

RECEIVED
 CITY OF LAKE FOREST
 CITY CLERK'S OFFICE

JUL 31 P 2:23

Type or print in Ink.

Date of election if applicable:
 (Month, Day, Year) 07 JUL 31 P 2:23
11/07/2002

Statement covers period
 from 01/01/2001
 through 06/30/2001

Recipient Committee Campaign Statement
 (Government Code Sections 84200-84216.5)

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

(Also Complete Part 5.)

Primarily Formed Candidate/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 495

3. Committee Information

COMMITTEE NAME _____ I.D. NUMBER 941984

Treasurer(s)

NAME OF TREASURER

Betty Presley
 MAILING ADDRESS _____

Citizens for Peter Herzog

STREET ADDRESS (NO P.O. BOX) _____

CITY Lake Forest, CA ZIP CODE 92630 AREA CODE/PHONE _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

Rancho Sta Margarita, CA 92688
 NAME OF ASSISTANT TREASURER, IF ANY _____

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

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

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**

Page 2 of 6

4. 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; 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 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) _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

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
Peter Herzog

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

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 7-13-01 DATE

Executed on 7/20/01 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**

SUMMARY PAGE

CALIFORNIA
FORM **460**

Statement covers period
from 01/01/2001
through 06/30/2001

SEE INSTRUCTIONS ON REVERSE

Page 3 of 6

NAME OF FILER

I.D. NUMBER

Citizens for Peter Herzog

941984

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B* TOTAL PREVIOUS PERIOD (SEE NOTE BELOW)	Column C (ADD COLUMNS A + B) TOTAL TO DATE
1. Monetary Contributions	\$ 2750.00	\$ 0.00	\$ 2750.00
2. Loans Received	0.00	0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 2750.00	\$ 0.00	\$ 2750.00
4. Non-monetary Contributions	0.00	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 2750.00	\$ 0.00	\$ 2750.00

Expenditures Made

6. Payments Made	\$ 1198.26	\$ 0.00	\$ 1198.26
7. Loans Made	0.00	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	\$ 1198.26	\$ 0.00	\$ 1198.26
9. Accrued Expenses (Unpaid Bills)	-725.00	725.00	0.00
10. Nonmonetary Adjustment	0.00	0.00	0.00
11. TOTAL EXPENDITURES MADE	\$ 473.26	\$ 725.00	\$ 1198.26

Current Cash Statement

12. Beginning Cash Balance	\$ 32.10		
13. Cash Receipts	2750.00		
14. Miscellaneous Increases to Cash	0.00		
15. Cash Payments	1198.26		
16. ENDING CASH BALANCE	\$ 1583.84		

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

17. LOAN GUARANTEES RECEIVED

.....	\$ 0.00		
-------	---------	--	--

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0.00		
19. Outstanding Debts	\$ 0.00		

* 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

1/1 through 6/30 7/1 to Date

20. Contributions Received

21. Expenditures Made

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 01/01/2001
through 06/30/2001

Page 4 of 6

NAME OF FILER

I.D. NUMBER

Citizens for Peter Herzog

941984

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
03/14/2001	Michael Dimas Santa Ana, CA 92705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Owner Medix Ambulance	\$1,000.00	\$1,000.00	
04/05/2001	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		\$1,000.00	\$1,000.00	
05/22/2001	CV Avocados, LLC 3 Corporate Park, Suite 220 Irvine, CA 92606	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH		\$250.00	\$250.00	
05/22/2001	Irene Veitch Irvine, CA 92606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Executive California Avocados	\$250.00	\$250.00	
05/22/2001	Nancy Veitch Irvine, CA 92606	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH	Executive California Avocados	\$250.00	\$250.00	
SUBTOTAL \$				2750.00		

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 2750.00
- Amount received this period - unitemized contributions of less than \$100 \$ 0.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 2750.00

*Contributor Codes
IND -- Individual
COM -- Recipient Committee
OTH -- Other

FPPC Form 460 (8/99)
For Technical Assistance: 916/322-5660

**Schedule E
Payments Made**

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

SCHEDULE E

**CALIFORNIA
FORM 460**

Statement covers period
from 01/01/2001

Page 5 of 6

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| 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 |
| LIT | 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 Sta Margarita, CA 92688	PRO			\$225.00
Betty Presley & Associates, Inc. 30151 Tomas Street Rancho Sta Margarita, CA 92688	PRO			\$450.00
Greensburgh Group, Inc. 245 Fischer Ave, C-3 Costa Mesa, CA 92626	CNS			\$500.00

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

SUBTOTAL \$ 1175.00

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 1175.00
2. Unitemized payments made this period of under \$100. \$ 23.26
3. Total interest paid this period on outstanding loans. (Enter amount from Schedule B, Part 2, Column (d).) \$ 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 \$ 1198.26**

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

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

SCHEDULE F

**CALIFORNIA
FORM 460**

Statement covers period
from 01/01/2001
through 06/30/2001

Page 6 of 6
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

- | | | | | | |
|-----|---|-----|---|-----|---|
| 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 |
| LIT | 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
Betty Presley & Associates, Inc. 30151 Tomas Street Rancho Sta Margarita, CA 92688	PRO	225.00	0.00	225.00	0.00
Greensburgh Group, Inc. 245 Fischer Ave, C-3 Costa Mesa, CA 92626	CNS	500.00	0.00	500.00	0.00
SUBTOTAL \$		725.00 \$	0.00 \$	725.00 \$	0.00

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 \$** 0.00
- 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 \$** 725.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** -725.00