

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)

RECEIVED CITY OF LAKE FOREST CITY CLERK'S OFFICE '02 AUG -9 P. Page 1 of 4 CALIFORNIA 460 2001/02 FORM For Official Use Only

Type or print in ink.

Statement covers period from 8/02 through 8/02 Date of election if applicable: '02 AUG -9 P. Page 1 of 4

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4. [X] Officer, Candidate Controlled Committee [] Ballot Measures Committee [] State Candidate Election Committee [] Primarily Formed [] Recall [] Sponsored [] General Purpose Committee [] Primarily Formed Candidate/Officer/holder Committee [] Sponsored [] Small Contributor Committee [] Political Party/Central Committee [] Political Party/Central Committee []

- 2. Type of Statement: [] Preamble Statement [] Quarterly Statement [] Semi-annual Statement [] Special Odd-Year Report [] Termination Statement [] Supplemental Preamble Statement [] Amendment (Explain below) [] Statement - Attach Form 495

3. Committee Information I.D. NUMBER 993-292

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) COMMITTEE TO ELECT; KATHRYN (KATHY) Mc CULLOUGH CITY LAKE FOREST, CALIFORNIA 92630 STATE CALIFORNIA ZIP CODE 92630

Treasurer(s) NAME OF TREASURER WILLIAM B. STUDEY MAILING ADDRESS LAKE FOREST, CALIFORNIA 92630 STATE CALIFORNIA ZIP CODE 92630 NAME OF ASSISTANT TREASURER, IF ANY KATHRYN Mc CULLOUGH MAILING ADDRESS LAKE FOREST, CALIFORNIA 92630 STATE CALIFORNIA ZIP CODE 92630

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained hereby 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 August 02, 02 Date By Kathryn Mc Cullough Signature of Candidate/Officer/holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor Executed on August 02, 02 Date By Kathryn Mc Cullough Signature of Controlling Officer/holder, Candidate, State Measure Proponent Executed on _____ Date Executed on _____ Date

**Schedule A
Monetary Contributions Received**

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

SCHEDULE A

Statement covers period
from January 1, 02
through June 30, 02

CA. FORM 460
FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Kathryn M. Cullough

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FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)
MARCI A Rudolph
LAKE FOREST, CA 92630
SUF
SAM CLEMENTE, CA 92672
VERONICA DICKENSON
Huntington Beach, CA 92648
John Kolendich
LAKE FOREST, CA 92630

I.D. NUMBER
943-297

DATE RECEIVED	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCURRENCE AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OR BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
FEB. 2002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	TEACHER	\$500.00		
2002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	PROPERTY MANAGER	\$1,000.00		
2002	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	PROPERTY MANAGER	\$1,000.00		
2002	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC	BUSINESS OWNER Valley B. Wallace	\$1,000.00		
2002	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SOC				
SUBTOTAL \$			3,500.00		

Schedule A Summary

- Amount received this period - contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 3,500.00
- Amount received this period - unitemized contributions of less than \$100 \$ _____
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 2,200.00

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

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.

NAME OF FILER

Kathryn McCallough

Statement covers period

from *January 02*
through *June 30, 03*

Page *3* of *4*

I.D. NUMBER

943-297

1 IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	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	4 OUTSTANDING BALANCE BEGINNING THIS PERIOD	5 AMOUNT RECEIVED THIS PERIOD	6 AMOUNT PAID OR FORGIVEN THIS PERIOD	7 OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	8 INTEREST PAID THIS PERIOD	9 ORIGINAL AMOUNT OF LOAN	10 CUMULATIVE CONTRIBUTIONS TO DATE	11		
										CALENDAR YEAR	PER ELECTION**	CALENDAR YEAR
<input checked="" type="checkbox"/>	<i>KATHLEEN McCallough</i>		\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$	% RATE	<i>2,500.</i>	\$	\$	CALENDAR YEAR	PER ELECTION**
<input checked="" type="checkbox"/>	<i>LAKE FOREST, California 92630</i>		\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$	% RATE	<i>11-07-94</i>	\$	\$	CALENDAR YEAR	PER ELECTION**
<input checked="" type="checkbox"/>	<i>KATHLEEN McCallough</i>		\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$	% RATE	<i>4,500-</i>	\$	\$	CALENDAR YEAR	PER ELECTION**
<input checked="" type="checkbox"/>	<i>LAKE FOREST, California 92630</i>		\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$	% RATE	<i>10-22-98</i>	\$	\$	CALENDAR YEAR	PER ELECTION**
<input type="checkbox"/>			\$	\$	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	\$	% RATE		\$	\$	CALENDAR YEAR	PER ELECTION**
SUBTOTALS \$									\$	\$		

(Enter in on
Schedule E, Line 3)

Schedule B Summary

- Loans received this period
(Total Column (b) plus unitemized loans 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.)
Enter the net here and on the Summary Page, Column A, Line 2.

\$

\$

NET \$ *4,000.00*

(After a negative amount)

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

1 Contributor Codes

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

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period
from January 1, 02
through June 30, 02

CAI FORM # **460**
-GRM

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Kathleen M. Callahan

ID NUMBER 943-297

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL CONTRIBUTIONS

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	\$	

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 G, Line 3	\$	
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$	

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 10	\$	
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.

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	\$	
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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>4,000.00</u>

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yyyy)	Total to Date
	\$
	\$
	\$
	\$
	\$
	\$

*Since January 1, 2001, amounts in this section may be different from amounts reported in Column B.