

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA  
FORM  
**460**

Date Stamp  
**RECEIVED  
CITY OF LAKE FOREST  
CITY CLERK'S OFFICE**  
Page 1 of 4  
For Official Use Only

Date of election if applicable  
(Month, Day, Year)  
11-07-06 **OCT 27 P5:11**

Statement covers period  
from 10-01-06  
through 10-21-06

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

STREET ADDRESS (AND P.O. BOX)

Lake Forest STATE Ca ZIP CODE 92630  
California MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX 92630

**Treasurer(s)**

NAME OF TREASURER

Elizabeth Valentine

MAILING ADDRESS

Lake Forest STATE Ca ZIP CODE 92630  
Kathryn McCullough NAME OF ASSISTANT TREASURER, IF ANY  
Lake Forest MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

CITY

STATE

ZIP CODE

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 10-27-06 Date

Executed on 10-27-06 Date

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

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

By Elizabeth Valentine Signature of Treasurer

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

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

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



Type or print in ink.

COVER PAGE - PART 2

# Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA  
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## 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE  
*Kathryn (Kathy) McCullough*  
 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 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

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 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<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><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) McCullough*

Statement covers period

from 10-01-06

through 10-21-06

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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
2. Loans Received ..... Schedule B, Line 3 \$ 4,000.00
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

## 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 \$ 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

## Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yy) 10/21/06 Total to Date \$ 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 \$ 4,000.00
19. Outstanding Debts ..... Add Line 2 + Line 9 in Column B above \$ 0

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.

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

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SEE INSTRUCTIONS ON REVERSE  
 NAME OF FILER  
Kathryn (Kathy) McCullough

| FULL NAME, STREET ADDRESS AND ZIP CODE<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER<br>OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER<br>NAME OF BUSINESS) | (a)<br>OUTSTANDING<br>BALANCE<br>BEGINNING THIS<br>PERIOD | (b)<br>AMOUNT<br>RECEIVED THIS<br>PERIOD | (c)<br>AMOUNT PAID<br>OR FORGIVEN<br>THIS PERIOD* |  | (d)<br>OUTSTANDING<br>BALANCE AT<br>CLOSE OF THIS<br>PERIOD | (e)<br>INTEREST<br>PAID THIS<br>PERIOD | (f)<br>ORIGINAL<br>AMOUNT OF<br>LOAN | (g)<br>CUMULATIVE<br>CONTRIBUTIONS<br>TO DATE |
|--|---|---|--|---|--|---|--|--------------------------------------|---|
|  |   |   |  | <input type="checkbox"/> PAID                     | <input type="checkbox"/> FORGIVEN        |   |  |                                      |   |
| <u>Kathryn McCullough</u><br>Lake Forest, Ca. 92630                              | <u>Founder/Director</u><br><u>A-DOPT-A-NEIGHBOR</u>   | \$2500.00   | \$0                                      | <input type="checkbox"/> PAID<br>\$0              | <input type="checkbox"/> FORGIVEN<br>\$0 | \$2500.00   | 0%                                     | \$2500.00                            | 2500.00<br>NA                                 |
| <u>Kathryn McCullough</u><br>Lake Forest, Ca. 92630                              | <u>Founder/Director</u><br><u>ADOPT-A-NEIGHBOR</u>  | \$4500.00   | \$0                                      | <input type="checkbox"/> PAID<br>\$0              | <input type="checkbox"/> FORGIVEN<br>\$0 | \$4500.00   | 0%                                     | \$4500.00                            | 4500.00<br>NA                                 |
| <u>Kathryn McCullough</u><br>Lake Forest, Ca. 92630                              |   |   |  | <input type="checkbox"/> PAID                     | <input type="checkbox"/> FORGIVEN        |   |  |                                      |   |
| <b>SUBTOTALS</b>   |   | \$  | \$                                       | \$  | \$                                       | \$4,000.00  |  | \$                                   |   |

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

- Schedule B Summary**
- Loans received this period ..... \$  
 (Total Column (b) plus unitemized loans of 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 \$**  
 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 (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.