

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84280-84286.5)

SEE INSTRUCTIONS ON REVERSE

Type of print in ink.

Statement covers period
from 01-01-08
through 06-30-08

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

'08 JUL 31 P 6:03

RECEIVED
CITY OF LAKE FOREST
CITY CLERK'S OFFICE

460

COVER PAGE

- 2. Type of Statement**
- Preliminary Statement
 - Semi-annual Statement
 - Remuneration Statement
(Also file a Form 410 Remuneration)
 - Amendment (Explain below)

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- Official/Contributor, Candidate Control/Committee
 - State Candidate Election Committee
 - Recall
 - General Purpose Committee
 - Synchronized
 - Small Contributor Committee
 - Political Party/Central Committee

Treasurer(s)

NAME OF TREASURER: Elizabeth Valentine
MAILING ADDRESS: Lake Forest, California 92630
CITY: Lake Forest STATE: California ZIP CODE: 92630 AREA CODE/PHONE: _____
NAME OF ASSISTANT TREASURER, IF ANY: _____
MAILING ADDRESS: Kathryn (Kathy) McCullough
CITY: Lake Forest STATE: California ZIP CODE: 92630 AREA CODE/PHONE: _____
OPTIONAL: FAX/E-MAIL ADDRESS: _____

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Kathryn (Kathy) McCullough
STREET ADDRESS (NO P.O. BOX): _____
CITY: Lake Forest STATE: California ZIP CODE: 92630 AREA CODE/PHONE: _____
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 July 31, 08 Date
Executed on 08-31-08 Date
Executed on _____ Date
Executed on _____ Date

By: Kathryn McCullough Signature of Candidate/Contributor/Committee, State Treasurer/Proprietor
By: _____ Signature of Candidate/Contributor/Committee, State Treasurer/Proprietor

Type or print in ink.

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

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)
City Council Member
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
California 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	I.D. NUMBER	CONTROLLED COMMITTEE?
<u>Kathryn (Kathy) McCallough</u>	<u>943-297</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>Elizabeth Valentine</u>		

CITY STATE ZIP CODE AREA CODE/PHONE NO.
Los Angeles California 92630

NAME OF TREASURER
 CONTROLLED COMMITTEE?
 YES NO

COMMITTEE ADDRESS (NO P.O. BOX) STREET ADDRESS 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	OPPOSE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Attach continuation sheets if necessary

**Campaign Disclosure Statement
Summary Page**

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

SUMMARY PAGE

460

Statement covers period

from 01-01-08 through 06-30-08

Page 3 of 4

LE. NUMBER

943-297

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kathleen Cathy McCullough

Contributions Received

Column A
TOTAL MONETARY
(FEDERAL FINANCED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL MONETARY

1. Monetary Contributions	Schedule A, Line 3	\$	\$
2. Loans Received	Schedule B, Line 3	\$	\$
3. SUBTOTAL CASH CONTRIBUTIONS	AM Lines 1 + 2	\$	\$
4. Nonmonetary Contributions	Schedule C, Line 3	\$	\$
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$	\$

Expenditures Made

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

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 19	\$	\$
13. Cash Receipts	Column A, Line 3 above	\$	\$
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$	\$
15. Cash Payments	Column A, Line 8 above	\$	\$
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$	\$

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

17. LOAN GUARANTEES RECEIVED

Schedule G, Part 2	\$	\$
--------------------	----	----

Cash Equivalents and Outstanding Debts

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

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*	Total to Date	\$	\$
(If Subject to Voluntary Expenditure Limit)	Date of Election (mm/dd/yyyy)	\$	\$

*Amounts in this section may be different from amounts reported in Column B.

SCHEDULE B - PART 1

Schedule B - Part 1
Loans Received

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

Statement covers period
from 01-01-08
through 06-30-08

Page 4 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Kathryn (Kathy) McCallough

FILER NAME, STREET ADDRESS AND ZIP CODE
OF LEADER
Elizabeth Valentine

IF COMMITTEE MEMBER, INDICATE
Lake Forest, California, 92630

IF AN INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
OR SELF-EMPLOYMENT
INDUSTRY (SEE INSTRUCTIONS)
Retired

TYPE OF CONTRIBUTOR
 IND COM OTH PTY SCC

AMOUNT RECEIVED THIS PERIOD
0

OUTSTANDING BALANCE BEGINNING THIS PERIOD
0

AMOUNT PAID OR FORGIVEN THIS PERIOD
 PAID FORGIVEN

CURRENT BALANCE AT CLOSE OF THIS PERIOD
0

INTEREST PAID THIS PERIOD
0

ORIGINAL AMOUNT OF LOAN
1000.00

DATE INCURRED
09-16-06

CALENDAR YEAR
2006

PERFECTION
NA

CALENDAR YEAR
2006

PERFECTION
NA

CALENDAR YEAR
2006

PERFECTION
NA

CALENDAR YEAR
2006

PERFECTION
NA

CALENDAR YEAR
2006

PERFECTION
NA

SUBTOTALS \$ 0 \$ 0 \$ 0 \$ 0

(Enter this line on Schedule E, Line 2)

Schedule B Summary

- Loans received this period (Total Column (b) plus unitemized loans of less than \$100.)
\$ 0
- Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) (Include loans paid by a third party that are also itemized on Schedule A.)
\$ 0
- Net change this period. (Subtract Line 2 from Line 1.) Enter the net here and on the Summary Page, Column A, Line 2.
NET \$ 0

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

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