

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA  
FORM

460

RECEIVED  
CITY OF LAKELAND  
CITY CLERK OFFICE

Date Stamp  
14 FEB -3 P 5:35

Page 1 of 3  
For Official Use Only

Type or print in ink.

Statement covers period

from 7-1-13  
through 12-31-13

Date of election if applicable:

(Month, Day, Year) 14 FEB -3

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
  - General Purpose Committee
  - Sponsored
  - Small Contributor Committee
  - Political Party/Central Committee
  - Primarily Formed Ballot Measure Committee
  - Controlled
  - Sponsored
  - Primarily Formed Candidate/Officeholder Committee

- 2. Type of Statement:**
- Preelection Statement
  - Semi-annual Statement
  - Termination Statement
  - 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

**Treasurer(s)**

NAME OF TREASURER

Elizabeth Valentine

STREET ADDRESS (NO P.O. BOX)

Lake Forest Ca 92630

MAILING ADDRESS

Lake Forest Ca 92630

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY Lake Forest STATE Ca. ZIP CODE 92630

AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

Kathryn (Kathy) McCullough

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

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY Lake Forest, Ca STATE Ca ZIP CODE 92630

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 1-31-14 Date

By Kathryn (Kathy) McCullough Signature of Assistant Treasurer

Executed on 01-31-14 Date

By Kathryn (Kathy) McCullough Signature of Controlling Officer/Holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

By \_\_\_\_\_ Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

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

By \_\_\_\_\_ Signature of Controlling Officer/Holder, Candidate, State Measure Proponent

# 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 07-1-13

through 12-31-13

Page 2 of 3

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER \_\_\_\_\_

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

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

1/1 through 6/30

7/1 to Date

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

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

## Expenditures Made

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

## 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	\$	\$

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

**Schedule B - Part 1  
Loans Received**

Statement covers period  
from 07-01-13  
through 12-31-13

CALIFORNIA  
FORM **460**

Page 3 of 3

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

I.D. NUMBER

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
Elizabeth Valentine Lake Forest, Ca 92630	RET.	\$5000.00	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$5000.00	%	\$5000.00	2013
		\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		%		
		\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		%		
<b>SUBTOTALS \$</b>							\$	\$

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

**Schedule B Summary**

- Loans received this period ..... \$5000.00  
(Total Column (b) plus unitemized loans less than \$100.)
- Loans paid or forgiven this period ..... \$  
(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 \$5000.00  
Enter the net here and on the Summary Page, Column A, Line 2.

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

† Contributor Codes

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