

Type or print in ink.

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

**RECEIVED** Date Stamp  
**CITY OF LAKE FOREST**  
**CITY CLERK'S OFFICE**  
 Date of election if applicable:  
 (Month, Day, Year) **JUL 29 P3:29**

Statement covers period  
 from 01/01/11  
 through 06/30/11

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
- Primarily Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

**2. Type of Statement:**

- Pre-election 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 485

**3. Committee Information**

ID. NUMBER 943-297

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Kathryn McCullough for Council 2010

STREET ADDRESS (NO P.O. BOX)

Lake Forest, CA 92630

CITY STATE ZIP CODE AREA CODE/PHONE

Lake Forest, CA 92630

MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX)

Lake Forest, CA 92630

CITY STATE ZIP CODE AREA CODE/PHONE

Lake Forest, CA 92630

OPTIONAL FAX / E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligences 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 \_\_\_\_\_ Date  
 Executed on \_\_\_\_\_ Date  
 Executed on \_\_\_\_\_ Date  
 Executed on \_\_\_\_\_ Date

By Kathryn McCullough  
 Signature of Candidate/Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
 By Elizabeth Valentine  
 Signature of Committee or Candidate/Officeholder, State Measure Proponent  
 By \_\_\_\_\_  
 Signature of Certifying Officer/Clerk, State Measure Proponent 1  
 By \_\_\_\_\_  
 Signature of Certifying Officer/Clerk, State Measure Proponent 2

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 McCullough**

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
**City Council Member**

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
**, CA 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   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| COMMITTEE ADDRESS | STREET ADDRESS (NO P.O. BOX)  |
| CITY              | STATE ZIP CODE AREA CODE/PHONE  |
| COMMITTEE NAME    | I.D. NUMBER   |
| NAME OF TREASURER | CONTROLLED COMMITTEE?<br><input type="checkbox"/> YES <input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> 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 | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |

Attach continuation sheets if necessary

**Campaign Disclosure Statement  
Summary Page**

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

SUMMARY PAGE

CALIFORNIA  
FORM  
**460**

Statement covers period  
from 01/01/11  
through 06/30/11

Page 3 of 4  
I.D. NUMBER  
943-297

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Kathryn McCullough

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

|                                 | Column A<br>TOTAL THIS PERIOD<br>(IF ATTACHED SCHEDULES) | Column B<br>CALENDAR YEAR<br>TOTAL TO DATE |
|---------------------------------|--|--|
| 1. Monetary Contributions       | \$ 0   | \$ 0                                       |
| 2. Loans Received               | 0  | 5000.00                                    |
| 3. SUBTOTAL CASH CONTRIBUTIONS  | \$ 0   | \$ 0                                       |
| 4. Nonmonetary Contributions    | 0  | 0  |
| 5. TOTAL CONTRIBUTIONS RECEIVED | \$ 0   | \$ 5000.00                                 |

1/1 through 6/30 7/1 to Date  
20. Contributions Received \$ \_\_\_\_\_  
21. Expenditures Made \$ \_\_\_\_\_

**Expenditures Made**

|                                    |      |      |
|------------------------------------|------|------|
| 6. Payments Made                   | \$ 0 | \$ 0 |
| 7. Loans Made                      | 0    | 0    |
| 8. SUBTOTAL CASH PAYMENTS          | \$ 0 | \$ 0 |
| 9. Accrued Expenses (Unpaid Bills) | 0    | 0    |
| 10. Nonmonetary Adjustment         | 0    | 0    |
| 11. TOTAL EXPENDITURES MADE        | \$ 0 | \$ 0 |

**Expenditure Limit Summary for State  
Candidates**

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

Date of Election  
(mm/dd/yyyy)

Total to Date  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**Current Cash Statement**

|                                     |          |
|-------------------------------------|----------|
| 12. Beginning Cash Balance          | \$ 70.88 |
| 13. Cash Receipts                   | 0        |
| 14. Miscellaneous Increases to Cash | 0        |
| 15. Cash Payments                   | 0        |
| 16. ENDING CASH BALANCE             | \$ 70.88 |

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

**17. LOAN GUARANTEES RECEIVED**

18. Cash Equivalents

|                              |            |
|------------------------------|------------|
| 17. LOAN GUARANTEES RECEIVED | \$ 0       |
| 18. Cash Equivalents         | 0          |
| 19. Outstanding Debts        | \$ 5000.00 |

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 8 (if any)

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

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

**Schedule A**  
**Monetary Contributions Received**

SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER  
**Kathryn McCullough**

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER # SELF-EMPLOYED, ENTER NAME OF BUSINESS | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|--|---|-----------------------------|---|------------------------------------|
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |   |                                    |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                             |   |                                    |
|               |  |  |   | <b>SUBTOTAL \$</b>          |   |                                    |

\*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

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