

# Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

# CALIFORNIA FORM 460

Date Stamp

RECEIVED  
CITY OF LAKE FOREST  
CITY CLERK'S OFFICE

Page 1 of 5  
For Official Use Only

JUL 20 P 3:03

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

Statement covers period

from 1/1/2000

through 6/30/2000

SEE INSTRUCTIONS ON REVERSE

## 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 7.

- Officeholder, Candidate Controlled Committee (Also Complete Part 4.)
- Ballot Measure Committee
- Primarily Formed
- Controlled
- Sponsored
- Primarily Formed Officeholder Committee (Also Complete Part 6.)
- General Purpose Committee
- Sponsored
- Broad Based

## 2. Type of Statement:

- Pre-election Statement
- Semi-annual Statement
- Termination Statement
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Pre-election Statement - Attach Form 4s

## 3. Committee Information

COMMITTEE NAME

Citizens for Peter Herzog

I.D. NUMBER  
941984

## Treasurer(s)

NAME OF TREASURER  
Betty Presley

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

CA 92630

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Rancho Santa Margarita CA 92688

NAME OF ASSISTANT TREASURER, IF ANY

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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS

OPTIONAL: FAX/E-MAIL ADDRESS

# Recipient Committee Campaign Statement Cover Page — Part 2

# CALIFORNIA FORM 460

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## 4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
Peter Herzog

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Lake Forest City Council

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 consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.**

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?  
 YES  NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) STATE ZIP CODE AREA CODE/PHONE

CITY

## 5. 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

## 6. 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

## 7. 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 7/17/2000 DATE

Executed on 7/18/2000 DATE

Executed on \_\_\_\_\_ DATE

Executed on \_\_\_\_\_ DATE

By [Signature] SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

# Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

CALIFORNIA **460**  
FORM

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Citizens for Peter Herzog

Statement covers period  
from 1/1/2000  
through 6/30/2000

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I.D. NUMBER  
941984

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C TOTAL TO DATE (COLUMNS A + B)
1. Monetary Contributions	\$ -0-	\$ -0-	\$ -0-
2. Loans Received			
3. SUBTOTAL CASH CONTRIBUTIONS	\$ -0-	\$ -0-	\$ -0-
Nonmonetary Contributions			
5. TOTAL CONTRIBUTIONS RECEIVED	\$ -0-	\$ -0-	\$ -0-

## Expenditures Made

6. Payments Made	\$ 225.00	\$ -0-	\$ 225.00
7. Loans Made			
8. SUBTOTAL CASH PAYMENTS	\$ 225.00	\$ -0-	\$ 225.00
9. Accrued Expenses (Unpaid Bills)			
10. Nonmonetary Adjustment			
11. TOTAL EXPENDITURES MADE	\$ 225.00	\$ -0-	\$ 225.00

## Current Cash Statement

12. Beginning Cash Balance	\$ 257.10		
Cash Receipts	-0-		
14. Miscellaneous Increases to Cash	-0-		
15. Cash Payments	225.00		
16. ENDING CASH BALANCE	\$ 32.10		

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

17. LOAN GUARANTEES RECEIVED	\$ -0-	1/1 through 6/30	7/1 to Date
Cash Equivalents and Outstanding Debts			
18. Cash Equivalents	\$ -0-	Received	\$
19. Outstanding Debts	\$ 725.00	Expenditures Made	\$

\* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

## Summary for Candidates in Both June and November Elections

# Schedule E Payments Made

Type or print in ink.  
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Statement covers period  
from 1/1/2000  
through 6/30/2000

**CALIFORNIA 460  
FORM**

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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.                                | OFC office expenses                           | RFD returned contributions                                    |
| CNS campaign consultants                                        | PET petition circulating                      | SAL campaign workers salaries                                 |
| CTB contribution (explain nonmonetary)*                         | PHO phone banks                               | TEL t.v. or cable airtime and production costs                |
| CVC civic donations                                             | POL polling and survey research               | TRC candidate travel, lodging and meals (explain)             |
| FND fundraising events                                          | POS postage, delivery and messenger services  | TRS staff/spouse travel, lodging and meals (explain)          |
| L independent expenditure supporting/opposing others (explain)* | PRO professional services (legal, accounting) | TSF transfer between committees of the same candidate/sponsor |
| L campaign literature and mailings                              | PRT print ads                                 | VOT voter registration                                        |
| MTG meetings and appearances                                    | RAD radio airtime and production costs        | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Betty Presley & Associates, Inc. 30151 Tomas Street Rancho Santa Margarita, CA 92688	PRO			225.00
<b>* Payments that are contributions or independent expenditures must also be summarized on Schedule D.</b>				
<b>SUBTOTAL \$</b>				<b>225.00</b>

## Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) ..... \$ 225.00
2. Unitemized payments made this period of under \$100 ..... \$ -0-
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) ..... \$ -0-
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** 225.00

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

Type or print in ink.  
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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.                                  | OFC | office expenses                           | RFD | returned contributions                                    |
| CNS | campaign consultants                                          | PET | petition circulating                      | SAL | campaign workers salaries                                 |
| CTB | contribution (explain nonmonetary)*                           | PHO | phone banks                               | TEL | t.v. or cable airtime and production costs                |
| CVC | civic donations                                               | POL | polling and survey research               | TRC | candidate travel, lodging and meals (explain)             |
| FND | fundraising events                                            | POS | postage, delivery and messenger services  | TRS | staff/spouse travel, lodging and meals (explain)          |
| IND | independent expenditure supporting/opposing others (explain)* | PRO | professional services (legal, accounting) | TSF | transfer between committees of the same candidate/sponsor |
| T   | campaign literature and mailings                              | PRT | print ads                                 | VOT | voter registration                                        |
| MTG | meetings and appearances                                      | RAD | radio airtime and production costs        | 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	(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
The Greensburgh Group 245 Fischer Ave, C-3 Costa Mesa, CA 92626	PRO	500.00	-0-	-0-	500.00
Betty Presley & Associates, Inc. 30151 Tomas Street Rancho Santa Margarita, CA 92688	PRO	225.00	225.00	225.00	225.00
<b>SUBTOTALS \$</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**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 \$** 225.00
- 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 \$** 225.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** -0-