

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

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Please type or print in ink.

| | | | |
|-----------------------------------------------|---------|----------|--------------------------|
| NAME (LAST) | (FIRST) | (MIDDLE) | DAYTIME TELEPHONE NUMBER |
| McCullough, KATHY | (KATHY) | | |
| MAILING ADDRESS (Business Address Acceptable) | | STATE | ZIP CODE |
| 25550 COMMERCENTRE DRIVE, LAKE FOREST, | | CAL. | 92630 |
| OPTIONAL E-MAIL ADDRESS | | | |

1. Office, Agency, or Court

Name of Office, Agency, or Court:
City of LAKE FOREST

Division, Board, District, if applicable:
CITY COUNCIL MEMBER

Your Position:

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See attached

Position:

2. Jurisdiction of Office (Check at least one box)

State

County of ORANGE

City of LAKE FOREST

Multi-County _____

Other _____

3. Type of Statement (Check at least one box)

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

The period covered is ____/____/____, through December 31, 2009.

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2009, through the date of leaving office.

-or-

The period covered is ____/____/____, through the date of leaving office.

Candidate Election Year: _____

4. Schedule Summary

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable Interests."
I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B Yes - schedule attached
Real Property

Schedule C Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
Income - Gifts

Schedule E Yes - schedule attached
Income - Gifts - Travel Payments

-or-

No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any 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.

Date Signed 02/09/10
(month, day, year)

Signature Kathy McCullough
(File the originally signed statement with your filing official.)

SCHEDULE D
Income - Gifts

▶ NAME OF SOURCE
LEAGUE OF CALIFORNIA CITIES
 ADDRESS (Business Address Acceptable)
1400 K. STREET, STE. 40 SACRAMENTO, CA. 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
POLICY COMMITTEE LUNCHES

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------------|------------------------|
| <u>01/21/09</u> | <u>\$ 45.00</u> | <u>LUNCH</u> |
| <u>01/22/09</u> | <u>\$ 45.00</u> | <u>LUNCH</u> |
| <u> </u> | <u>\$</u> | <u> </u> |

▶ NAME OF SOURCE
LEAGUE OF CALIFORNIA CITIES
 ADDRESS (Business Address Acceptable)
1400 K. STREET, STE. 40 SACRAMENTO, CA. 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
POLICY COMMITTEE LUNCHES

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------------|------------------------|
| <u>04/02/09</u> | <u>\$ 53.00</u> | <u>LUNCHES</u> |
| <u>04/03/09</u> | <u>\$ 53.00</u> | <u>LUNCHES</u> |
| <u> </u> | <u>\$</u> | <u> </u> |

▶ NAME OF SOURCE
LEAGUE OF CALIFORNIA CITIES
 ADDRESS (Business Address Acceptable)
1400 K. STREET, STE. 40, SACRAMENTO, CA. 95814
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
POLICY COMMITTEE LUNCHES

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------------|------------------------|
| <u>06/25/09</u> | <u>\$ 37.94</u> | <u> </u> |
| <u>06/26/09</u> | <u>\$ 37.94</u> | <u> </u> |
| <u> </u> | <u>\$</u> | <u> </u> |

▶ NAME OF SOURCE
BEST, BEST & KRIEGER, LLP.
 ADDRESS (Business Address Acceptable) 92614
5 PARK PLAZA, STE. 1500, IRVINE, CALIFORNIA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
ATTORNEYS AT LAW

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|------------------|------------------------|
| <u>09/17/09</u> | <u>\$ 141.56</u> | <u>DINNER</u> |
| <u> </u> | <u>\$</u> | <u> </u> |
| <u> </u> | <u>\$</u> | <u> </u> |

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u> </u> | <u>\$</u> | <u> </u> |
| <u> </u> | <u>\$</u> | <u> </u> |
| <u> </u> | <u>\$</u> | <u> </u> |

▶ NAME OF SOURCE

 ADDRESS (Business Address Acceptable)

 BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|-----------------|-----------|------------------------|
| <u> </u> | <u>\$</u> | <u> </u> |
| <u> </u> | <u>\$</u> | <u> </u> |
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Comments: _____