

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

RECEIVED
CITY OF LAKE FOREST
CITY CLERK'S OFFICE

CALIFORNIA
FORM
460

Page 1 of 3
For Official Use Only

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

JUL 31 P5:04

Statement covers period

from 01-01-2007

through 06-30-2007

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee
- Primarily Formed Ballot Measure Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primarily Formed Candidate/Officeholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preelection Statement
- Quarterly Statement
- Semi-annual Statement
- Special Odd-Year Report
- Termination Statement
- Supplemental Preelection Statement - Attach Form 495
- Amendment (Explain below)

I.D. NUMBER 943-297

Treasurer(s)

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Kathryn (Kathy) McCullough

NAME OF TREASURER

Elizabeth Valentine

MAILING ADDRESS

STREET ADDRESS (NUMBER ONLY)

Lake Forest Calif 92630

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Lake Forest Calif 92630

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Lake Forest Calif 92630

OPTIONAL: FAX / E-MAIL ADDRESS

Lake Forest Calif 92630

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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 07/30/07

Date

Executed on 07-30-07

Date

Executed on _____

Date

Executed on _____

Date

Signature of Treasurer or Assistant Treasurer

Elizabeth Valentine

Signature of Controlling Officer-Candidate, State Measure Proponent or Responsible Officer of Sponsor

Kathryn (Kathy) McCullough

Signature of Controlling Officerholder, Candidate, State Measure Proponent

Signature of Controlling Officerholder, Candidate, State Measure Proponent

**Campaign Disclosure Statement
Summary Page**

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

RECEIVED
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CITY CLERK'S OFFICE

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kathryn (Kathy) McCallough

JUL 31 07 05:05

SUMMARY PAGE

Statement covers period

from 01-01-2007

through 06-30-2007

CALIFORNIA **460**
FORM

Page 2 of 3

I.D. NUMBER

943-297

Contributions Received

Column B
CALENDAR YEAR
TOTAL TO DATE

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

- 1. Monetary Contributions Schedule A, Line 3 \$ 0
- 2. Loans Received Schedule B, Line 3 \$ 0
- 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) _____ Total to Date \$ _____

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.

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).

17. LOAN GUARANTEES RECEIVED

..... Schedule B, Part 2 \$ _____

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 \$ 4,000.00

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Schedule B - Part 1
Loans Received

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

SCHEDULE B - PART 1
CALIFORNIA
FORM 460

SEE INSTRUCTIONS ON REVERSE 07 JUL 31 05:05

NAME OF FILER Kathryn Kathy McCullough I.D. NUMBER 943-297

Statement covers period from 01-01-2007 through 06-30-2007

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	CUMULATIVE CONTRIBUTIONS TO DATE	CALENDAR YEAR		
									PER ELECTION**	PER ELECTION**	
<u>Elizabeth Valentine</u> <u>Lake Forest Calif. 92630</u>	<u>Retired</u>	<u>\$4,000.00</u>	<u>\$0</u>	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	<u>\$4,000.00</u> <u>NA</u>	<u>0</u> % <u>0</u>	<u>\$4,000.00</u>	<u>\$4,000.00</u>	<u>09-16-06</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 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											
SUBTOTALS \$ <u>0</u>								\$ <u>\$1,000.00</u>	\$		

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

Schedule B Summary

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

*Contributor Codes
IND - Individual
COM - Recipient Committee
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.