

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp
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CITY OF LAKE FOREST
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Date of election if applicable
(Month, Day, Year)
11-07-06

Statement covers period
from 11-22-06
through 12-31-06

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:

- 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

I.D. NUMBER 943-297

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

Treasurer(s)

NAME OF TREASURER

Elizabeth Valentine

CITY STATE ZIP CODE AREA CODE/PHONE

Lake Forest California 92630

NAME OF ASSISTANT TREASURER, IF ANY
Mailing Address
Kathryn McCullough

CITY STATE ZIP CODE AREA CODE/PHONE

Lake Forest California 92630

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 02-06-07 Date

Elizabeth Valentine
Signature of Controlling Officeholder, Candidate, State Measure Proponent

Assistant Treasurer

Executed on _____ Date

Kathryn McCullough
Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date

Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ Date

Signature of Controlling Officeholder, Candidate, State Measure Proponent

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE: Kathleen (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: 12345 Main St, Lakewood, 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: Committee To Elect Kathleen (Kathy) McCullough
I.D. NUMBER: 943-297
CONTROLLED COMMITTEE? YES [] NO []
NAME OF TREASURER: Elizabeth Valentine
STREET ADDRESS (NO P.O. BOX): 12345 Main St, Lakewood, California 92630
I.D. NUMBER:
CONTROLLED COMMITTEE? YES [] NO []

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.

Table with 4 columns: NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, SUPPORT [] OPPOSE []

Attach continuation sheets if necessary