

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA 2001/02 FORM 460

Date Stamp
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CITY OF SACRAMENTO
NOV - 5 2003
Page 1 of 6
For Official Use Only

Date of election if applicable:
(Month, Day, Year)

11-05-02

Statement covers period from

10-01-02 through 10-19-02

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

2. Type of Statement:

- Preelection Statement
- Quarterly Statement
- Semi-annual Statement
- Special Odd-Year Report
- Termination Statement
- Supplemental Preelection Statement - Attach Form 495
- Amendment (Explain below)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Committees To Elect

I.D. NUMBER 943-292

KATHRYN (KATHY) McCallough

CITY STATE ZIP CODE AREA CODE/PHONE

LAKE FOREST CALIFORNIA 92630

CITY STATE ZIP CODE AREA CODE/PHONE

Treasurer(s)

NAME OF TREASURER

William Studer

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

LAKE FOREST CALIFORNIA 92630

NAME OF ASSISTANT TREASURER, IF ANY

KATHRYN McCallough

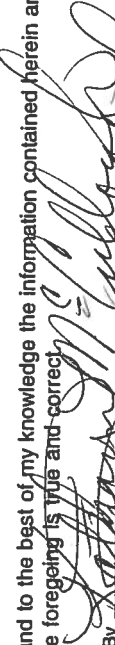
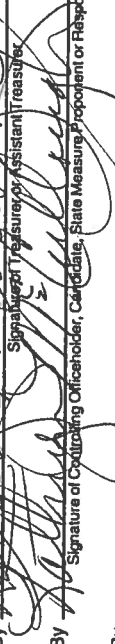
CITY STATE ZIP CODE AREA CODE/PHONE

LAKE FOREST CALIFORNIA 92630

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 11-05-02
 Executed on 11-05-02
 Executed on _____
 Executed on _____

By  Signature of Treasurer or Assistant Treasurer
 By  Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor
 By _____ Signature of Controlling Officerholder, Candidate, State Measure Proponent
 By _____ Signature of Controlling Officerholder, 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 M. CULLOUGH
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
CITY COUNCIL, LAKE FOREST
RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP
LAKE FOREST CA 92650

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
943-297
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. 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 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 10-11-02

through 10-19-02

CALIFORNIA
FORM **460**

Page 3 of 6

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kathryn McCullough

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 | \$ | 0 | \$ | 8,565.00 |
| 2. Loans Received | Schedule B, Line 7 | \$ | 0 | \$ | 0 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$ | 0 | \$ | 8,565.00 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | \$ | 0 | \$ | 0 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$ | 0 | \$ | 8,565.00 |

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 | \$ | 5,150.79 | \$ | 5,150.79 |
| 7. Loans Made | Schedule H, Line 7 | \$ | 0 | \$ | 0 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$ | 5,150.79 | \$ | 5,150.79 |
| 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 | \$ | 5,150.79 | \$ | 5,150.79 |

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.

Current Cash Statement

- | | | | | | |
|---|---|----|----------|----|----------|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$ | 7,565.00 | \$ | 7,565.00 |
| 13. Cash Receipts | Column A, Line 3 above | \$ | 0 | \$ | 0 |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | \$ | 0 | \$ | 0 |
| 15. Cash Payments | Column A, Line 8 above | \$ | 5,150.79 | \$ | 5,150.79 |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$ | 2,414.21 | \$ | 2,414.21 |
- 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

\$ 0

Cash Equivalents and Outstanding Debts

18. Cash Equivalents

\$ 0

19. Outstanding Debts

\$ 0

**Schedule B - Part 1
Loans Received**

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

**CALIFORNIA 460
FORM**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kathryn M^{rs} Callough

Statement covers period
from 10-01-02
through 10-19-02

Page 4 of 6

I.D. NUMBER

943-297

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
<i>KATHRYN M^{rs} Callough</i> <i>LAKE FOREST, CA 92630</i>	<i>NONE</i>	<i>\$2,500.00</i>	<i>0</i>	<input type="checkbox"/> PAID \$ <i>0</i> <input type="checkbox"/> FORGIVEN \$ <i>0</i>	<i>\$2,500.00</i> <i>NA</i>	<i>0</i> %	<i>\$2,500.00</i>	<i>\$2,500.00</i>
<i>KATHRYN M^{rs} Callough</i> <i>LAKE FOREST, CA 92630</i>	<i>AINE</i>	<i>\$4,500.00</i>	<i>0</i>	<input type="checkbox"/> PAID \$ <i>0</i> <input type="checkbox"/> FORGIVEN \$ <i>0</i>	<i>\$4,500.00</i> <i>NA</i>	<i>0</i> %	<i>\$4,500.00</i>	<i>\$6,500.00</i>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$	\$	%	\$	\$

SUBTOTALS \$ *0* \$ *0* \$ *4,000.00* \$ *0*

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 \$ *0*
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

**Schedule E
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kathryn McCallough

Statement covers period
from *10-D1-02*
through *10-19-02*

Page *5* of *6*

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.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LT campaign literature and mailings

MBR member communications
MTG meetings and appearances
OFC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

TEAM CALIFORNIA

A.M.A.C. Information Graphics

STAPLES

CODE OR-

LIT

MAILER

LIT

LABELS

LIT

FLYERS

DESCRIPTION OF PAYMENT

AMOUNT PAID

\$300.00

\$556.00

\$3,154.69

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

SUBTOTAL \$ *4,007.69*

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ *4,007.69*
2. Unitemized payments made this period of under \$100 \$ *4143.10*
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ *0*
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ *5,150.79*

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

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Kathryn McCullough

Statement covers period
from 10-01-02
through 10-19-02

Page 6 of 6
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 | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FL | 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
<i>Kelly PAPER STORE</i>	<i>LIT</i>		<i>PAPER for flyers</i>	<i>\$ 244.68</i>
<i>Post MASTER</i>	<i>POS</i>		<i>MAILING of flyers</i>	<i>\$ 552.26</i>
<i>STAPLES</i>	<i>LIT</i>		<i>Flyer</i>	<i>\$ 94.28</i>
<i>RES.S</i>	<i>LIT</i>		<i>BANNERS</i>	<i>\$ 210.12</i>
<i>Kelly PAPER STORE</i>	<i>LIT</i>		<i>PAPER for flyers</i>	<i>\$ 442.6</i>

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

SUBTOTAL \$ 5143.10