

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code Sections 84200-84218.5)

COVER PAGE

CALIFORNIA
FORM

460

Page 1 of 5
For Official Use Only

Date Stamp

RECEIVED
CITY OF LAKE FOREST
CITY CLERK'S OFFICE

JAN 29 P 3:48

Type or print in Ink.

Statement covers period
from 07-01-08
through 12-31-08

Date of election if applicable
(Month, Day, Year)
11-07-06

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officerholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 3)
- 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/Officerholder 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)

Kathryn Kathy McLaugh

I.D. NUMBER 943-297

STREET ADDRESS (NO P.O. BOX)
Lake Forest, California 92630

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

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
Kathryn Kathy McLaugh

MAILING ADDRESS
Lake Forest, California 92630

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

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 01-29-09 Date

By [Signature] Assistant Treasurer

Executed on _____ Date

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on _____ Date

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on _____ Date

By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Type or print in Ink.

COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page — Part 2

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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
Lake Forest Calif. 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>		<input type="checkbox"/> YES <input type="checkbox"/> NO

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
		<input type="checkbox"/>	<input type="checkbox"/>

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

Statement covers period
from 07-01-08
through 12-31-08

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I.D. NUMBER
943-297

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kathryn (Beth) McCullough

Contributions Received

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

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

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

20. Contributions Received \$ 0

21. Expenditures Made \$ 0

Expenditures Made

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

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy) 12/08 Total to Date \$ 0

Current Cash Statement

12. Beginning Cash Balance	\$ <u>0</u>
13. Cash Receipts	\$ <u>0</u>
14. Miscellaneous Increases to Cash	\$ <u>0</u>
15. Cash Payments	\$ <u>0</u>
16. ENDING CASH BALANCE	\$ <u>0</u>

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

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).

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 \$ 1,000.00

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

**Schedule E
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kathryn (Kathy) McLaughlin

Statement covers period
from *07-01-08*

through *12-31-08*

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I.D. NUMBER

943-297

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- CMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)*
- CVC civic donations
- FIL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)*
- LEG legal defense
- UT campaign literature and mailings
- MBR member communications
- MTG meetings and appearances
- OFC office expenses
- PET petition circulating
- PHO phone banks
- POL polling and survey research
- POS postage, delivery and messenger services
- PRO professional services (legal, accounting)
- PRT print ads
- RAD radio airtime and production costs
- RFD returned contributions
- SAL campaign workers' salaries
- TEL t.v. or cable airtime and production costs
- TRC candidate travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TSF transfer between committees of the same candidate/sponsor
- VOT voter registration
- WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

Kathryn McLaughlin

CODE OR

DESCRIPTION OF PAYMENT

Reimbursement Campaign Statement

AMOUNT PAID

1,200.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.) \$ *1,200.00*
2. Unitemized payments made this period of under \$100 \$ *0*
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ *0*
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ *1,200.00*