

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

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CALIFORNIA FORM 460

Page 1 of 3

For Official Use Only

Date of election if applicable:
(Month, Day, Year)
11-07-06

Statement covers period
from 10-22-07
through 12-31-07

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

Treasurer(s)

NAME OF TREASURER

Elizabeth Valentine

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)
CITY
Lake Forest
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY
Lake Forest
STATE
Calif.
ZIP CODE
92630
AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY
Kathryn (Kathy) McCullough
MAILING ADDRESS

CITY
STATE
ZIP CODE
AREA CODE/PHONE
OPTIONAL: FAX / E-MAIL ADDRESS

CITY
Lake Forest
STATE
California
ZIP CODE
92630
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 02/10/08
Date 02/10/08
By [Signature]
Signature of Controlling Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By [Signature]
Signature of Treasurer or Assistant Treasurer

**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 (Beth) 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, California 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? <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. 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
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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kathryn (Kathy) McCallough

Statement covers period

from *12-22-07*

through *12-31-07*

Page *3* of *3*

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

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

20. Contributions Received \$ *0*

21. Expenditures Made \$ *0*

Expenditures Made

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

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16 \$ *0*
 13. Cash Receipts Column A, Line 3 above \$ *0*
 14. Miscellaneous Increases to Cash Schedule I, Line 4 \$ *0*
 15. Cash Payments Column A, Line 8 above \$ *0*
 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ *0*
- If this is a termination statement, Line 16 must be zero.*

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ *0*

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ *0*
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ *10000*

Expenditure Limit Summary for State Candidates

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

Date of Election
(mm/dd/yyyy)

Total to Date

_____ \$ _____

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.