

**Recipient Committee  
Campaign Statement  
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

RECEIVED  
CITY OF LAKE FOREST  
CITY CLERK'S OFFICE

Date Stamp  
OCT 27 P5:03

CALIFORNIA  
FORM  
460

Page 1 of 9  
For Official Use Only

Date of election if applicable:  
(Month, Day, Year)  
11-07-06

Statement covers period  
from 10-01-06  
through 10-21-06

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
- Sponsored (Also Complete Part 5)
- 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 (Kathy) McCullough

I.D. NUMBER 943-297

STREET ADDRESS (NO P.O. BOX)

1

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Lake Forest Calif. 92630 (949)

**Treasurer(s)**

NAME OF TREASURER

Elizabeth Valentine

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Lake Forest Calif. 92630 (9

NAME OF ASSISTANT TREASURER, IF ANY

Kathryn McCullough

CITY

STATE

ZIP CODE

AREA CODE/PHONE

California 92630

OPTIONAL: FAX / E-MAIL ADDRESS

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 10-27-06

Date

Executed on 10-27-06

Date

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

Date

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

Date

By Elizabeth Valentine  
Signature of Controlling Officer/Holder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By Kathryn McCullough  
Signature of Controlling Officer/Holder, 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

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

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA  
FORM **460**

Page 2 of 9

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Kathryn (Kathy) McCulloch  
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
City Council Member  
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
111 Lake Forest Calif. 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 Committee To Elect I.D. NUMBER  
Kathryn (Kathy) McCulloch 943-297  
NAME OF TREASURER CONTROLLED COMMITTEE?  
Elizabeth Valentine  YES  NO  
COMMITTEE ADDRESS 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. 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

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 10-01-06  
through 10-21-06

Page 3 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kathryn (Kathy) 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>14,461.69</u>	\$ <u>14,461.69</u>
2. Loans Received .....	Schedule B, Line 3 <u>0</u>	\$ <u>0.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 \$ <u>14,461.69</u>	\$ <u>15,186.69</u>
4. Nonmonetary Contributions .....	Schedule C, Line 3 <u>0</u>	\$ <u>0</u>
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 \$ <u>14,461.69</u>	\$ <u>15,186.69</u>

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 \$ <u>4,425.88</u>	\$ <u>4,425.88</u>
7. Loans Made .....	Schedule H, Line 3 <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 \$ <u>4,425.88</u>	\$ <u>4,425.88</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>4,425.88</u>	\$ <u>4,425.88</u>

## Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 \$ <u>(872.43)</u>
13. Cash Receipts .....	Column A, Line 3 above <u>14,461.69</u>
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 <u>0</u>
15. Cash Payments .....	Column A, Line 8 above <u>4,425.88</u>
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 \$ <u>10,595.26</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>1,000.00</u>

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

20. Contributions Received	\$	7/1 through 6/30	\$	7/1 to Date
21. Expenditures Made	\$		\$	

## Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Total to Date
Date of Election (mm/dd/yy)	\$
	\$

\*Amounts in this section may be different from amounts reported in Column B.

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).

**Schedule A**  
**Monetary Contributions Received**

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

Statement covers period  
 from 10-01-06  
 through 10-21-06  
 Page 4 of 9

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER \* Kathryn (Kathy) McCullough  
 I.O. 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)
10-10-06	Christopher D. McCullough Lake Forest, California 92630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	3,157.69	3,157.69	3,157.69
10-09-06	Faubel Public Affairs 25 Orchard Lake Forest, California 92630	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Faubel Public Affairs	1,000.00	1,000.00	1,000.00
10-13-06	Waste Management P.O. Box 3027 Houston, Texas 77253	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Waste Management	1,000.00	1,000.00	1,000.00
10-03-06	Friends of Todd Spitzer 2006 1940 N. Tustin Ave. #103 Orange, California 92865	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00
10-04-06	Medix Ambulance Services 26021 Palmd Mission Viejo, California 92691	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medix Ambulance Service	250.00	250.00	250.00

SUBTOTAL \$ 6,401.69

**Schedule A Summary**

- Amount received this period - itemized monetary contributions.  
 (Include all Schedule A subtotals.) ..... \$ 11,306.69
- Amount received this period - unitemized monetary contributions of less than \$100 ..... \$ 160.00
- Total monetary contributions received this period.  
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$** 11,466.69

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)  
CALIFORNIA  
FORM **460**

Statement covers period  
from 10-01-06  
through 10-21-06

Page 5 of 9

NAME OF FILER

*Kathryn (Kathy) McCullough*

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)
10-20-06	Walnut Investment Co, L.L.C. 10200 Pioneer Blvd, Ste 500 Santa Fe Springs, California 90670	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Walnut Investment Co, L.L.C	2,000.00	2,000.00	2,000.00
10-20-06	Farino Construction Services 23201 Orange Ave. Lake Forest, California-92630	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Farino Construction Services	2,000.00	2,000.00	2,000.00
10-05-06	Rick Goacher Planning Inc. 8901 Rescarch Drive Irvine, California 92618	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Rick Goacher Planning Inc.	500.00	500.00	500.00
10-16-06	Strom-Fannie Martin P.O. Box 0984 Perris, California 92572	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	D.B.A. Martins Hursey	100.00	100.00	100.00

**SUBTOTAL \$ 4,600.00**

\*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

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

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

SCHEDULE A (CONT.)  
CALIFORNIA  
FORM **460**

Statement covers period  
from 10-01-06  
through 10-21-06

Page 6 of 9  
I.D. NUMBER  
943-297

NAME OF FILER  
Kathryn (Barth) McCullough

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)
10-11-06	Marcia Rudolph	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00
10-23-06	Sharon Gleason Lake Forest California 92630 FL Toro, California 92630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant	200.00	200.00	200.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
<b>SUBTOTAL \$</b>				<b>300.00</b>		

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

Statement covers period  
from 10-01-06  
through 12-31-06

Page 7 of 9

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER		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	COM	OTH	PTY	SCC				PAID \$		RATE	DATE INCURRED	CALENDAR YEAR
<input checked="" type="checkbox"/>						\$4,000.00	\$0	\$0	\$4,000.00	0%	09-16-06	\$4,000.00
						<b>SUBTOTALS</b>	\$0	\$0	\$4,000.00			

(Enter (e) on Schedule E, Line 2)

**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. (May be a negative number)

Contributor Codes  
IND - Individual  
COM - Recipient Committee  
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.

**Schedule E  
Payments Made**

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

*Kathryn (Kathy) McCullough*

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc.                                  | MBR | member communications                     | RAD | radio airline and production costs                        |
| CNS | campaign consultants  | MTG | meetings and appearances                  | RFD | returned contributions                                    |
| CTB | contribution (explain nonmonetary)*                           | OFC | office expenses                           | SAL | campaign workers' salaries                                |
| CVC | civic donations   | PET | petition circulating                      | TEL | t.v. or cable airline and production costs                |
| FL  | candidate filing/ballot fees                                  | PHO | phone banks                               | TRC | candidate travel, lodging, and meals                      |
| FND | fundraising events  | POL | polling and survey research               | TRS | staff/spouse travel, lodging, and meals                   |
| ND  | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services  | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense   | PRO | professional services (legal, accounting) | VOT | voter registration  |
| LT  | campaign literature and mailings                              | PRT | print ads                                 | WEB | information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<i>Casablanca Printing Co. 2765 Grand Ave Santa Ana, California, 92705</i>	<i>PRT</i>		<i>Printing</i>	<i>500.00</i>
<i>Casablanca Printing Co. 2765 Grand Ave Santa Ana, California 92705</i>	<i>Lit</i>		<i>Fliers</i>	<i>1,655.00</i>
<i>A.M.A.C. Win votes 112 S. Catalina Ave Redondo Beach California 90277</i>	<i>Lit</i>		<i>Labels</i>	<i>293.45</i>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 2,448.45**

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 4,425.88
- Unitemized payments made this period of under \$100 ..... \$ 0
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) ..... \$ 0
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$ 4,425.88**

**Schedule E  
(Continuation Sheet)  
Payments Made**

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

SCHEDULE E (CONT.)

Statement covers period  
from 11-01-06  
through 10-21-06

CALIFORNIA **460**  
FORM

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Page 9 of 9

I.D. NUMBER

Kathryn (Kathy) McCallough

943-297

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MITG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
<u>EL Toro Post Office</u>	<u>POS.</u>		<u>Stamps</u>	<u>39.00</u>
<u>Lake Forest, California 92630</u>				
<u>EL Toro, Post Office</u>	<u>POS</u>		<u>Bulk Mail</u>	<u>1340.08</u>
<u>Lake Forest, California 92630</u>				
<u>Win Votes, A.M.A.C. 112 S. Catalina Ave</u>	<u>Lit</u>		<u>Mailing Labels.</u>	<u>339.75</u>
<u>Redondo Beach, California 90277</u>				
<u>R. E. J.S. 23252 Del Lago "A" Laguna Hills, California 92653</u>	<u>Lit</u>		<u>Banners.</u>	<u>258.60</u>

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

**SUBTOTAL \$ 1,977.43**