

COVER PAGE

CALIFORNIA FORM 460

Page 1 of 7

For Official Use Only

Date Stamp

RECEIVED

CITY OF LAKE FOREST
CITY CLERK'S OFFICE

10 OCT 22 A 8:35

Type or print in ink.

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

10 OCT 22 A 8:35

Statement covers period from 10-01-10 through 10-16-10

SEE INSTRUCTIONS ON REVERSE

SEE INSTRUCTIONS ON REVERSE

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

Officer/holder, 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 Balot Measure Committee

Controlled

Sponsored (Also Complete Part 4)

Primarily Formed Candidate/Officer/holder 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 Pre-election Statement - Attach Form 495

3. Committee Information

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

Kathryn (Beth) McLaughlin

STREET ADDRESS (NO P.O. BOX)

Lake Forest

STATE Calif ZIP CODE 92630

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

Lake Forest

STATE Calif ZIP CODE 92630

CITY Lake Forest STATE Calif ZIP CODE 92630

AREA CODE/PHONE

CITY Lake Forest STATE Calif 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 10-21-10 By Kathryn (Beth) McLaughlin

Executed on 10-21-10 By Kathryn (Beth) McLaughlin

Executed on _____ By _____

Executed on _____ By _____

Treasurer(s)

NAME OF TREASURER Elizabeth Labontie

MAILING ADDRESS Lake Forest Calif 92630

CITY Lake Forest STATE Calif ZIP CODE 92630

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY Kathryn (Beth) McLaughlin

MAILING ADDRESS Lake Forest Calif 92630

CITY Lake Forest STATE Calif ZIP CODE 92630

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Signature of Candidate: Kathryn (Beth) McLaughlin

Signature of Treasurer: Elizabeth Labontie

Signature of Assistant Treasurer: Kathryn (Beth) McLaughlin

Signature of Candidate: Kathryn (Beth) McLaughlin

Signature of Treasurer: Elizabeth Labontie

Signature of Assistant Treasurer: Kathryn (Beth) McLaughlin

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) McCullough
 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 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
Kathryn (Kathy) McCullough
 NAME OF TREASURER
Elizabeth Valentine
 STREET ADDRESS (NO P.O. BOX)
 CITY STATE ZIP CODE AREA CONTRIBUTIONS
Lake Forest Calif 92630
 ID NUMBER
 CONTROLLED COMMITTEE?
 YES NO
 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 PROPOONENT
 OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee List names of officeholders) 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
CALIFORNIA FORM 460

Statement covers period

from 10-01-10
through 10-16-10

Page 3 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Robert (Kathy) McCallough

I.D. NUMBER

943-297

Contributions Received

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

	Column A TOTAL THIS PERIOD (FRONT-LOADED SCHEDULES)	Column B CALCULATE YEAR TOTAL TO DATE	1/1 through 6/30	7/1 to Date
1. Monetary Contributions	Schedule A, Line 3 \$ <u>1,800.00</u>	\$ <u>1,800.00</u>		
2. Loans Received	Schedule B, Line 3 \$ <u>5,000.00</u>	\$ <u>5,000.00</u>		
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>6,800.00</u>	\$ <u>6,800.00</u>		
4. Nonmonetary Contributions	Schedule C, Line 3 \$ <u>390.00</u>	\$ <u>390.00</u>		
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>7,190.00</u>	\$ <u>7,190.00</u>		

Expenditures Made

Expenditure Limit Summary for State Candidates

6. Payments Made	Schedule E, Line 4 \$ <u>3,401.00</u>	\$ <u>3,401.00</u>		
7. Loans Made	Schedule H, Line 3 \$ <u>0</u>	\$ <u>0</u>		
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>3,401.00</u>	\$ <u>3,401.00</u>		
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3 \$ <u>0</u>	\$ <u>0</u>		
10. Nonmonetary Adjustment	Schedule G, Line 3 \$ <u>0</u>	\$ <u>0</u>		
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10 \$ <u>3,401.00</u>	\$ <u>3,401.00</u>		

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

Date of Election
(mm/dd/yyyy)

Total to Date

10-16-10 \$ 0
\$ 0

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>7,190.00</u>
13. Cash Receipts	Column A, Line 3 above \$ <u>3,401.00</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ <u>0</u>
15. Cash Payments	Column A, Line 8 above \$ <u>4,789.00</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>5,802.00</u>

If this is a termination statement, Line 15 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).

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

17. LOAN GUARANTEES 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 B above \$ <u>6,000.00</u>

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A
**CALIFORNIA 460
FORM**

Statement covers period
from 10-01-10
through 10-16-10

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kathryn (Kathy) McCallough

ID NUMBER

943-297

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF JOINTLY OWNED, ALSO ENTER ID 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)	PER ELECTION TO DATE (IF REQUIRED)
10-07-10	Christopher D McCallough JR - Tustin, Ca. 92757	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Bank Reverse Mortgage Consultant	200.00	200.00	200.00
10-08-10	Elizabeth Valentine 24432 Twigy St	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	200.00
10-08-10	Lake Forest, Ca. 92630 Christopher D. McCallough SR.	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	200.00
10-09-10	Toshua McCallough Laguna Hills 92653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	School	100.00	100.00	100.00
10-14-10	Walterman-Fodor Properties 101 Via Toluca San Clemente, Ca 92672	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Properties	1,000.00	1,000.00	1,000.00
SUBTOTAL \$						

Schedule A Summary

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

*Contributor Codes
IND - Individual
COM - Resident Committee
(other than PTY or SCC)
OTH - Other (e.g. business entity)
PTY - Political Party
SCC - State Contributor Committee

Schedule A Monetary Contributions Received

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

SCHEDULE A

CALIFORNIA FORM 460

Page 5 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Kathryn (Kathy) McCullough

I.D. NUMBER 943-297

Statement covers period
from 10-11-10
through 10-16-10

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. 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)	PER ELECTION TO DATE (IF REQUIRED)
10-12-10	Pete	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Camp Rendell Community.	100.00	100.00	100.00
	Lake Forest	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$

Schedule A Summary

- Amount received this period - itemized monetary contributions. (Include all Schedule A subtotals.) \$ 1800.00
- Amount received this period - Unitemized monetary contributions of less than \$100 \$ 390.00
- Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1) TOTAL \$ 2190.00

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

SCHEDULE B - PART 1
CALIFORNIA 460
FORM

Page 6 of 7

Statement covers period
 from 10-01-10
 through 10-16-10

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

Schedule B - Part 1
Loans Received

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER		NAME OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)		(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
IND	COM	OTH	PTY	SCC				PAID \$		RATE	DATE INCURRED	CALENDAR YEAR
					Retired	\$0	\$5,000.00	\$0	\$5,000.00	0%	08/25/10	NA
					Retired	\$1,000.00	\$0	\$0	\$1,000.00	0%	08/16/06	NA
<input checked="" type="checkbox"/>						\$0	\$0	\$0	\$0	0%		
SUBTOTALS \$5,000.00 \$0 \$0												

(Enter on Schedule E, Line 2)

Schedule B Summary

- Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) \$ 5,000.00
- Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) \$ 0
 (Include loans paid by a third party that are also itemized on Schedule A.)
- Net charge this period (Subtract Line 2 from Line 1.) **NET \$** 5,000.00

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

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

SCHEDULEE

CALIFORNIA FORM 460

Statement covers period from Oct 01, 10 through Oct 16, 10

Page 1 of 1

SEE INSTRUCTIONS ON REVERSE
 NAME OF FILER Kathryn Kathryn McCallough

ID NUMBER 943-297

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

Schedule E Payments Made

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

MBR	member communications	RAD	radio airtime and production costs
MTG	meetings and appearances	RFD	returned contributions
OPC	office expenses	SAL	campaign workers' salaries
PET	petition circulating	TEL	tv. or cable airtime and production costs
PHO	phone banks	TRC	candidate travel, lodging, and meals
POL	polling and survey research	TRF	staff/pouse travel, lodging, and meals
POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
PRO	professional services (legal, accounting)	VOT	voter registration
PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>PSB Intergrated Marketing 26012 Atlantic Ocean Dr. Lake Forest Ca. 92630</u>			<u>Credit Card</u>	<u>1520.33</u>
<u>AMAC 114 S Catalina Ave Redondo Beach, CA 90277</u>			<u>check</u>	<u>322.00</u>
<u>P. Office Lake Forest Ca 92630</u>	<u>POS</u>		<u>check.</u>	<u>1,935.79</u>

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

Schedule E Summary

1. Itemize payments made this period. (Include all Schedule E subtotals.) \$ 3,778.12
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 \$ 3,778.12

SCHEDULE E (CONT)

Schedule E (Continuation Sheet) Payments Made

Statement covers period
from 10-01-10
through Oct 16, 10

CALIFORNIA
FORM
460

Page 7 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kathryn (Kathy) McCallough

ID NUMBER

943-297

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

- O.P campaign paraphernalia/misc
- CAS campaign consultants
- CTB contribution (explain item/retary)*
- CVC civic donations
- FL candidate filing/balot fees
- RD fundraising events
- RD independent expenditure supporting/opposing others (explain)
- LEG legal defense
- UT campaign literature and mailings
- MER member communications
- MTG meetings and appearances
- OFI office expenses
- RET retabon 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
- RFI returned contributions
- SAL campaign workers salaries
- TEL tv or cable airtime and production costs
- TRC candidates travel, lodging, and meals
- TRS staff/spouse travel, lodging, and meals
- TGF 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 ID NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>C.D. McCallough Lake Forest, Ca 92630</i>	<i>LIT</i>		<i>Staples & Reimbursement Home Depot</i>	<i>94.75</i>

SUBTOTAL \$ *3872.88*

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

FPPC Form 460 (Jan. 2010)
FPPC Toll-Free Helpline: 866-ASK-FPPC (666-275-3772)