

**Recipient Committee
Campaign Statement
Cover Page**

Government Code Sections 84200-84216.5)

Type or print in ink.

OVER PAGE

CALIFORNIA 460
2001/02
FORM

Date Stamp
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CITY OF LAKE FOREST
CITY CLERK'S OFFICE

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For Official Use Only

Date of election if applicable:
(Month, Day, Year)
11/05/02
05-11-02

Statement covers period
from 07-01-02
through 09-30-02

2. Type of Statement:

Re-election Statement
 Semi-annual Statement
 Termination Statement
 Amendment (Explain below)
corrected errors and incomplete
information on prior filing

Quarterly Statement
 Special Odd-Year Report
 Supplemental Preamble
 Statement - Attach Form 495

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

Ballot Measure Committee
 Primarily Formed
 Controlled
 Sponsored (Also Complete Part 6)
 Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

3. Committee Information

I.D. NUMBER 943-297

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

STREET ADDRESS
LAKELAKE FOREST, CALIFORNIA 92630

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

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX
Kathryn McCullough
LAKELAKE FOREST, CALIFORNIA 92630

Treasurer(s)
NAME OF TREASURER
William Studer
MAILING ADDRESS
LAKELAKE FOREST, CALIFORNIA 92630

CITY STATE ZIP CODE AREA CODE/PHONE
LAKELAKE 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 October 6, 2002
Date
Executed on October 6, 2002
Date

By Kathryn McCullough
Signature of Treasurer or Assistant Treasurer

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

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

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

FFPC Form 460 (June/01)

Recipient Committee Campaign Statement Cover Page — Part 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE _____

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) _____

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
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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	<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

Statement covers period
from 07-01-02
through 09-30-02

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Anthony McCallough

I.D. NUMBER

943-297

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
Monetary Contributions Schedule A, Line 3	\$ <u>4,065.00</u>	\$ <u>85,655.00</u>
Loans Received Schedule B, Line 7	\$ <u>4,000.00</u>	\$ <u>4,000.00</u>
SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>8,065.00</u>	\$ <u>89,655.00</u>
Nonmonetary Contributions Schedule C, Line 3	\$ <u>0</u>	\$ <u>0</u>
TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>8,065.00</u>	\$ <u>89,655.00</u>

Expenditures Made

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

Current Cash Statement

2. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>35,000.00</u>
3. Cash Receipts Column A, Line 3 above	\$ <u>8,065.00</u>
4. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>7,505</u>
5. Cash Payments Column A, Line 8 above	\$ <u>115,650.00</u>
6. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>0</u>

If this is a termination statement, Line 16 must be zero.

LOAN GUARANTEES RECEIVED

7. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ <u>0</u>
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Cash Equivalents and Outstanding Debts

8. Cash Equivalents See instructions on reverse	\$ <u>0</u>
9. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ <u>4,000.00</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	\$ _____	\$ _____

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
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____
____/____/____	\$ _____

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Statement covers period from 02-01-02 through 09-30-02

I.D. NUMBER 943-297

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

SCHEDULE A
Monetary Contributions Received

INSTRUCTIONS ON REVERSE

NAME OF FILER *Kathryn McCallough*

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)
July 9 2002	William B. TANNER, Laguna Hills, California 92653-2119	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$ 100.00	\$ 100.00	\$ 100.00
August 9 2002	John Steward, Laguna Hills, California 92656-1824	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$ 100.00	\$ 100.00	\$ 100.00
August 11 2002	Kathryn McCallough, LAKE FOREST, California 92630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director of NonProfit Adopt - A. Neighbors	\$ 100.00	\$ 100.00	\$ 100.00
pt. 23 002	Jennifer Perry, CITY State ZIP Code	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Computer Tech. Company Name	\$ 100.00	\$ 100.00	\$ 100.00
August 18 2002	Richmond Rogers, Hercules, California 94547	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$ 100.00	\$ 100.00	\$ 100.00

SUBTOTAL \$ 500.00

Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

chedule A Summary
Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) \$ 3200.00
Amount received this period - unitemized contributions of less than \$100 \$ 365.00
Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) TOTAL \$ 4065.00

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

Statement covers period
from 07-01-02
through 09-30-02

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

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)
October 10 2002	WRONG DATE NOT IN FILING PERIOD ORANGE COUNTY PROFESSIONAL FIREFIGHTERS ASSOCIATION PAC ACCOUNT ID. # 950921 SANTA ANA, CALIFORNIA 92705-5049	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Fire Fighters	\$ 500.00	\$ 500.00	\$ 500.00
September 21 2002	WATERS & FAUBEL LAKE FOREST, CALIFORNIA 92630 (ROGER FAUBEL)	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Contractor Waters & Faubel	\$ 250.00	\$ 250.00	\$ 500.00
September 18 2002	FARINO CONSTRUCTION SERVICES, INC 23201 ORANGE AVE. LAKE FOREST, CALIFORNIA 92630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Construction	\$ 1,000.00	\$ 1,000.00	\$ 500.00
October 3 2002	BW BRUCE WAYNE Co. P.O. Box 129 LAKE FOREST, CALIFORNIA 92609-0129	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Hand carpenter construction	\$ 250.00	\$ 250.00	\$ 500.00
August 10 2002	STROWN & FANNIELMAN PERRIS, CALIFORNIA 92570	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired None	\$ 100.00	\$ 100.00	\$ 100.00

SUBTOTAL \$ 2,100.00

Contributor Codes
 IND - Individual
 COM - Recipient Committee
 OTH - Other (other than PTY or SCC)
 PTY - Political Party
 SCC - Small Contributor Committee

**Schedule A (Continuation Sheet)
Monetary Contributions Received**

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

SCHEDULE A (CONT.)

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NAME OF FILER

Kathryn McCullough

I.D. NUMBER

943-297

Statement covers period

from 07-01-02

through 09-30-02

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)
September 13 2002	MICHAEL E. PECCIA LAKE FOREST, CALIFORNIA	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROPERTY MANAGER	\$ 100.00	\$ 100.00	\$ 100.00
September 13 2002	SUE E. WALTMAN SANCLEMENTE, CA 92622	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROPERTY MANAGER	\$ 1,000.00	\$ 1,000.00	\$ 2,000.00
		<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				

SUBTOTAL \$ 1,100.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

**Schedule B - Part 1
Loans Received**

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

SCHEDULE B - PART 1

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FORM**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kathleen McCullough

I.D. NUMBER

943-6292

Statement covers period
from 02-01-02
through 09-30-02

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)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE	PER ELECTION**	
									CALENDAR YEAR	PER ELECTION**
<u>Kathleen McCullough</u> <u>LAKE FOREST, CALIF. 92630</u>		<u>\$2,500.00</u>	<u>0</u>	<input type="checkbox"/> PAID <u>0</u> <input type="checkbox"/> FORGIVEN <u>0</u>	<u>\$2,500.00</u> <u>NA</u> DATE DUE	<u>0</u> RATE	<u>\$2,500.00</u>	<u>\$4,500.00</u>	<u>11-02-99</u>	CALENDAR YEAR <u>11-02-99</u> PER ELECTION**
<u>Kathleen McCullough</u> <u>LAKE FOREST, CALIF. 92630</u>		<u>\$1,500.00</u>	<u>0</u>	<input type="checkbox"/> PAID <u>0</u> <input type="checkbox"/> FORGIVEN <u>0</u>	<u>\$1,500.00</u> <u>NA</u> DATE DUE	<u>0</u> RATE	<u>\$1,500.00</u>	<u>\$6,500.00</u>	<u>10-22-98</u>	CALENDAR YEAR <u>10-22-98</u> PER ELECTION**
		\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$ DATE DUE	\$ RATE	\$	\$	\$	CALENDAR YEAR PER ELECTION**

SUBTOTALS \$ 0 \$ 0 \$ 4,000.00 (Enter (e) on Schedule E, Line 3)

Schedule B Summary

Loans received this period \$ 0
(Total Column (b) plus unitemized loans 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 \$ 4,000.00
(Enter the net here and on the Summary Page, Column A, Line 2.)

† Contributor Codes

IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party SCC - Small Contributor Committee

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