

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

RECEIVED  
CITY OF LAKE FOREST  
CITY CLERK'S OFFICE

CALIFORNIA FORM 460

Date of election if applicable: (Month, Day, Year) 07

Statement covers period from 01/01/2007 through 06/30/2007

Page 1 of 7  
For Official Use Only

**JUL 23 P 2:55**

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, 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 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

### 2. Type of Statement:

- Preelection Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

### 3. Committee Information

I.D. NUMBER 941984

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

Citizens for Peter Herzog

### Treasurer(s)

NAME OF TREASURER

Betty Presley  
MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE  
Rancho Sta Margarita, CA 92688

CITY STATE ZIP CODE AREA CODE/PHONE  
Rancho Sta Margarita, CA 92688

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

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS  
CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 7-8-07 Date

Executed on 7-20-07 Date

Executed on \_\_\_\_\_ Date

Executed on \_\_\_\_\_ Date

By Betty Presley Signature of Treasurer or Assistant Treasurer

By [Signature] Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

By \_\_\_\_\_ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Type or print in ink.

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

**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

CALIFORNIA **460**  
FORM

Statement covers period

from 01/01/2007

through 06/30/2007

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I.D. NUMBER  
941984

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Citizens for Peter Herzog

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
--	--	--

1. Monetary Contributions	Schedule A, Line 3 250.00	\$ 250.00
2. Loans Received	Schedule B, Line 3 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 250.00	\$ 250.00
4. Nonmonetary Contributions	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 250.00	\$ 250.00

## Expenditures Made

6. Payments Made	Schedule E, Line 4 950.00	\$ 950.00
7. Loans Made	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 950.00	\$ 950.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 -300.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 650.00	\$ 950.00

## Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 7,346.77	\$
13. Cash Receipts	Column A, Line 3 above 250.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4 419.00	
15. Cash Payments	Column A, Line 8 above 950.00	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 7,065.77	\$

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

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	\$

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

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

20. Contributions Received	\$
21. Expenditures Made	\$

## Expenditure Limit Summary for State Candidates

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

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

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 01/01/2007

through 06/30/2007

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I.D. NUMBER

941984

DATE RECEIVED	FULL NAME, STREET 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)	PER ELECTION TO DATE (IF REQUIRED)
05/24/2007	Keena Communications 20532 El Toro Road, #312 Mission Viejo, CA 92692	<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	
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				250.00		

### Schedule A Summary

- Amount received this period – itemized monetary contributions.  
(Include all Schedule A subtotals.) ..... \$ 250.00
- Amount received this period – unitemized monetary 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 \$** 250.00

\*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

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**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                     | RAD | radio airtime and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airtime and production costs                |
| FIL | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse 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 defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LIT | campaign literature and mailings                              | PRT | print ads                                 | 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
Betty Presley & Associates, Inc. 30151 Tomas Street Rancho Sta Margarita CA 92688	PRO			300.00
Betty Presley & Associates, Inc. 30151 Tomas Street Rancho Sta Margarita CA 92688	PRO			650.00
<b>SUBTOTAL \$</b>				950.00

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

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 950.00
- Unitemized payments made this period of under \$100 ..... \$ 0.00
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 950.00**

# Schedule F Accrued Expenses (Unpaid Bills)

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

<b>CALIFORNIA</b> <b>FORM</b> <span style="font-size: 2em; font-weight: bold;">460</span>	Statement covers period from <u>01/01/2007</u> through <u>06/30/2007</u>
Page <u>6</u> of <u>7</u>	
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SEE INSTRUCTIONS ON REVERSE

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

- |  |  |   |
|--|--|---|
| CMP campaign paraphernalia/misc.<br>CNS campaign consultants<br>CTB contribution (explain nonmonetary)*<br>CVC civic donations<br>FIL candidate filing/ballot fees<br>FND fundraising events<br>IND independent expenditure supporting/opposing others (explain)*<br>LEG legal defense<br>LIT campaign literature and mailings | MBR member communications<br>MTG meetings and appearances<br>OFC office expenses<br>PET petition circulating<br>PHO phone banks<br>POL polling and survey research<br>POS postage, delivery and messenger services<br>PRO professional services (legal, accounting)<br>PRT print ads | RAD radio airtime and production costs<br>RFD returned contributions<br>SAL campaign workers' salaries<br>TEL t.v. or cable airtime and production costs<br>TRC candidate travel, lodging, and meals<br>TRS staff/spouse travel, lodging, and meals<br>TSF transfer between committees of the same candidate/sponsor<br>VOT voter registration<br>WEB information technology costs (internet, e-mail) |
|--|--|---|

NAME AND ADDRESS OF 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	300.00	0.00	300.00	0.00
<b>SUBTOTALS \$</b>		300.00	0.00	300.00	0.00

\* Payments that are contributions or independent expenditures must also be summarized 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 \$** 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 \$** 300.00
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) ..... **NET \$** -300.00  
May be a negative number

# Schedule I Miscellaneous Increases to Cash

Type or print in ink.  
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SCHEDULE I

**CALIFORNIA FORM 460**

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DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER ID NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
01/30/2007	City of Lake Forest 23161 Lake Center Drive, #100 Lake Forest, CA 92630	Refund	419.00

**SUBTOTAL \$** 419.00

Attach additional information on appropriately labeled continuation sheets.

## Schedule I Summary

- Itemized increases to cash this period. .... \$ 419.00
- Unitemized increases to cash of under \$100 this period. .... \$ 0.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) ..... \$ 0.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) ..... **TOTAL \$** 419.00