

A Public Document MAR -3 P336

Please type or print in ink.

NAME (LAST) (FIRST) (MIDDLE) DAYTIME TELEPHONE NUMBER
 MAILING ADDRESS (May use business address) STREET CITY STATE ZIP CODE OPTIONAL: FAX (E-MAIL ADDRESS)

M^{rs} Cullough, Kathryn (Kathy)
 25550 COMMERCIAL DRIVE, LAKE FOREST, CALIFORNIA 92531

1. Office, Agency, or Court

Name of Office, Agency, or Court:
 City of LAKE FOREST

Division, Board, District, if applicable:
 City Council Member

Your Position:

If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

State

County of ORANGE

City of LAKE FOREST

Multi-County _____

Other _____

3. Type of Statement (Check at least one box)

Assuming Office/Initial Date: ____/____/____

Annual: The period covered is January 1, 2008 through December 31, 2008

-or-

The period covered is ____/____/____ through December 31, 2008

Leaving Office Date Left: ____/____/____ (Check one)

The period covered is January 1, 2007, through the date of leaving office.

-or-

The period covered is ____/____/____ through the date of leaving office.

Candidate

4. Schedule Summary

Total number of pages including this cover page: 2

Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 Yes - schedule attached
 Investments (Less than 10% Ownership)

Schedule A-2 Yes - schedule attached
 Investments (10% or greater Ownership)

Schedule B Yes - schedule attached
 Real Property

Schedule C Yes - schedule attached
 Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D Yes - schedule attached
 Income - Gifts

Schedule E Yes - schedule attached
 Income - Travel Payments

-or-

No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any 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.

Date Signed: 01-30-09 (month, day, year)

Signature: Kathryn Cullough
 (File the originally signed statement with your filing official.)

Kathryn Cullough

SCHEDULE D
Income - Gifts

Name (Kathu)
Kathryn M Callough

NAME OF SOURCE: LEAGUE of CALIFORNIA CITIES
ADDRESS: 1400 K. STREET, STE. 40 SACRAMENTO
BUSINESS ACTIVITY: Policy Committee Lunches
Table with columns: DATE, VALUE, DESCRIPTION OF GIFT(S)
Entries: 1/17/08 \$45.00 Lunch, 1/18/08 \$45.00 Lunch

NAME OF SOURCE: Waste Management
ADDRESS: 1800 S. Grand Ave. Santa Ana CA 92705
BUSINESS ACTIVITY: Dinner
Table with columns: DATE, VALUE, DESCRIPTION OF GIFT(S)
Entry: 9/26/08 \$100 Dinner

NAME OF SOURCE: LEAGUE of CALIFORNIA CITIES
ADDRESS: 1400 K. STREET, STE 40 SACRAMENTO
BUSINESS ACTIVITY: Policy Committee Lunches
Table with columns: DATE, VALUE, DESCRIPTION OF GIFT(S)
Entries: 4/2/08 \$29.27 Lunch, 4/3/08 \$29.27 Lunch

NAME OF SOURCE:
ADDRESS:
BUSINESS ACTIVITY:
Table with columns: DATE, VALUE, DESCRIPTION OF GIFT(S)

NAME OF SOURCE: League of CA cities
ADDRESS: 1400 K. Street st. 40 Sac. 95814
BUSINESS ACTIVITY: Policy Committee Lunches
Table with columns: DATE, VALUE, DESCRIPTION OF GIFT(S)
Entries: 10/26/08 \$42.93 Lunch, 10/27/08 \$42.93 Lunch

NAME OF SOURCE:
ADDRESS:
BUSINESS ACTIVITY:
Table with columns: DATE, VALUE, DESCRIPTION OF GIFT(S)

Comments: