

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

Type or print in ink.

Statement covers period
from 10-22-06
through 12-31-06

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

11-07-06

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:

- 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) McCullough

CITY Lake Forest STATE California ZIP CODE 92630
STREET ADDRESS (NO P.O. BOX)

Treasurer(s)

NAME OF TREASURER
Elizabeth Valentine

CITY Lake Forest STATE California ZIP CODE 92630
MAILING ADDRESS
Kathryn (Kathy) McCullough

CITY _____ STATE _____ ZIP CODE _____ AREA CODE/PHONE _____
OPTIONAL: FAX / E-MAIL ADDRESS _____

CITY Lake Forest STATE California ZIP CODE 92630
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 02-16-07 Date

Executed on 02-06-07 Date

By Elizabeth Valentine Signature of Responsible Assistant Treasurer

By Kathryn McCullough Signature of Controlling Officer/Candidate, State Measure Proponent/Responsible Officer of Sponsor

By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

By _____ Signature of Controlling Officer/Candidate, State Measure Proponent

COVER PAGE CALIFORNIA FORM 460
Date Stamp
RECEIVED
CITY OF LAKE FOREST
CITY CLERK'S OFFICE
Page 1 of 2
For Official Use Only
07 FEB -6 P 6:08

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

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Kathryn (Beth) McCallough
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 (Beth) McCallough 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 California 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 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 <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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Statement of Organization Recipient Committee

STATEMENT OF ORGANIZATION

Date Stamp

CALIFORNIA FORM 410
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Statement Type Initial Not yet qualified or

Amendment List I.D. number: # 943-297

Termination - See Part 5 List I.D. number: # _____

Date qualified as committee 11-07-06 Date of Termination _____

(if applicable)

1. Committee Information

NAME OF COMMITTEE Elected City Council

STREET ADDRESS (NO P.O. BOX) Kathryn (Ruth) McCullough

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

MAILING ADDRESS (IF DIFFERENT) Lake Forest California 92630

2. Treasurer and Other Principal Officers

NAME OF TREASURER Elizabeth Valentine

STREET ADDRESS _____

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

NAME OF ASSISTANT TREASURER, IF ANY _____

STREET ADDRESS _____

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

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE _____

MAILING ADDRESS _____

COUNTY OF DOMICILE _____

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE _____

OPTIONAL: FAX / E-MAIL ADDRESS _____

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 02-06-07 DATE

Executed on 02-06-07 DATE

Executed on _____ DATE

Executed on _____ DATE

By Elizabeth Valentine SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Kathryn (Ruth) McCullough SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

By _____ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

By _____ SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, OR STATE MEASURE PROponent

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

Page 3 41-6

I.D. NUMBER 943-297

COMMITTEE NAME

Kathryn (Kathy) McCullough

4. Type of Committee (Continued)

General Purpose Committee

Not formed to support or oppose specific candidates or measures in a single election. Check only one box:

CITY Committee COUNTY Committee STATE Committee

City Council

PROVIDE BRIEF DESCRIPTION OF ACTIVITY

Sponsored Committee

List additional sponsors on an attachment.

NAME OF SPONSOR

INDUSTRY GROUP OR AFFILIATION OF SPONSOR

STREET ADDRESS NO. AND STREET

CITY

STATE

ZIP CODE

Small Contributor Committee

Date qualified *1/1/01*

Check box and provide the date this committee qualified as a small contributor committee. If the committee qualified as a small contributor committee on January 1, 2001, enter 1/1/01.

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditures in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from 12-22-06
through 12-31-06

CALIFORNIA FORM **460**

Page 5 of 6

I.D. NUMBER 943-297

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Kathryn (Kathy) McCullough

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3 \$ <u>4000.00</u>	<u>0</u>
2. Loans Received	Schedule B, Line 3 <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>

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

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

20. Contributions Received \$ 0

21. Expenditures Made \$ 0

Expenditures Made

6. Payments Made	Schedule E, Line 4 \$ <u>0</u>	<u>0</u>
7. Loans Made	Schedule H, Line 3 <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>

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yyyy) 1/1/07 Total to Date \$ 0

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 terminal 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 \$ <u>0</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above \$ <u>0</u>

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

**Schedule B - Part 1
Loans Received**

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

SCHEDULE B - PART 1

CALIFORNIA
FORM **460**

Statement covers period
from 10-27-06
through 12-31-06

Page 1 of 2

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kathryn Rothg MSC

I.D. NUMBER

943-297

FULL NAME, STREET ADDRESS AND ZIP CODE
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

\$ 4000.00

\$ 0

PAID
\$ 4000.00
 FORGIVEN

\$ 0

\$ 0 %

\$ 4000.00

CALENDAR YEAR
PER ELECTION **

IND COM OTH PTY SCC

\$ _____

\$ _____

PAID
\$ _____
 FORGIVEN

\$ _____

\$ _____ %

\$ _____

CALENDAR YEAR
PER ELECTION **

IND COM OTH PTY SCC

\$ _____

\$ _____

PAID
\$ _____
 FORGIVEN

\$ _____

\$ _____ %

\$ _____

CALENDAR YEAR
PER ELECTION **

SUBTOTALS \$ _____ \$ _____ \$ _____

(Enter (e) on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period \$ _____
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 4000.00
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
- Net change this period. (Subtract Line 2 from Line 1.) NET \$ -4000.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

†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

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