

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

CALIFORNIA FORM 460

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For Official Use Only

Date Stamp

RECEIVED
OFFICE OF LAKE FOREST
CITY CLERK'S OFFICE

JAN 27 AM 10:29

Date of election if applicable:
(Month, Day, Year) 00

Statement covers period

from 7/1/1999

through 12/31/1999

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 Candidate/Officeholder Committee (Also Complete Part 6.)
- General Purpose Committee
- Primarily Formed
- Controlled
- Sponsored
- Broad Based (Also Complete Part 5.)

2. Type of Statement:

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

3. Committee Information

COMMITTEE NAME

Citizens for Peter Herzog

I.D. NUMBER
941984

Treasurer(s)

NAME OF TREASURER
Betty Presley

MAILING ADDRESS
30151 Tomas Street

STREET ADDRESS (NO P.O. BOX)

CITY
Lake Forest, CA 92630

STATE ZIP CODE AREA CODE/PHONE

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

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

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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)
City Council - City of Lake Forest

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
Lake Forest, CA 92630

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

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

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 1-21-2000 DATE

Executed on 1/27/2000 DATE

Executed on _____ DATE

Executed on _____ DATE

By  SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By  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
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Peter Herzog

Statement covers period
from 7/1/1999

through 12/31/1999

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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-	\$ 696.00	\$ 696.00
2. Loans Received	-0-	-0-	-0-
3. SUBTOTAL CASH CONTRIBUTIONS	-0-	\$ 696.00	\$ 696.00
4. Nonmonetary Contributions	-0-	-0-	-0-
5. TOTAL CONTRIBUTIONS RECEIVED	-0-	\$ 696.00	\$ 696.00

Expenditures Made

6. Payments Made	-0-	\$ 1225.00	\$ 1225.00
7. Loans Made	-0-	-0-	-0-
8. SUBTOTAL CASH PAYMENTS	-0-	\$ 1225.00	\$ 1225.00
9. Accrued Expenses (Unpaid Bills)	225.00	500.00	725.00
10. Nonmonetary Adjustment	-0-	-0-	-0-
11. TOTAL EXPENDITURES MADE	225.00	\$ 1725.00	\$ 1950.00

Current Cash Statement

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

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

17. LOAN GUARANTEES RECEIVED	-0-	\$	
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	-0-	\$	
19. Outstanding Debts	725.00	\$	

* From previous statement Summary Page, Column C. However, if it 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

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

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Statement covers period from 7/1/1999 through 12/31/1999

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

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
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	-0-	225.00	-0-	225.00
SUBTOTALS \$					\$ 725.00

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

May be a negative number