

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

CALIFORNIA  
FORM

RECEIVED  
CITY OF LAKE FOREST  
CITY CLERK'S OFFICE

Page 1 of 4  
For Official Use Only

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

12 DEC 14 P3:52

Statement covers period  
from 7-1-12  
through 12-31-12

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 (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 McCullough, Inc. Mayor

I.D. NUMBER 943.297

### Treasurer(s)

NAME OF TREASURER

Elizabeth Valentine

MAILING ADDRESS

STREET ADDRESS (NO P.O. BOX)

CITY Lake Forest, Ca 92630

STATE CA ZIP CODE 92630 AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY Lake Forest, Ca 92630

STATE CA ZIP CODE 92630 AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

CITY Lake Forest, Ca 92630

STATE CA ZIP CODE 92630 AREA CODE/PHONE

### 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 12-14-12

Date

Executed on 12-14-12

Date

Executed on \_\_\_\_\_

Date

Executed on \_\_\_\_\_

Date

By Elizabeth Valentine  
Signature of Treasurer or Assistant Treasurer

By Kathryn 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

Type or print in ink.

# Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA  
FORM **460**

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### 5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Kathryn McCallough  
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**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  
Mayor Kathryn McCallough 943-297  
NAME OF TREASURER CONTROLLED COMMITTEE?  
 YES  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?  
 YES  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  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.

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 7/1/12  
through 12/31/12

Page 3 of 4

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kathryn McCullough

I.D. NUMBER

943-297

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 \$ <u>0</u>	\$ <u>0</u>
2. Loans Received .....	Schedule B, Line 3 <u>0</u>	\$ <u>5,000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 <u>0</u>	\$ <u>0</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3 <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 <u>0</u>	\$ <u>5,000.00</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 .....	Schedule E, Line 4 \$ <u>0</u>	\$ <u>0</u>
7. Loans Made .....	Schedule H, Line 3 <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 <u>0</u>	\$ <u>0</u>
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 <u>0</u>	\$ <u>0</u>
10. Nonmonetary Adjustment .....	Schedule C, Line 3 <u>0</u>	\$ <u>0</u>
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 <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 \_\_\_\_\_ Total to Date \_\_\_\_\_

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ <u>70.58</u>
13. Cash Receipts .....	Column A, Line 3 above <u>0</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 <u>0</u>
15. Cash Payments .....	Column A, Line 8 above <u>70.58</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>0</u>

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

17. LOAN GUARANTEES RECEIVED .....

Schedule B, Part 2 \$ 0

## Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse <u>0</u>
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above <u>5,000.00</u>

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.

# Schedule A Monetary Contributions Received

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

Statement covers period  
from 7-1-12  
through 12-31-12

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SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

I.D. NUMBER  
943-297

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
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