

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

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COVER PAGE

RECEIVED
CITY OF LAKE FOREST
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CALIFORNIA FORM 460

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

Statement covers period
from July 1, 2000
through Dec 31, 2000

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.)
- 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: Kathleen McCallough (Kathy)
 STREET ADDRESS: _____
 CITY: LAKE FOREST, CALIFORNIA STATE: CA ZIP CODE: 92630 AREA CODE/PHONE: _____
 MAILING ADDRESS: _____

Treasurer(s)

NAME OF TREASURER: William B. Studley,
 CITY: LAKE FOREST, CALIFORNIA STATE: CA ZIP CODE: 92630 AREA CODE/PHONE: _____
 MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

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

Type or print in ink.

COVER PAGE - PART 2

**CALIFORNIA 460
FORM**

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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Sathya M. Kulkarni (Council Member)

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
CONTRA COSTA, 92630

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
CONTRA COSTA, 92630

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

NAME OF TREASURER _____ CONTROLLED COMMITTEE? YES NO

COMMITTEE ADDRESS _____ STREET ADDRESS (NO P.O. BOX) _____

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____

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 Jan 31, 2001 DATE
Executed on Jan 30, 2001 DATE
Executed on _____ DATE
Executed on _____ DATE

By Sathya M. Kulkarni SIGNATURE OF TREASURER OR ASSISTANT TREASURER
By Sathya M. Kulkarni 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

Attach continuation sheets if necessary

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

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

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from July 1, 2000
through Dec 31, 2000

CALIFORNIA
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Sathya M. Cullough

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I.D. NUMBER

943-292

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

Expenditures Made

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

20. Contributions Received

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

20. Contributions Received \$ 0 1/1 through 6/30 7/1 to Date 0

21. Expenditures Made \$ 0

Schedule A Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA **460**
FORM

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Statement covers period
from July 1, 2000
through Dec 31, 2000

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kathleen McCallan

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

Statement covers period
from July 01, 2000
through 6/30/2000

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I.D. NUMBER
943297

DATE OF LOAN	NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	INTEREST RATE	DUE DATE	AMOUNT
	<u>KATHLEEN M McLaughlin (Kathy)</u>			
<u>11-7-94</u>	<u>LAKE FOREST, CALIFORNIA 92630</u>	<u>0</u>		<u>2500.00</u>
<u>10-22-98</u>	<u>LAKE FOREST, CALIFORNIA</u>	<u>0</u>		<u>1500.00</u>

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D.

SUBTOTAL \$ 4000.00

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