

# Recipient Committee Campaign Statement Cover-Page

(Government Code Sections 84200-84216.5)

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Date Stamp

CALIFORNIA FORM 460

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RECEIVED  
CITY OF LAKE FOREST  
CITY CLERK'S OFFICE

Date of election if applicable:

(Month, Day, Year)

06 MR -8 P 4:39

Statement covers period

from 02-01-05

through 12-31-05

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 (Also Complete Part 6)
- 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)

Committee To Elect

KATHRYN (KATHY) O'NEILL CULLOUGH

STREET ADDRESS

CITY

LAKE FOREST, CALIFORNIA 92630

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

CITY

LAKE FOREST, CALIFORNIA 92630

### Treasurer(s)

NAME OF TREASURER

William B. Studley

MAILING ADDRESS

LAKE FOREST, CALIFORNIA 92630

CITY

LAKE FOREST, CALIFORNIA 92630

STATE

ZIP CODE

AREA CODE/PHONE

92630

NAME OF ASSISTANT TREASURER, IF ANY

KATHRYN O'NEILL CULLOUGH

MAILING ADDRESS

CITY

LAKE FOREST, CALIFORNIA 92630

STATE

ZIP CODE

AREA CODE/PHONE

92630

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 \_\_\_\_\_ Date

By Kathryn O'Neill Cullough 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

CALIFORNIA  
FORM **460**

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### 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
KATHRYN (KATHY) MCCULLOUGH

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1 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 <u>Committee Elect</u>	I.D. NUMBER <u>943-297</u>
NAME OF TREASURER <u>William Studley</u>	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE <u>LAKE FOREST CALIFORNIA 92630</u>	I.D. NUMBER
COMMITTEE NAME	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF TREASURER	
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

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	<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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*KATHLEEN (KATHY) McCallough*

Statement covers period

from 07-01-05

through 12-31-05

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I.D. NUMBER

943-297

## Contributions Received

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

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

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 0	\$ 8,590.00
2. Loans Received	\$ 0	\$ 4,000.00
3. SUBTOTAL CASH CONTRIBUTIONS	\$ 0	\$ 12,590.00
4. Nonmonetary Contributions	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	\$ 0	\$ 12,590.00

20. Contributions Received \$

21. Expenditures Made \$

## Expenditures Made

## Expenditure Limit Summary for State Candidates

6. Payments Made	\$ 0	\$ 5,150.79
7. Loans Made	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	\$ 0	\$ 5,150.79
9. Accrued Expenses (Unpaid Bills)	\$ 0	\$ 0
10. Nonmonetary Adjustment	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	\$ 0	\$ 5,150.79

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

Date of Election (mm/dd/yy)

Total to Date

\$

## Current Cash Statement

12. Beginning Cash Balance	\$ 2,439.21	Previous Summary Page, Line 16
13. Cash Receipts	\$ 0	Column A, Line 3 above
14. Miscellaneous Increases to Cash	\$ 0	Schedule I, Line 4
15. Cash Payments	\$ 0	Column A, Line 8 above
16. ENDING CASH BALANCE	\$ 2,439.21	Add Lines 12 + 13 + 14, then subtract Line 15

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

17. LOAN GUARANTEES RECEIVED \$ 0

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents	\$ 0	See instructions on reverse
19. Outstanding Debts	\$ 4,000.00	Add Line 2 + Line 9 in Column B above

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.

Statement covers period  
from 07-01-05  
through 12-31-05

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Type or print in ink.  
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to whole dollars.

Schedule B - Part 1  
Loans Received

SEE INSTRUCTIONS ON REVERSE		NAME OF FILER		FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD		(b) AMOUNT RECEIVED THIS PERIOD		(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		(e) INTEREST PAID THIS PERIOD		(f) ORIGINAL AMOUNT OF LOAN		(g) CUMULATIVE CONTRIBUTIONS TO DATE	
IND	COM	OTH	PTY	SCC	IND	COM	OTH	PTY	SCC	PAID	FORGIVEN	PAID	FORGIVEN	DATE DUE	DATE DUE	RATE	DATE INCURRED	DATE INCURRED	CALENDAR YEAR	PER ELECTION**	
<b>SUBTOTALS</b>										\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

(Enter (e) on Schedule E, Line 3)

**Schedule B Summary**

1. Loans received this period ..... \$ 0  
(Total Column (b) plus unitemized loans of less than \$100.)

2. Loans paid or forgiven this period ..... \$ 0  
(Total Column (c) plus loans under \$100 paid or forgiven.)  
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) ..... NET \$ 0  
Enter the net here and on the Summary Page, Column A, Line 2.

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* If required.

Contributor Codes  
IND - Individual  
COM - Recipient Committee  
OTH - Other (e.g., business entity)  
PTY - Political Party  
SCC - Small Contributor Committee