

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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CALIFORNIA 2001/02 FORM

Page 1 of 4
For Official Use Only

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

Statement covers period
from 02-01-04
through 12-31-04

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

I.D. NUMBER 943-297

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Committee To Elect Kathryn McCallough

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

CITY Lake Forest STATE California ZIP CODE 92630 AREA CODE/PHONE
768-5783

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

NAME OF TREASURER
William B. Studer

MAILING ADDRESS
Lake Forest, California 92630 (949) 768-5783

CITY Lake Forest STATE California ZIP CODE 92630 AREA CODE/PHONE
768-5783

NAME OF ASSISTANT TREASURER, IF ANY
Kathryn McCallough

MAILING ADDRESS
Lake Forest, California 92630

CITY Lake Forest STATE California ZIP CODE 92630 AREA CODE/PHONE
768-5783

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 02-18-05 Date
By Kathryn McCallough Signature of Treasurer or Assistant Treasurer

Executed on 02-18-05 Date
By Kathryn McCallough Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ Date
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Executed on _____ Date
By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Kathryn McCulloch
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

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	I.D. NUMBER	CONTROLLED COMMITTEE?
<u>Committee To Elect Kathryn McCulloch</u>	<u>943-297</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>William Stouhey</u>		<input type="checkbox"/> YES <input type="checkbox"/> NO

CITY STATE ZIP CODE AREA CODE/PHONE
LAKE FOREST, CALIFORNIA 92630

NAME OF TREASURER
William Stouhey
CONTROLLED COMMITTEE?
 YES NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
CITY STATE ZIP CODE AREA CODE/PHONE

6. 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 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
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/>	<input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/>	<input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/>	<input type="checkbox"/>
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<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.

Statement covers period
from 07-01-04
through 12-31-04

Page 3 of 4
I.D. NUMBER
943-297

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Kathryn (Kathy) McCallough

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	<u>0</u>	\$ <u>8,590.00</u>
2. Loans Received	<u>0</u>	\$ <u>4000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	<u>0</u>	\$ <u>12,590.00</u>
4. Nonmonetary Contributions	<u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	<u>0</u>	\$ <u>12,590.00</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 \$ _____

21. Expenditures Made \$ _____

Expenditures Made

6. Payments Made	<u>0</u>	\$ <u>5,150.79</u>
7. Loans Made	<u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS	<u>0</u>	\$ <u>5,150.79</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>5,150.79</u>

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy) _____ Total to Date _____

_____ \$ _____

_____ \$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>2,439.21</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>2,439.21</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).

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

17. LOAN GUARANTEES RECEIVED

Schedule B, Part 2 \$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ <u>4000.00</u>
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>0</u>

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

**Schedule B - Part 1
Loans Received**

Statement covers period
from 07-01-04
through 12-31-04

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER <u>Kathryn (Kathy) McCullough</u>		I.D. NUMBER <u>943-297</u>						
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
<u>Kathryn McCullough</u>	<u>NONE</u>	\$ <u>4,500.00</u>	\$ <u>0</u>	<input checked="" type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>4,500.00</u>	\$ <u>0</u> RATE <u>0</u>	\$ <u>4,500.00</u>	CALENDAR YEAR <u>2004</u> PER ELECTION** \$ <u>0</u>
<u>LAKE FOREST, CALIFORNIA 92630</u>	<u>NONE</u>	\$ <u>4,500.00</u>	\$ <u>0</u>	<input checked="" type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>4,500.00</u>	\$ <u>0</u> RATE <u>0</u>	\$ <u>4,500.00</u>	CALENDAR YEAR <u>2004</u> PER ELECTION** \$ <u>0</u>
<u>Kathryn McCullough</u>	<u>NONE</u>	\$ <u>4,500.00</u>	\$ <u>0</u>	<input checked="" type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>4,500.00</u>	\$ <u>0</u> RATE <u>0</u>	\$ <u>4,500.00</u>	CALENDAR YEAR <u>2004</u> PER ELECTION** \$ <u>0</u>
<u>LAKE FOREST, CA 92630</u>	<u>NONE</u>	\$ <u>4,500.00</u>	\$ <u>0</u>	<input checked="" type="checkbox"/> PAID \$ <u>0</u> <input type="checkbox"/> FORGIVEN \$ <u>0</u>	\$ <u>4,500.00</u>	\$ <u>0</u> RATE <u>0</u>	\$ <u>4,500.00</u>	CALENDAR YEAR <u>2004</u> PER ELECTION** \$ <u>0</u>
† <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								
		SUBTOTALS \$ <u>0</u> \$ <u>0</u> \$ <u>0</u> \$ <u>0</u>						

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

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ 0
(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 \$ 0
Enter the net here and on the Summary Page, Column A, Line 2.

†Contributor Codes
IND - Individual
COM - Recipient Committee
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.