

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in Ink.

COVER PAGE

CALIFORNIA  
FORM  
**460**

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For Official Use Only

Date Stamp

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

Statement covers period

from 10-01-07  
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)  
UPDATE ACCOUNT EXPENSES
- 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

STREET ADDRESS (NO P.O. BOX)

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

CITY, STATE, ZIP CODE, AREA CODE/PHONE

Lake Forest, STATE Calif. ZIP CODE 92630

CITY, STATE, ZIP CODE, AREA CODE/PHONE

Lake Forest, STATE Calif. ZIP CODE 92630

OPTIONAL: FAX / E-MAIL ADDRESS

### Treasurer(s)

NAME OF TREASURER

Elizabeth Valentine

MAILING ADDRESS

Lake Forest Calif.

CITY, STATE, ZIP CODE, AREA CODE/PHONE

Lake Forest, STATE Calif. ZIP CODE 92630

NAME OF ASSISTANT TREASURER, IF ANY

Kathryn (Kathy) McCullough

MAILING ADDRESS

at 9

CITY, STATE, ZIP CODE, AREA CODE/PHONE

Lake Forest, STATE Calif. ZIP CODE 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 03-27-08 Date

By Elizabeth Valentine Signature of Treasurer or Assistant Treasurer

Executed on 03-27-08 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

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE: Kathryn (Kathy) McCullough  
 OFFICE SOUGHT OR HELD: City Council Member JURISDICTION: \_\_\_\_\_  
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET): Lake Forest, Calif. 92630 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 DISTRICT NUMBER (IF APPLICABLE): \_\_\_\_\_

**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	CONTROLLED COMMITTEE?
<u>Kathryn (Kathy) McCullough</u>	<u>943-297</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<u>Elizabeth Valentine</u>		<input type="checkbox"/> YES <input type="checkbox"/> NO

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ AREA CODE/PHONE: \_\_\_\_\_  
Lake Forest, Calif. 92630

NAME OF TREASURER: \_\_\_\_\_  
 COMMITTEE ADDRESS: \_\_\_\_\_ STREET ADDRESS (NO P.O. BOX): \_\_\_\_\_  
 CONTROLLED COMMITTEE?  YES  NO

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	SUPPORT	OPPOSE
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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 10-1-07  
through 12-31-07

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FORM **460**

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I.D. NUMBER

943-297

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kathryn (Kathy) McCullough

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

## Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 0	\$ 0
7. Loans Made	Schedule H, Line 3	0	0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 0	\$ 0
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0	1,000.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0	0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 0	\$ 1,000.00

## 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 \$ 1,000.00

## Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

20. Contributions Received	1/1 through 6/30	\$ 0	7/1 to Date	\$ 0
21. Expenditures Made		\$ 0		\$ 0

## 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
1/1/07	\$ 0
12/31/07	\$ 1,000.00

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

Statement covers period  
 from 10-01-07  
 through 12-31-07

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

SEE INSTRUCTIONS ON REVERSE		NAME OF FILER		I.D. NUMBER		CUMULATIVE CONTRIBUTIONS TO DATE		
KATHRYN (Kathy) McCallough		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)	(a) OUTSTANDING BALANCE BEGINNING 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, VENTURA 930	RETIRED	\$ 1000.00	\$ 0	<input type="checkbox"/> PAID \$ 0 <input type="checkbox"/> FORGIVEN \$ 0	\$ 1,000.00 NA	0 % 0	\$ 1,000.00 09-16-06	\$ 1,000.00 NA
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	%	\$	\$
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	%	\$	\$
		\$	\$	<input type="checkbox"/> PAID \$ <input type="checkbox"/> FORGIVEN \$	\$	%	\$	\$
† <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		SUBTOTALS \$ 0 \$ 0 \$ 1,000.00 \$ 0						

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

**Schedule B Summary**

1. Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) ..... \$ 0

2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) ..... \$ 0  
 (Include loans paid by a third party that are also itemized on Schedule A.)

3. 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 (e.g., business entity)  
 PTY - Political Party  
 SCC - Small Contributor Committee