

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA FORM 460

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Date Stamp

RECEIVED
CITY OF LAKE FOREST
CITY CLERK'S OFFICE

01 JAN 31 P 3:35

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

Statement covers period
from 7/1/2000
through 12/31/2000

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 (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

Citizens for Peter Herzog

I.D. NUMBER
941984

Treasurer(s)

NAME OF TREASURER

Betty Presley

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

Rancho Santa Margarita, CA 92688

CITY STATE ZIP CODE AREA CODE/PHONE

Lake Forest, CA 92630

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

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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

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 YES NO CONTROLLED COMMITTEE?

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

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 SUPPORT OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD SUPPORT OPPOSE

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 1-22-01 DATE

Executed on 1/30/01 DATE

Executed on _____ DATE

Executed on _____ DATE

Attach continuation sheets if necessary

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

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

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through 12/31/2000

INSTRUCTIONS ON REVERSE
NAME OF FILER

Citizens for Peter Herzog

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I.D. NUMBER
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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)
Monetary Contributions	Schedule A, Line 3	-0-	-0-
Loans Received	Schedule B, Line 7	-0-	-0-
SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	-0-	-0-
Nonmonetary Contributions	Schedule C, Line 3	-0-	-0-
TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	-0-	-0-

Expenditures Made

Payments Made	Schedule E, Line 4	225.00	225.00
Loans Made	Schedule H, Line 7	-0-	-0-
SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	225.00	225.00
Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	725.00	725.00
Nonmonetary Adjustment	Schedule C, Line 3	-0-	-0-
TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	950.00	950.00

Current Cash Statement

Beginning Cash Balance	Previous Summary Page, Line 16	32.10
Cash Receipts	Column A, Line 3 above	-0-
Miscellaneous Increases to Cash	Schedule I, Line 4	-0-
Cash Payments	Column A, Line 8 above	-0-
ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	32.10

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

LOAN GUARANTEES RECEIVED	Schedule B, Part 1, Column (b)	-0-
Cash Equivalents and Outstanding Debts		
Cash Equivalents	See Instructions on reverse	-0-
Outstanding Debts	Add Line 2 + Line 9 in Column C above	725.00

* 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

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

Schedule F Accrued Expenses (Unpaid Bills)

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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. | OFC office expenses | RFD returned contributions |
| CNS campaign consultants | PET petition circulating | SAL campaign workers salaries |
| CTB contribution (explain nonmonetary)* | PHO phone banks | TEL l.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 Rancho Santa Margarita, CA 92688	PRO	225.00	-0-	-0-	225.00
SUBTOTALS \$		725.00	\$ -0-	\$ -0-	\$ 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 \$** -0-
- 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 \$** -0-
May be a negative number.