

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

CALIFORNIA FORM 460

Page 1 of 3

For Official Use Only

RECEIVED
CITY OF LAKE FOREST
CITY CLERK'S OFFICE
Date Stamp
JUL 31 P 3:49

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

11-28-14 14

Statement covers period from

1-1-14 through 6-30-14

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee - 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)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preelection Statement - Attach Form 495

3. Committee Information

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

KATHRYN (KATHY) McCallough

I.D. NUMBER

Treasurer(s)

NAME OF TREASURER

KATHRYN (KATHY) McCallough

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

LAKE FOREST, CALIFORNIA 92630

CITY

LAKE FOREST, CALIFORNIA 92630

STATE

STATE

ZIP CODE

ZIP CODE

AREA CODE/PHONE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

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 obtained 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 7-31-14 Date

Executed on 7-31-14 Date

Executed on _____ Date

Executed on _____ Date

By Kathryn McCallough Signature of Treasurer or Assistant Treasurer

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

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

By _____ Signature of Controlling Officeholder, Candidate, State Measure Proponent

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 1-1-14
through 6-30-14

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Page 2 of 3

I.D. NUMBER

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

1. Monetary Contributions	Schedule A, Line 3	\$	100.00
2. Loans Received	Schedule B, Line 3	\$	100.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$	200.00
4. Nonmonetary Contributions	Schedule C, Line 3	\$	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$	200.00

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	\$	
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	\$	

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	\$	685.30
13. Cash Receipts	Column A, Line 3 above	\$	100.00
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	\$	

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.

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$	
18. Cash Equivalents	See instructions on reverse	\$	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$	

Cash Equivalents and Outstanding Debts

**Schedule B - Part 1
Loans Received**

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

CALIFORNIA FORM 460

Statement covers period
from 1-1-14
through 6-30-14

Page 3 of 3
I.D. NUMBER _____

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)	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
<u>ELIZABETH VALENTI MB</u> <u>1475...</u>	<u>RET.</u>	<u>\$2,000.00</u>	<u>\$100.00</u>	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	<u>\$100.00</u>	<u> </u> % RATE	<u> </u> \$ DATE INCURRED	<u> </u> \$ PER ELECTION** <u> </u> \$ DATE INCURRED
		<u> </u> \$	<u> </u> \$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	<u> </u> \$	<u> </u> % RATE	<u> </u> \$ DATE INCURRED	<u> </u> \$ PER ELECTION** <u> </u> \$ DATE INCURRED
		<u> </u> \$	<u> </u> \$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	<u> </u> \$	<u> </u> % RATE	<u> </u> \$ DATE INCURRED	<u> </u> \$ PER ELECTION** <u> </u> \$ DATE INCURRED
SUBTOTALS \$							\$	\$

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

Schedule B Summary

- Loans received this period..... \$ 100.00
(Total Column (b) plus unitemized loans of less than \$100.)
- Loans paid or forgiven this period \$
(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 \$** 100.00
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other (other than PTY or SCC)
PTY - Political Party
SCC - Small Contributor Committee

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