

Recipient Committee Campaign Statement
(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

CALIFORNIA 460 FORM

RECEIVED
CITY OF LAKE FOREST
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'01 JUL 17 9:30

Page 1 of 3
For Official Use Only

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

Statement covers period
from JANUARY 01, 2001
through JUNE 30, 2001

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 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
Kathryn McCallough (Kathy)

STREET ADDRESS (NO PO BOX)
Lake Forest, California

CITY Lake Forest STATE CA ZIP CODE 92630 AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO AND STREET OR PO BOX
Lake Forest, California

CITY Lake Forest STATE CA ZIP CODE 92630 AREA CODE/PHONE

OPTIONAL FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER
William B. Studley

MAILING ADDRESS
Lake Forest, California

CITY Lake Forest STATE CA ZIP CODE 92630 AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY
Kathryn McCallough

MAILING ADDRESS
Lake Forest, California

CITY Lake Forest STATE CA ZIP CODE 92630 AREA CODE/PHONE

OPTIONAL FAX/E-MAIL ADDRESS

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

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COVER PAGE - PART 2

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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Anthony M. Culvah

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)
Alta Vista 92630

CITY STATE ZIP
Alta Vista 92630

5. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION

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

SUPPORT OPPOSE

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 943-297

CONTROLLED COMMITTEE? YES NO

NAME OF TREASURER

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	<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

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 July 16, 01 DATE

Executed on July 16, 01 DATE

Executed on _____ DATE

Executed on _____ DATE

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

Campaign Disclosure Statement Summary Page

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

SUMMARY-PAGE

Statement covers period

from January 01, 01
through June 30, 01

CALIFORNIA **460**
FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anthony McCallough

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I.D. NUMBER

943-297

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)
1. Monetary Contributions	Schedule A, Line 3 <u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
2. Loans Received	Schedule B, Line 7 <u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 <u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
4. Nonmonetary Contributions	Schedule C, Line 3 <u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 <u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4 <u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
7. Loans Made	Schedule H, Line 7 <u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 <u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 <u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
10. Nonmonetary Adjustment	Schedule C, Line 3 <u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 <u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Current Cash Statement

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

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 1, Column (b) <u>\$ 0</u>	1/1 through 6/30 <u>\$ 0</u>	7/1 to Date <u>\$ 0</u>
Cash Equivalents and Outstanding Debts			
18. Cash Equivalents	See instructions on reverse <u>\$ 0</u>		
19. Outstanding Debts	Add Line 2 + Line 9 in Column C above <u>\$ 4,000.00</u>		

* 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

Schedule A Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA **460**
FORM

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Kathryn McCallahan

Statement covers period
from JANUARY 01, 01
through JUNE 30, 01

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I.D. NUMBER

943297

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		0		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		0		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		0		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		0		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		0		
SUBTOTAL \$						

Schedule A Summary

- Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ ~~0~~
- Amount received this period – unitemized contributions of less than \$100 \$ ~~0~~
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** ~~0~~

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other

**Schedule H - Part 1
Loans Made to Others***

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Kathryn McCallough

Statement covers period
from *JANUARY 01*
through *JUNE 30, 01*

Page *5* of *5*
I.D. NUMBER

DATE OF LOAN	NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	INTEREST RATE	DUE DATE	AMOUNT
<i>11-07-94</i>	<i>KATHRYN McCallough, LAKE FOREST, CALIFORNIA 92630</i>	<i>0</i>		<i>2,500.00</i>
<i>10-22-98</i>	<i>KATHRYN McCallough, LAKE FOREST, CALIFORNIA 92630</i>	<i>0</i>		<i>1,500.00</i>

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. SUBTOTAL \$ *4,000.00*

Schedule H - Part 1 Summary

- Loans of \$100 or more made this period. (Include all Loans Made - Part 1 subtotals.) \$ *0*
- Unitemized loans under \$100 made this period \$ *0*
- Total loans made this period. (Add Lines 1 and 2.) TOTAL \$ *0*

Schedule H - Part 2 Summary

- Payments received on loans of \$100 or more. (Include all loan payments received and all loans of \$100 or more forgiven by this committee - Part 2 (a) subtotals. If forgiven, also itemize on Schedule E.) \$ *0*
- Unitemized payments received on loans under \$100. (Including a forgiveness.) \$ *0*
- Total loan payments received this period. (Add Lines 4 and 5.) TOTAL \$ *0*
- Net change this period. (Subtract Line 6 from Line 3. Enter the net here and on the Summary Page, Column A, Line 7.) NET \$ *0*

May be a negative number