

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

RECEIVED CITY OF LAKE FOREST OFFICE CITY CLERK'S OFFICE (Month, Day, Year) Nov 06 08:16 PM '06	RECEIVED CITY OF LAKE FOREST OFFICE CITY CLERK'S OFFICE (Month, Day, Year) OCT -5 P5:14
STATEMENT COVERS PERIOD FROM JUNE 30, 06 THROUGH SEPT. 30, 06	DATE OF PRELIMINARY FILING OCT 16 2006

CALIFORNIA FORM 460

For Official Use Only

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 (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

Dept. officeholder - missing ballot materials

3. Committee Information

I.D. NUMBER 943-297

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
KATHRYN (KATHY) M'CALLOUGH

Treasurer(s)

NAME OF TREASURER
ELIZABETH VALENTINE

MAILING ADDRESS
LAKE FOREST, CALIFORNIA 92630

STREET ADDRESS AND P.O. BOX
LAKE FOREST, CALIFORNIA 92630

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
KATHRYN M'CALLOUGH

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

OPTIONAL: FAX / E-MAIL ADDRESS

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

NAME OF ASSISTANT TREASURER, IF ANY
KATHRYN M'CALLOUGH

MAILING ADDRESS
LAKE FOREST, CALIFORNIA 92630

CITY STATE ZIP CODE AREA CODE/PHONE
LAKE FOREST, CALIFORNIA 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 10-16-06 Date

Executed on 10-16-06 Date

Executed on _____ Date

Executed on _____ Date

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

By Kathryn McCallough Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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

By Kathryn McCallough Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

**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 (KATHY) McCallough
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 Committee To Elect I.D. NUMBER
KATHRYN (KATHY) McCallough 943-297
NAME OF TREASURER
Elizabeth VALENTINE CONTROLLED COMMITTEE?
 YES NO
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)
LAKE FOREST, CALIFORNIA 92630 (94)
CITY STATE ZIP CODE AREA CODE/PHONE
LAKE FOREST, CALIFORNIA 92630 (94)
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 officeholders(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

**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 06-30-06
through 09-30-06

Page 3 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Kathryn (Kathy) McCallough

I.D. NUMBER
943-297

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>2,725.00</u>	\$ <u>2,725.00</u>
2. Loans Received	Schedule B, Line 3 <u>1,000.00</u>	<u>1,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ <u>3,725.00</u>	\$ <u>3,725.00</u>
4. Nonmonetary Contributions	Schedule C, Line 3 <u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ <u>3,725.00</u>	\$ <u>3,725.00</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	Schedule E, Line 4 \$ <u>4,597.43</u>	\$ <u>4,597.43</u>
7. Loans Made	Schedule H, Line 3 <u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ <u>4,597.43</u>	\$ <u>4,597.43</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>4,597.43</u>	\$ <u>4,597.43</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
<u>1/1</u>	\$ _____
<u>1/1</u>	\$ _____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>0</u>
13. Cash Receipts	Column A, Line 3 above <u>3,725.00</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4 <u>0</u>
15. Cash Payments	Column A, Line 8 above <u>(872.43)</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>3,725.00</u>

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	\$ <u>0</u>
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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>1,000.00</u>

Schedule A
Monetary Contributions Received

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

Statement covers period
from 06-30-06
through 09-30-06

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SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Kathryn (Rathy) McCullough

ID. NUMBER
943-297

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)
8-18-06	John Steward	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Board Member Mountain Niguel Water	100.00	100.00	100.00
8-20-06	Laguna Hills, Calif. 92656 Gracious A. Palmer	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sub. Teacher StasTaCounty School	100.00	100.00	100.00
9-19-06	Shasta, Lake, Calif. 96089 Jason McCullough	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Driver - Stocker	400.00	400.00	400.00
9-20-06	Tustin, Calif. 92780 Sue F. Walton	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PepsiCo.	400.00	400.00	400.00
	San Clemente, Calif. 92672 Elizabeth F. Valentine	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Waltman-Fodor Properties	1,600.00	1,000.00	1,000.00
9-16-06	Lake Forest, Calif. 92630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retire	200.00	200.00	200.00
SUBTOTAL				\$1,800.00		

*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

- Schedule A Summary**
- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 2,600.00
7,100.00 EV
 - Amount received this period - unitemized monetary contributions of less than \$100 \$ 125.00
 - Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$ 2,725.00

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

**Schedule A
Monetary Contributions Received**

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

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Kathryn (Katy) McCullough

LD. NUMBER
943-297

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)
9-22-06	Saddleback Enterprise 6682 Jardine Drive Huntington Beach, Calif. 92647	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Saddleback Enterprise	500.00	500.00	500.00
9-2-06	Ridgman Rogers	<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
9-26-06	Hercules, Calif. 94547 Wayne Fortin Vista, Calif. 92083	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Tip Trauma Interventions	100.00	100.00	100.00

SUBTOTAL \$ 800.00

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

Schedule A Summary

1. Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 800.00

2. Amount received this period - unitemized monetary contributions of less than \$100 \$ _____

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here/and on the Summary Page, Column A, Line 1.) TOTAL \$ _____

**Schedule B - Part 1
Loans Received**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER: Rathgn (Kathy) McLaugh
I.D. NUMBER: 943-297

Statement covers period from <u>06-30-06</u> through <u>09-30-06</u>		(a) OUTSTANDING BALANCE BEGINNING 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
IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)				<input type="checkbox"/> PAID \$ <u>NA</u> <input type="checkbox"/> FORGIVEN \$ <u>NA</u>		<u>NA</u> % RATE	\$ <u>6,000.00</u> DATE INCURRED <u>09-16-06</u>	\$ <u>6,000.00</u> PER ELECTION** \$ <u>6,000.00</u>
<input checked="" type="checkbox"/> IND	<u>Elizabeth F. Valentise</u> <u>Lake Forest, Calif. 92630</u> <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>0</u>	<u>6,000.00</u>		<u>6,000.00</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							
SUBTOTALS \$ <u>6,000.00</u> \$ <u>NA</u> \$ <u>6,000.00</u> \$ <u>NA</u>								

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

Schedule B Summary

- Loans received this period \$ 6,000.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$ NA
(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 \$** 6,000.00
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
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.

**Schedule E
Payments Made**

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

Statement covers period
from 06-30-06
through 09-30-06

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kathryn (Kathy) Mc Cullough

I.D. NUMBER

943-297

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| OMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | FET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| ND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| UT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>EL Toro Post Office</u>	<u>POS</u>		<u>Bulk Mail Annual Permit</u>	<u>320.00</u>
<u>Lake Forest Calif. 92630</u>	<u>Lit.</u>		<u>Candidate Statement Disc.</u>	<u>15.00</u>
<u>Fed. Ex Kiniko</u>				
<u>26760 Rancho Pky #8</u>				
<u>Lake Forest Calif. 92630</u>				

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

SUBTOTAL \$ 335.00

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 4597.43
- Unitemized payments made this period of under \$100 \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 4597.43

**Schedule E
(Continuation Sheet)
Payments Made**

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

Statement covers period
from 06-30-06
through 09-30-06

CALIFORNIA
FORM
460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Kathryn McCullough I.D. NUMBER 943-297

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.
 CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs
 CNS campaign consultants MTG meetings and appearances RFD returned contributions
 CTS contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries
 CVC civic donations FET petition circulating TEL t.v. or cable airtime and production costs
 FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals
 FND fundraising events POS polling and survey research TRS staff/spouse travel, lodging, and meals
 IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor
 LEG legal defense PFO professional services (legal, accounting) VOT voter registration
 LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>Cops Voter Guide 705-2 Bidwell St. #158 Folsom, Calif. 95630</u>	<u>Lit.</u>		<u>Voter Guide.</u>	<u>573.00</u>
<u>Vietnamese-American Voter Guide 9211 Bolsa Ave. Ste. 214 Westminster, Calif. 92683</u>	<u>Lit.</u>		<u>American Voter Guide.</u>	<u>100.00</u>
<u>Team California 2150 River Plaza Dr Ste. 150 Sacramento, Calif. 95833</u>	<u>lit.</u>		<u>Voter Guide</u>	<u>600.00</u>
<u>Non-Partisan Candidate Evaluation Council, Inc. 5405 Alton Parkway Ste. 5A-380 Irvine, Calif. 92604</u>	<u>Lit.</u>		<u>Voter Guide</u>	<u>1,000.00</u>
<u>National Guard Association of California 9211 Bolsa Ave. Ste. 214 Westminster, Calif. 92683</u>	<u>Lit.</u>		<u>Voter Guide</u>	<u>620.00</u>

SUBTOTAL \$ 2893.00

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

**Schedule E
(Continuation Sheet)
Payments Made**

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

Statement covers period from <u>06-30-06</u> through <u>09-30-06</u>	CALIFORNIA FORM 460
Page <u>9</u> of <u>9</u>	I.D. NUMBER <u>943-297</u>

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Kathryn (Rothy) McCallough

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

- | | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, e-mail) |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Club for Growth 5405 Alton Pkwy, Ste. 5A-380 Irvine, Calif. 92604	Lit		Voter Guide.	630.00
Win-Votes with AMAC 1125 Catalina Ave. Redondo Beach, Calif. 90277	Lit		Mailing Labels	293.45
R.F.S.S. 23452 De Lago "A" Laguna Hills, Calif. 92653	CMP		Self-Inking Stamp	63.50
R.F.S.S. 23252 DEL LAGO "A" Laguna Hills, Calif. 92653	Lit		Magnetics Signis.	377.13
Kelly Poper 23641 Ridge Route Drive Laguna Hills, Ca. 92653	Lit.		Paper for Flyers	5.33

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

SUBTOTAL \$ 1369.43