

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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CALIFORNIA FORM 460

RECEIVED
CITY OF LAKE FOREST
CITY CLERK'S OFFICE

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For Official Use Only

06 OCT -5 P5:14

Date of election if applicable:
(Month, Day, Year)
Nov. 07, 2006

Statement covers period
from JUNE 30, 06
through SEPT. 30, 06

SEE INSTRUCTIONS ON REVERSE

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

- Officeholder, Candidate Controlled Committee
- Primarily Formed Ballot Measure Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central 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

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

KATHRYN (KATHY) McCallough

I.D. NUMBER 943-297

Treasurer(s)

NAME OF TREASURER

ELIZABETH VALENTINE

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY LAKE FOREST, CALIFORNIA STATE CALIFORNIA ZIP CODE 92630

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

CITY LAKE FOREST, CALIFORNIA STATE CALIFORNIA ZIP CODE 92630 AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

KATHRYN McCallough

MAILING ADDRESS

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

CITY LAKE FOREST, CALIFORNIA STATE CALIFORNIA ZIP CODE 92630 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 10-15-06 Date

Executed on 10-16-06 Date

Executed on _____ Date

Executed on _____ Date

By Elizabeth Valentine Signature of Treasurer or Assistant Treasurer

By _____ Signature of Controlling Officer/holder, Candidate/State Measure Proponent or Responsible Officer of Sponsor

By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officer/holder, Candidate, State Measure Proponent

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

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COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
KATHRYN (Kathy) McCallough
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

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 Committee To Elect I.D. NUMBER
KATHRYN (Kathy) McCallough 943-297
NAME OF TREASURER
ELIZABETH VALENTINE CONTROLLED COMMITTEE?
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) YES NO

CITY STATE ZIP CODE AREA CODE/PHONE
LAKE FOREST, California 92630
COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX) YES NO

CITY STATE ZIP CODE AREA CODE/PHONE

6. Primarily Formed 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

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	SUPPORT <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