl Pringle & Associates 3400 B Catalina Ave, Ste 310 Anaheim, CA 92806	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTM <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	
08/10/2012	Comall Lumber 3113 Orange Ave Lake Forest, CA 92650	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTM <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	0 12 250.00
08/10/2012	SCB Auto Sports 22022 Mulvanada Blvd Lake Forest, CA 92650	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTM <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	0 12 1,000.00
08/10/2012	Sterns Charles Lodge Anaheim, CA 92806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTM <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	0 12 100.00
08/19/2012	Todd Pristal Anaheim, CA 92804	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTM <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP Cust Pringle & Associates	100.00	200.00	0 12 100.00
<b>SUBTOTAL \$</b>				<b>1,450.00</b>		

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTM - Other (other than PTY or SCC)  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 460 (January/05)  
FPPC Toll-Free HelpLine: 866/ASR-FPPC (866/275-3772)

**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 07/01/2012  
through 12/31/2012

CALIFORNIA  
FORM  
**460**

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NAME OF FILER  
Voigts For Lake Forest City Council 2014  
L.D. NUMBER  
131361

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OF COMMITTEE (ALSO ENTERED MANUALLY)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF NOT SELF-EMPLOYED, ENTER NONE)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/10/2012	James Willingham	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President Curt Pringle & Associates	100.00	100.00	012 100.00
08/11/2012	Rancho Santa Margarita, CA 92688 Casa Moore Rt 9 190	<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	022 250.00
08/20/2012	Wooddale, AL 35358 Inside Commodities, LLC 22593 Kelly St Lake Forest, CA 92534	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	012 100.00
08/23/2012	Edison International 2344 Walnut Grove Ave Bakersfield, CA 93310	<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	012 250.00
08/30/2012	Seneca California Real Estate Political Action Committee (886104) 525 S Virgil Avenue Los Angeles, CA 90010	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	750.00	012 250.00
<b>SUBTOTAL \$</b>				<b>950.00</b>		

\*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

FPPC Form 460 (January 06)  
FPPC Toll Free Helpline: 866/ASK-FPPC (866/276-3773)

**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 02/01/2012  
through 12/31/2012

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I.D. NUMBER  
1311261

CALIFORNIA  
FORM  
**460**

NAME OF PAYER

Volgite For Lake Forest City Council 2014

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER THE 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 RECALLED)
10/15/2012	Steve Lodge for Anaheim City Council 2012 403 E Alton Ave Ste H Anaheim, CA 92705	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00
10/16/2012	Thomas Bergstad 1 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	Retired	500.00	500.00	500.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>600.00</b>		

\*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

FPPC Form 460 (January 05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/278-3772)

**Schedule D**

**Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees**

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

SCHEDULE

Statement covers period from 07/01/2012 through 12/31/2012

CALIFORNIA FORM 460 Page 8 of 13

NO. NUMBER 1311261

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Voters For Lake Forest City Council 2014

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1-DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
08/16/2012	State Assembly Petition Assembly District 43	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		100.00	100.00	100.00
08/16/2012	State Proposition <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		500.00	500.00	500.00
08/23/2012	State Proposition <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		100.00	100.00	100.00
<b>SUBTOTAL \$</b>				<b>700.00</b>		

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 700.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 700.00

FPPC Form 460 (January 05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-3772)

**Schedule D  
(Continuation Sheet)  
Summary of Expenditures  
Supporting/Opposing Other  
Candidates, Measures and Committees**

Type as print in amt.  
Amounts may be rounded  
to whole dollars.

SCHEDULE D (CONT)

**CALIFORNIA FORM 460**

Statement covers period  
from 07/01/2012  
through 12/31/2012

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LD. NUMBER  
131261

NAME OF FILER  
Voight for Lake Forest City Council 2014

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION OF REQUIRED	AMOUNTS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (if REQUIRED)
09/17/2012	Bill Root City Council member League Hills	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		100.00	100.00	100.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
<b>SUBTOTAL \$</b>				100.00		

SCHEDULE  
**CALIFORNIA 460**  
FORM

Statement covers period  
from 07/01/2012 through 12/31/2012 Page 10 of 13

LD NUMBER  
1311261

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

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Voliges For Lake Forest City Council 2014

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

- |   |  |   |
|---|--|---|
| CHP campaign postpaid business                                    | MEM member communications                    | PAO radio airmail and production costs                        |
| CMB campaign consultants  | MFG meetings and appearances                 | RCD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | CFC office expenses                          | SAL campaign workers' salaries                                |
| CVC civic donations   | PEL petition circulating                     | TEL tv or cable airmail and production costs                  |
| FIL candidate filing/travel fees                                  | PHO phone banks                              | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research              | TRS staff/pouse 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 expense   | PRO professional services (legal accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRY print ads                                | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE or COMMITTEE, ORGANIZATION OR NUMBER	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Donna Lums for State Assembly 2013 (11147638) 2914 N Hill St Apt 812A Claremont, CA 91713	CTB			109.00
Dejiz Robinson for Lake Forest City Council 2012 (11243925) 1001 W. 1st St Lake Forest, CA 92550	CTB			503.00
Steve Lodge for Anaheim City Council 2011 405 E Alton Ave Apt 6 2nd St Apt. CA 92705	CTB			100.00

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

SUBTOTAL \$ 700.00

**Schedule E Summary**

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ 2,876.00
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 \$ 2,876.00

SCHEDULE E (CONT)

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

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

Statement covers period  
From 07/01/2012  
through 12/31/2012

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ID NUMBER  
1331261

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Voigtla For Lake Forest City Council 2014

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.  
 OMP campaign paraphernalia/tee  
 ONS campaign consultants  
 CTB contribution (explain nonmonetary)  
 CVC civic donations  
 FL candidate flight/balloon fees  
 FND fundraising events  
 ND independent expenditure supporting/opposing others (explain)  
 LEG legal defense  
 LIT campaign literature and mailings  
 MEB member communications  
 MTG meetings and appearances  
 OFC office expenses  
 PET petition circulating  
 PHD phone banks  
 POL polling and survey research  
 POS postage, delivery and messenger services  
 PRO professional services (legal, accounting)  
 PRT print ads  
 RAD radio airtime and production costs  
 RFD retained contributions  
 SAL campaign salaries  
 TEL t.v. or cable airtime and production costs  
 TRC candidate travel, lodging, and meals  
 TRS staff/pouse travel, lodging, and meals  
 TRF transfer between committees of the same candidate/sponsor  
 VOT voter registration  
 WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OF COMMITTEE (also enter ID number)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Orange County Young Republicans 1422 Edinger Ave Tustin, CA 92780	MTG		320.00
Scott Voigtla	MTG		300.00
Bill Hunt for Laguna Hills City Council 2014 (1148510) 21401 Alhida Parkway St B 271 Laguna Hills, CA 92651	CTB		100.00
Josephine Voigtla	TRF		450.00
Josephine Voigtla	PMT		2,000.00
<b>SUBTOTAL \$</b>			<b>2,170.00</b>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.  
 FPPC Form 480 (January 09)  
 FPPC Toll-Free Helpline: 856/ASTK, FPPC (856)275-3172

SCHEDULE F

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

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

Statement covers period  
from 07/01/2012  
through 12/31/2012

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ID NUMBER  
1331261

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Voigt's For Lake Forest City Council 2014

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

CUP campaign consultants CTS contribution (include nonmonetary)* CVC civic donations FL candidate flag/bail fees FND fundraising events ND independent expenditure support/opposing others (explain)* LEG legal advice LI campaign literature and mailings	MER member communications MTS meetings and appetizers OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads	RAD radio airtime and production costs RET returned contributions SAL campaign workers' salaries TEL l.s. or cable airtime and production costs TRC travel, lodging, and meals TRS travel/traveling expenses TRF transfer between committees of the same candidate/committee VOT voter registration WEB information technology costs (internet, e-mail)
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NAME AND ADDRESS OF CREDITOR (IF CREDITED, ALSO INCLUDE NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (also amount on b)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Scott Poyle	POS	112.00	0.00	0.00	112.00
Supracast 1140 California Ave Corona, CA 92881	BIT	0.00	315.92	0.00	315.92
<b>SUBTOTALS \$</b>		<b>112.00 \$</b>	<b>315.92 \$</b>	<b>0.00 \$</b>	<b>427.92</b>

\* Payments that are contributions or independent expenditures must also be itemized 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 \$ 427.92**
- 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 \$ 427.92**

SCHEDULE H

CALIFORNIA FORM 460

Statement covers period

from 07/01/2012

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ID NUMBER

1311261

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

Schedule H Loans Made to Others\*

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Volg's For Lake Forest City Council 2014

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIENT IF COMMITTEE, ALSO ENTER ID NUMBER	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER IF SELF-EMPLOYED, ENTER NAME OF BUSINESS	CA OUTSTANDING BALANCE BEGINNING THIS PERIOD	CA AMOUNT LOANED THIS PERIOD	CA REPAYMENT OR FORGIVENESS THIS PERIOD <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	CA OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD DATE DUE	CA INTEREST RECEIVED DATE INCURRED	CA ORIGINAL AMOUNT OF LOAN DATE INCURRED	CA CUMULATIVE LOANS TO DATE CALENDAR YEAR PER ELECTOR*
Callifornia's Cooperative PAC (81167785)		\$ 2,700.00	\$ 0.00	\$ 0.00	\$ 2,700.00		\$ 2,700.00	2,700.00
42 B. Hume Legton Dr. #C-D Atcaedia, CA 91066-1122		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		\$ 0.00	0.00
		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		\$ 0.00	0.00
<b>SUBTOTALS</b>		\$ 0.00	\$ 0.00	\$ 0.00	\$ 2,700.00	\$ 0.00	\$ 2,700.00	2,700.00

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

(Enter only on Schedule I, Line 5)

Schedule H Summary

- Loans made this period  
(Total Column (b) plus unitemized loans of less than \$100) \$ 0.00
- Payments received on loans  
(Total Column (c) plus unitemized payments of less than \$100.) \$ 0.00
- Net change this period. (Subtract Line 2 from Line 1.)  
(Enter the net here and on the Summary Page, Column A, Line 7.) NET \$ 0.00

\*\*If Required