

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA  
FORM

460

Page 1 of 4

For Official Use Only

RECEIVED  
CITY OF LAKE FOREST  
CITY CLERK'S OFFICE

Date Stamp  
OCT 27 P 4:56

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

Statement covers period

from 01-01-06

through 06-30-06

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)  
Correction to prior filing
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

## 3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Committee to Elect

Kathryn (Kathy) McCullough

I.D. NUMBER  
943-297

STREET ADDRESS (NO P.O. BOX)  
Lake Forest Ca 92630

CITY  
Lake Forest Ca

STATE  
Ca

ZIP CODE  
92630

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

CITY  
Lake Forest

STATE  
Ca

ZIP CODE  
92630

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

## Treasurer(s)

NAME OF TREASURER  
Elizabeth Valentine

MAILING ADDRESS  
Lake Forest Ca 92630

CITY  
Lake Forest

STATE  
Ca

ZIP CODE  
92630

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

MAILING ADDRESS  
Lake Forest Ca 92630

CITY  
Lake Forest

STATE  
Ca

ZIP CODE  
92630

AREA CODE/PHONE

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 or Assistant Treasurer

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

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

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

CALIFORNIA  
FORM **460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Kathryn (Beth) McCallough  
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
City Council Member  
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
1292630

**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	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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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 <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 01-01-06  
through 06-30-06

Page 3 of 4

I.D. NUMBER  
943-297

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Anthony (Tony) McCullough

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	<u>0</u>	<u>0</u>
2. Loans Received	<u>0</u>	<u>4,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS	<u>0</u>	<u>0</u>
4. Nonmonetary Contributions	<u>0</u>	<u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED	<u>0</u>	<u>0</u>

## 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	<u>0</u>	<u>0</u>
7. Loans Made	<u>0</u>	<u>0</u>
8. SUBTOTAL CASH PAYMENTS	<u>0</u>	<u>0</u>
9. Accrued Expenses (Unpaid Bills)	<u>0</u>	<u>0</u>
10. Nonmonetary Adjustment	<u>0</u>	<u>0</u>
11. TOTAL EXPENDITURES MADE	<u>0</u>	<u>0</u>

## 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 \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

## Current Cash Statement

12. Beginning Cash Balance	<u>0</u>	Previous Summary Page, Line 16	\$
13. Cash Receipts	<u>0</u>	Column A, Line 3 above	\$
14. Miscellaneous Increases to Cash	<u>0</u>	Schedule I, Line 4	\$
15. Cash Payments	<u>0</u>	Column A, Line 8 above	\$
16. ENDING CASH BALANCE	<u>0</u>	Add Lines 12 + 13 + 14, then subtract Line 15	\$

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).

## LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED	<u>0</u>	Schedule B, Part 2	\$
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## Cash Equivalents and Outstanding Debts

18. Cash Equivalents	<u>0</u>	See instructions on reverse	\$
19. Outstanding Debts	<u>4,000.00</u>	Add Line 2 + Line 9 in Column B above	\$

\*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.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Kathryn (Rathyn) McCullough

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	CALENDAR YEAR PER ELECTION**	CUMULATIVE CONTRIBUTIONS TO DATE
<u>Kathryn McCullough</u> <u>Lake Forest, Ca 92630</u>	<u>Founder/Director</u> <u>ADOPT-A-NEIGHBOR</u>	<u>\$2500.00</u>	<u>\$0</u>	<input checked="" type="checkbox"/> PAID <u>\$0</u> <input type="checkbox"/> FORGIVEN <u>\$0</u>	<u>NA</u>	<u>0</u> % <u>\$0</u>	<u>\$2500.00</u>	<u>\$2500.00</u> <u>NA</u>	<u>2500.00</u> <u>NA</u>
<u>Kathryn McCullough</u> <u>Lake Forest, Ca 92630</u>	<u>Founder/Director</u> <u>ADOPT-A-NEIGHBOR</u>	<u>\$1500.00</u>	<u>\$0</u>	<input checked="" type="checkbox"/> PAID <u>\$0</u> <input type="checkbox"/> FORGIVEN <u>\$0</u>	<u>NA</u>	<u>0</u> % <u>\$0</u>	<u>\$1500.00</u>	<u>\$1500.00</u> <u>NA</u>	<u>1500.00</u> <u>NA</u>
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC									
<b>SUBTOTALS</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$7000.00</b>	<b>\$0</b>			

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

**Schedule B Summary**

- Loans received this period ..... \$ 0  
 (Total Column (b) plus unitemized loans of 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 (e.g., business entity)  
 PTY – Political Party  
 SCC – Small Contributor Committee