

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

RECEIVED
CITY OF LAKE FOREST
CITY CLERK'S OFFICE

11 JAN 28 P 1:09

Page 1 of 4

For Official Use Only

Type or print in ink.

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

11 | 02 | 2010

Statement covers period
from 10-16-2010
through 12-31-2010

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 4.
- Offholder, 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/Offholder Committee (Also Complete Part 7)

- 2. Type of Statement:**
- Prelection Statement
 - Semi-annual Statement
 - Termination Statement (Also file a Form 410 Termination)
 - Amendment (Explain below)
 - Quarterly Statement
 - Special Odd-Year Report
 - Supplemental Prelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER: 943-297

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE): Elizabeth Valentine

STREET ADDRESS (NO P.O. BOX): Lake Forest, Calif. 92630

CITY: Lake Forest STATE: Calif. ZIP CODE: 92630

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

CITY: Lake Forest STATE: Calif. ZIP CODE: 92630

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: Elizabeth Valentine

MAILING ADDRESS: Lake Forest, Calif. 92630

CITY: Lake Forest STATE: Calif. ZIP CODE: 92630

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

MAILING ADDRESS: Lake Forest, Calif. 92630

CITY: 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 1-27-11 Date

Executed on 01-27-11 Date

Executed on _____ Date

Executed on _____ Date

By: Elizabeth Valentine
Signature of Treasurer/Assistant Treasurer

By: Kathryn McCullough
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**

CALIFORNIA
FORM **460**

Page 2 of 4

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Kathryn (Kathy) 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 Calif. 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 PROPOSER

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

Statement covers period
from 10-16-2010
through 12-31-2010

Page 3 of 4

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

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 \$ 60.00	\$ 600.00
2. Loans Received	Schedule B, Line 3 \$ 0	\$ 5000.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2 \$ 60.00	\$ 6800.00
4. Nonmonetary Contributions	Schedule C, Line 3 \$ 0	\$ 390.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4 \$ 60.00	\$ 7190.00

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 \$ 0	\$ 7179.12
7. Loans Made	Schedule H, Line 3 \$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7 \$ 0	\$ 7179.12
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 \$ 0	\$ 7179.12

Expenditure Limit Summary for State Candidates

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

Date of Election (mm/dd/yyyy)	Total to Date
/ /	\$
/ /	\$

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ 10.88
13. Cash Receipts	Column A, Line 3 above \$ 60.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4 \$ 0
15. Cash Payments	Column A, Line 8 above \$ 70.88
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.

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.

LOAN GUARANTEES RECEIVED

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 \$ 5000.00

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

**CALIFORNIA
FORM 460**

Statement covers period
from 10-16-2010
through 12-31-2010

Page 4 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kathryn (Kathy) McCullough

I.D. NUMBER

913-297

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$

Schedule A Summary

- Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) \$ 0
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 60.00
- Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 60.00

*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