

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA 2001/02 FORM

460

Page 1 of 4

For Official Use Only

Date Stamp

RECEIVED
CITY OF LAKE FOREST
CITY CLERK'S OFFICE

MAR 29 12:15

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

Statement covers period
from 02-01-03 through 12-31-03

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
- Ballot Measure Committee
- Primarily Formed
- 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
- 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)

Committee To Elect

Kathryn McCullough

I.D. NUMBER 943-297

STREET ADDRESS (NO P.O. BOX)

CITY LAKE FOREST, CALIFORNIA 92630
STATE ZIP CODE AREA CODE/PHONE
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

Treasurer(s)

NAME OF TREASURER

William B. Studey

MAILING ADDRESS

CITY LAKE FOREST, CALIFORNIA 92630
STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

KATHRYN MCCULLOUGH

MAILING ADDRESS

CITY LAKE FOREST, CALIFORNIA 92630
STATE ZIP CODE AREA CODE/PHONE

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 03-29-04 Date

Executed on 03-29-04 Date

Executed on _____ Date

Executed on _____ Date

By Kathryn McCullough
Signature of Treasurer or Assistant Treasurer

By Kathryn McCullough
Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

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

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

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

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

KATHRYN M. CULLOUGH

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

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

LAKE FOREST, CALIFORNIA 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.

COMMITTEE NAME <u>Committee To Elect Kathryn M. Cullough</u>	I.D. NUMBER <u>943-297</u>
NAME OF TREASURER <u>William Studer</u>	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS <u>LAKE FOREST, CALIFORNIA 92630</u>	STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE
LAKE FOREST, CALIFORNIA 92630

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. 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 PROPOSER

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed 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 07-01-03
through 12-31-03

SEE INSTRUCTIONS ON REVERSE

Page 3 of 4
I.D. NUMBER
943-297

NAME OF FILER
Kathryn (Kathy) T Mc Cullough

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	\$ 0	\$ 8,590.00
2. Loans Received	0	4000.00
3. SUBTOTAL CASH CONTRIBUTIONS	0	12,590.00
4. Nonmonetary Contributions	0	0
5. TOTAL CONTRIBUTIONS RECEIVED	0	12,590.00

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	0	\$ 5,150.79
7. Loans Made	0	0
8. SUBTOTAL CASH PAYMENTS	0	5,150.79
9. Accrued Expenses (Unpaid Bills)	0	0
10. Nonmonetary Adjustment	0	0
11. TOTAL EXPENDITURES MADE	0	5,150.79

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	\$ 2,439.21
13. Cash Receipts	Column A, Line 3 above	0
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0
15. Cash Payments	Column A, Line 8 above	0
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ 2,439.21

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

To calculate Column B, add amounts in Column B, add 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	\$ 0
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$ 0
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ 4,000.00

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

**Schedule B - Part 1
Loans Received**

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

KATHRYN (Kathy) McCullough

Statement covers period
from 07-01-03
through 12-31-03

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I.D. NUMBER
943-297

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	PER ELECTION**	
									CALENDAR YEAR	PER ELECTION**
<i>KATHRYN McCullough</i> <i>LAKE FOREST, CALIFORNIA 92630</i>	<i>NONE.</i>	<i>\$2,500.-</i>	<i>\$</i>	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	<i>\$2,500.-</i> <i>NA</i>	<i>0</i> <i>0</i>	<i>\$2,500.-</i>	<i>\$2,500.-</i>	<i>11-07-94</i>	<i>1,500.-</i>
<i>KATHRYN McCullough</i> <i>LAKE FOREST, CALIFORNIA 92630</i>	<i>NONE.</i>	<i>\$4,500.-</i>	<i>\$</i>	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	<i>\$4,500.-</i> <i>NA</i>	<i>0</i> <i>0</i>	<i>\$4,500.-</i>	<i>\$4,500.-</i>	<i>10-22-98</i>	<i>1,500.-</i>
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		<i>\$</i>	<i>\$</i>	<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN	<i>\$</i>	<i>0</i> <i>0</i>	<i>\$</i>	<i>\$</i>	<i>DATE INCURRED</i>	<i>PER ELECTION**</i>
SUBTOTALS \$ 0 \$ 0 \$ 0 \$ 0										

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

Schedule B Summary

- Loans received this period \$ 0
(Total Column (b) plus unitemized loans 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.

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

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