

**Recipient Committee Campaign Statement Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

RECEIVED  
CITY OF LAKE FOREST  
CITY CLERK'S OFFICE

CALIFORNIA FORM 460

Page 1 of 1  
For Official Use Only

Type or print in Ink.

Statement covers period  
from 01-01-13  
through 06-30-13

Date of election if applicable:  
(Month, Day, Year) 13 JUL 29 A10 :27

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)

Kathryn (Kathy) McCullough for Council 2010

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

CITY STATE ZIP CODE AREA CODE/PHONE

LAKE FOREST CA 92630

**Treasurer(s)**

NAME OF TREASURER

Elizabeth Valentine

MAILING ADDRESS

Lake Forest, CA 92630

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Kathryn (Kathy) McCullough

MAILING ADDRESS

Lake Forest, CA 92630

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 \_\_\_\_\_ Date  
 Executed on \_\_\_\_\_ Date  
 Executed on \_\_\_\_\_ Date  
 Executed on \_\_\_\_\_ Date

By *Elizabeth Valentine* Signature of Treasurer or Assistant Treasurer

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

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By \_\_\_\_\_ Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

# 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 (Kathy) McLaughlin

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 \_\_\_\_\_ 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 \_\_\_\_\_

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
_____	_____	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
_____	_____	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
_____	_____	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
_____	_____	<input type="checkbox"/> SUPPORT <input checked="" type="checkbox"/> OPPOSE

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 01-01-13  
through 06-30-13

Page 3 of \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kathryn (Kathy) DeCunha

I.D. NUMBER

943-297

## Contributions Received

Column A  
TOTAL THIS PERIOD  
(FROM ATTACHED SCHEDULES)

Column B  
CALENDAR YEAR  
TOTAL TO DATE

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

1. Monetary Contributions .....	Schedule A, Line 3	\$ 0	\$ 0
2. Loans Received .....	Schedule B, Line 3	0	0
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2	0	5,000.00
4. Nonmonetary Contributions .....	Schedule C, Line 3	0	0
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4	0	5,000.00

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

20. Contributions Received \$ \_\_\_\_\_

21. Expenditures Made \$ \_\_\_\_\_

## Expenditures Made

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

## 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	\$ _____
13. Cash Receipts .....	Column A, Line 3 above	_____
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4	_____
15. Cash Payments .....	Column A, Line 8 above	_____
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15	\$ _____

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 \$ \_\_\_\_\_

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....

See instructions on reverse

\$ \_\_\_\_\_

19. Outstanding Debts .....

Add Line 2 + Line 9 in Column B above

\$ \_\_\_\_\_

# Schedule A Monetary Contributions Received

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

Statement covers period  
from \_\_\_\_\_  
through \_\_\_\_\_  
Page \_\_\_\_\_ of \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER \_\_\_\_\_

I.D. NUMBER \_\_\_\_\_

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. 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)
		<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				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>						

## 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 — Recipient Committee  
(other than PTY or SCC)  
OTH — Other (e.g., business entity)  
PTY — Political Party  
SCC — Small Contributor Committee