

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

COVER PAGE

CALIFORNIA
FORM 460

Page 1 of 3
For Official Use Only

RECEIVED
CITY OF LAKE FOREST
CITY CLERK'S OFFICE

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Type or print in int.

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

Statement covers period
from 07/01/09
through 12-31-09

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- Officer, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 2)
- 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/Officerholder Committee (Also Complete Part 7)

2. Type of Statement:

- Preamble Statement
- Semi-annual Statement
- Termination Statement (Also file a Form 410 Termination)
- Amendment (Explain below)
- Quarterly Statement
- Special Odd-Year Report
- Supplemental Preamble Statement - Attach Form 495

3. Committee Information

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

Kathryn (Kathy) McCullough

I.D. NUMBER 943-297

Treasurer(s)

NAME OF TREASURER
Elizabeth Valentine

MAILING ADDRESS
Lake Forest Calif. 92630

CITY STATE ZIP CODE AREA CODE/PHONE
Lake Forest Calif. 92630

NAME OF ASSISTANT TREASURER, IF ANY
Kathryn (Kathy) McCullough

MAILING ADDRESS
Lake Forest Calif. 92630

CITY STATE ZIP CODE AREA CODE/PHONE
Lake Forest Calif. 92630

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 12/28/09 Date

Executed on 01/12/10 Date

Executed on _____ Date

Executed on _____ Date

By [Signature]

By [Signature]

By _____

By _____

Signature of Controlling Officer/Candidate, Candidate, Small Business Proprietor

Signature of Creating Officer/Candidate, Candidate, State Measure Proprietor

Campaign Disclosure Statement Summary Page

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kathryn (Kathy) Mc Cullough

Statement covers period

from 12/31/09
through 12/31/09

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I.D. NUMBER

943-297

Contributions Received

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

Column B
CALENDAR YEAR
TOTAL TO DATE

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

	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>0</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>0</u>

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ 0

21. Expenditures Made \$ 0

Expenditures Made

Expenditure Limit Summary for State Candidates

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>4000.00</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>4000.00</u>

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

Date of Election (mm/dd/yy) 12/31/09 Total to Date \$ 0

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16 \$ <u>0</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>0</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.

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.

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>4000.00</u>

Statement covers period
from 07/01/09 through 12/31/09

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER		STATEMENT PERIOD		I.D. NUMBER				
Kathryn (Kathy) McCullough		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)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	\$ 1,000.00	\$ 0	\$ 0	\$ 1,000.00	0%	\$ 1,000.00	PER ELECTION ** NA
IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lake Forest, Calif. 92630	\$	\$	\$	NA			
IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$				
IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$	\$	\$				
		SUBTOTALS \$ 0		\$ 1,000.00				

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

Schedule B Summary

- Loans received this period (Total Column (b) plus unitemized loans of less than \$100.) \$ 0
- Loans paid or forgiven this period (Total Column (c) plus loans under \$100 paid or forgiven.) \$ 0
(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.)

Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

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