

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

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CALIFORNIA FORM 460

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For Official Use Only

Date Stamp

RECEIVED  
CITY OF LAKE FOREST  
CITY CLERK'S OFFICE

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

11 | 02 | 2010  
10 JUL -6 P525

Statement covers period  
from 01-01-2010  
through 06-30-2010

SEE INSTRUCTIONS ON REVERSE

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

- Officialholder, 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/ Officialholder 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)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

### 3. Committee Information

I.D. NUMBER 943-297

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

Kathryn Kathy McCallough for Council 2010

CITY STATE ZIP CODE AREA CODE/PHONE  
Lake Forest Calif. 92630

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

OPTIONAL: FAX / E-MAIL ADDRESS

### Treasurer(s)

NAME OF TREASURER

Elizabeth Valentine

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Lake Forest Calif. 92630

NAME OF ASSISTANT TREASURER, IF ANY

Kathryn (Kathy) McCallough

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Lake Forest Calif. 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 7/1/10

Date

Executed on 07-06-10

Date

Executed on

Date

Executed on

Date

By Elizabeth Valentine  
Signature of Officialholder, Candidate, State Measure Proponent

By Kathryn McCallough  
Signature of Controlling Officialholder, Candidate, State Measure Proponent

By  
Signature of Controlling Officialholder, Candidate, State Measure Proponent

By  
Signature of Controlling Officialholder, Candidate, State Measure Proponent

Signature of Controlling Officialholder, Candidate, State Measure Proponent

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COVER PAGE - PART 2

Recipient Committee Campaign Statement Cover Page - Part 2

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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: 12345 Main Street, Lake Forest, CA 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.

Table with 2 columns: COMMITTEE NAME, I.D. NUMBER. Includes fields for NAME OF TREASURER, COMMITTEE ADDRESS, STREET ADDRESS, CITY, STATE, ZIP CODE, AREA CODE/PHONE, and CONTROLLED COMMITTEE? (YES/NO).

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.

Table with 4 columns: NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, SUPPORT/OPPOSE. Includes fields for NAME OF OFFICEHOLDER OR CANDIDATE, OFFICE SOUGHT OR HELD, and SUPPORT/OPPOSE.

Attach continuation sheets if necessary

Statement covers period  
from 01-01-2010  
through 06-30-2010

Page 3 of 7  
I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER  
Kathryn (Kathy) McCullough

**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 \$ \_\_\_\_\_

**Expenditure Limit Summary for State Candidates**

22. Cumulative Expenditures Made\*  
(# Subject to Voluntary Expenditure Limit)  
Date of Election (mm/dd/yyyy) \_\_\_\_\_ Total to Date \$ \_\_\_\_\_

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$ _____
2. Loans Received	Schedule B, Line 3	\$ _____
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ _____
4. Nonmonetary Contributions	Schedule C, Line 3	\$ _____
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ _____

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

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

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ _____
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**Cash Equivalents and Outstanding Debts**

18. Cash Equivalents	See instructions on reverse	\$ _____
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>7000.00</u>

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

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).

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

**Schedule B - Part 1  
Loans Received**

Statement covers period  
from 01-01-2010  
through 06-30-2010

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

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 THIS 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	PER ELECTION**	CALENDAR YEAR
<u>Kathryn (Kathy) McLaughlin</u> Elizabeth, Niles, Nise lake forest, Calif. 92630	<u>Retired</u>	\$1000.00	\$0	\$0	\$1000.00 NA DATE DUE	0% 0%	\$1000.00	\$1000.00	NA	2010
<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		\$	\$	\$	\$	%	\$	\$		
<b>SUBTOTALS</b>							\$	\$		

(Enter (e) 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.

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

\*Amounts forgiven or paid by another party also must be reported on Schedule A.  
\*\* if required.