**STATEMENT OF ECONOMIC INTERESTS**

**COVER PAGE**

Date Received
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*Please type or print in ink.*

| NAME OF FILER | (LAST) | (FIRST) |
|---|---|---|
| | McCullough | Kathryn |

## 1. Office, Agency, or Court

Agency Name

City of Lake Forest      City Council Member

Division, Board, Department, District, if applicable      Your Position

▶ If filing for multiple positions, list below or on an attachment.

Agency: _____See attached_____

Position: _____

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

☐ State

☐ Multi-County _____

☒ City of _____Lake Forest_____

☐ Judge (Statewide Jurisdiction)

☐ County of _____

☐ Other _____

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

☒ **Annual:** The period covered is January 1, 2010, through December 31, 2010.    **-or-**

     The period covered is ___/___/___, through December 31, 2010.

☐ **Assuming Office:** Date ___/___/___

☐ **Candidate:** Election Year _____    Office sought, if different than Part 1: _____

☐ **Leaving Office:** Date Left ___/___/___
*(Check one)*

○ The period covered is January 1, 2010, through the date of leaving office.

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

## 4. Schedule Summary

*Check applicable schedules or "None."*

▶ **Total number of pages including this cover page:** ___2___

☐ **Schedule A-1** - *Investments* – schedule attached

☐ **Schedule A-2** - *Investments* – schedule attached

☐ **Schedule B** - *Real Property* – schedule attached

☐ **Schedule C** - *Income, Loans, & Business Positions* – schedule attached

☒ **Schedule D** - *Income – Gifts* – schedule attached

☐ **Schedule E** - *Income – Gifts – Travel Payments* – schedule attached

**-or-**

☐ **None** - *No reportable interests on any schedule*

## 5. Verification

| MAILING ADDRESS    STREET<br>*(Business or Agency Address Recommended - Public Document)* | CITY | STATE | ZIP CODE |
|---|---|---|---|
| 25550 Commercentre Drive, Lake Forest, CA | | | 92630 |

DAYTIME TELEPHONE NUMBER      E-MAIL ADDRESS

( 949 ) 461-3400

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 acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed _____03/15/2011_____
*(month, day, year)*

Signature _____
*(File the originally signed statement with your filing official.)*

## SCHEDULE D
## Income – Gifts

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

Kathryn McCullough

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► NAME OF SOURCE

Waste Management

ADDRESS *(Business Address Acceptable)*

1800 S. Grand, Santa Ana, CA 92705

BUSINESS ACTIVITY, IF ANY, OF SOURCE

LOCC Conference

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| 09/16/2010 | 78.00 | Dinner |
| __/__/__ | $_____ | _____ |
| __/__/__ | $_____ | _____ |

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► NAME OF SOURCE

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| __/__/__ | $_____ | _____ |
| __/__/__ | $_____ | _____ |
| __/__/__ | $_____ | _____ |

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► NAME OF SOURCE

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| __/__/__ | $_____ | _____ |
| __/__/__ | $_____ | _____ |
| __/__/__ | $_____ | _____ |

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► NAME OF SOURCE

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| __/__/__ | $_____ | _____ |
| __/__/__ | $_____ | _____ |
| __/__/__ | $_____ | _____ |

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► NAME OF SOURCE

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| __/__/__ | $_____ | _____ |
| __/__/__ | $_____ | _____ |
| __/__/__ | $_____ | _____ |

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► NAME OF SOURCE

ADDRESS *(Business Address Acceptable)*

BUSINESS ACTIVITY, IF ANY, OF SOURCE

| DATE (mm/dd/yy) | VALUE | DESCRIPTION OF GIFT(S) |
|---|---|---|
| __/__/__ | $_____ | _____ |
| __/__/__ | $_____ | _____ |
| __/__/__ | $_____ | _____ |

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**Comments:** _____

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