CALIFERNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF ECONOMIC INTE

INTERESTS OF THE Official Use Only

COVER PAGE

Pl	lease type or print in ink.		O	OVERTA		2 MAR	28	A10:20		
N/	AME OF FILER	(LAST)		(FIRST		- 5		(MIDDLE)		
	McMullough, Kathryn									
1.	Office, Agency, or Court									
	Agency Name			,	8	,,				
	City of Lake Forest				City (Council	Mem	ber		
	Division, Board, Department, District, if	applicable		Your F	Position					
				· · ·	#					
	▶ If filing for multiple positions, list be	low or on an attachmen	nt.							
	Agency:			Positi	ion:					
_										
2.	Jurisdiction of Office (Check	at least one box)								
	State			☐ Judge or Court Commissioner (Statewide Jurisdiction)						
	Multi-County			Cour	nty of				5	
	City of Lake Forest			Othe	er					
3.	Type of Statement (Check at I	least one box)			··					
	Annual: The period covered is January 1, 2011, through December 31, 2011.			Leaving Office: Date Left//(Check one)						
	-or- The period covered is December 31, 2011.		, through	0.	•	ered is Janu	ary 1, 2	011, through the da	ate of	
	Assuming Office: Date assumed		:=		The period cove the date of leav			_/, thr	ough	
	Candidate: Election Voor	Office	o nought if diff			_				
85	Calididate, Liection real	Office	s sought, it dit	erent than Fai	l I					
4.	Schedule Summary							Jurisdiction) 11, through the date of 1———, through page: itions – schedule attached hed its – schedule attached		
	Check applicable schedules or "Non-	e."	► Total	number of	f pages inclu	uding this	cove	r page:2		
	Schedule A-1 - Investments - sch	edule attached	[Schedule	C - Income, La	ans, & Busi	iness Pa	ositions - schedule	attached	
	Schedule A-2 - Investments - sch	2	7		D - Income - 0					
	Schedule B - Real Property - sche	edule attached	l	Schedule	E - Income – C	Gifts – Trave	el Payme	ents – schedule atta	iched	
		☐ None - No re	-or- eportable intere	sts on any sch	hedule					
ŏ.	Verification									
	MAILING ADDRESS STREET (Business or Agency Address Recommended - Pu	blic Document)	CITY			STATE		ZIP CODE		
25550 Commercentre Drive, Suite 100, Lake Forest, CA 92630 DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS (OPTIONAL)									.	
	(949) 461-3400									
		nave used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained prein and in any attached schedules is true and complete. I acknowledge this is a public document.								
	certify under penalty of perjury und	er the laws of the Sta	ate of Californ	ia that the for	regoing is true	and correc	t. 1) \$	ant V	<i>[</i> a	
	Date Signed 03/28/12 (month, day, ye	ar)	Si	gnature	allic (File the original	nally signed state	Ment with	your filing official.).		





Name

Kathryn McCuillough

	NAME OF SOU	RCE							
Santa Ina	ADDRESS (Business Address Acceptable)								
BUSINESS ACTIVITY, IF ANY, OF SOURCE			BUSINESS ACTIVITY, IF ANY, OF SOURCE						
DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)						
Dinner -		<u> </u>							
		. \$	(a a)						
		. \$							
	NAME OF SOUR	CE							
ADDRESS (Business Address Acceptable)			ADDRESS (Business Address Acceptable)						
E	BUSINESS ACTIV	ITY, IF ANY, OF SO	DURCE						
DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)						
		\$							
		\$							
	·	\$							
	NAME OF SOURCE	E	83						
	ADDRESS (Business Address Acceptable)								
	BUSINESS ACTIVI	TY, IF ANY, OF SO	URCE						
ESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)						
		\$	32						
		\$							
		\$							
		\$							
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