

Type or print in ink.
 Statement covers period
 from 01-01-09
 through 06-30-09
 Date of election if applicable:
 (Month, Day, Year)

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

Primary Formed Ballot Measure Committee
 Controlled
 Sponsored (Also Complete Part 6)
 Primary 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) _____
 I.D. NUMBER 943-297

NAME OF TREASURER Elizabeth Valentine
 MAILING ADDRESS Lake Forest, Calif 92630
 CITY STATE ZIP CODE Lake Forest CA 92630

NAME OF ASSISTANT TREASURER, IF ANY Kathryn McCollough
 MAILING ADDRESS _____
 CITY STATE ZIP CODE _____ 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 7/21/09 Date
 Executed on Kathryn McCollough Signature of Controlling Officer/Candidate, State Measure PropONENT
 Executed on _____ Date
 Executed on _____ Date

Signature of Controlling Officer/Candidate, State Measure PropONENT
 Signature of Controlling Officer/Candidate, State Measure PropONENT

FFPC Form 460 (January/06)
 FFPC Toll-Free Helpline: 866/ASK-FFPC (866/276-5772)
 State of California

Type or print in Ink.

COVER PAGE - PART 2

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) McLaugh
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

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
Kathryn (Kathy) McLaugh 943-297
 NAME OF TREASURER CONTROLLED COMMITTEE?
Elizabeth Valentine YES NO
 COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
Lake Forest Calif. 92630
 COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
 YES NO
 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 PROPOSER

DISTRICT NO. IF ANY

OFFICE SOUGHT OR HELD

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 <input type="checkbox"/> OPPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> OPPOSE <input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT <input type="checkbox"/> OPPOSE <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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kathryn (Robby) McLaughlin

Statement covers period

from 01-01-09

through 06-30-09

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I.D. NUMBER

943-297

Contributions Received

Column B
CALENDAR YEAR
TOTAL TO DATE

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

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

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

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

- 20. Contributions Received \$ 0
- 21. Expenditures Made \$ 0

Expenditures Made

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

Expenditure Limit Summary for State Candidates

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

Date of Election
(mm/dd/yy)

Total to Date

\$ 0

Current Cash Statement

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

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

- 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

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

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.

SEE INSTRUCTIONS ON REVERSE		(a)	(b)	(c)	(d)	(e)	(f)	(g)
NAME OF FILER	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Elizabeth Valentine Lake Forest, California 92630	Retired	\$ 1,000.00	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	1,000.00 NA	0 %	\$	\$
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$ 0	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	%	\$	\$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$ 0	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	%	\$	\$
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$ 0	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	%	\$	\$
SUBTOTALS \$		\$ 1,000.	\$ 0	\$ 0	\$ 1,000.	\$ 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.

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

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