

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

SEE INSTRUCTIONS ON REVERSE

Statement covers period
from 10-01-10
through 10-16-10

Date of election if applicable:
(Month, Day, Year)
11/2/10

Date Stamp
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CITY OF LAKE FOREST
CITY CLERK'S OFFICE
Page 1 of 2
10 OCT 28 AM 10:37
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COVER PAGE

CALIFORNIA
460
FORM

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

- Officerholder, Candidate Controlled Committee
- State Candidate Election Committee
- Recall (Also Complete Part 5)
- General Purpose Committee
- Sponsored
- Small Contributor Committee
- Political Party/Central Committee
- Primary Formed Ballot Measure Committee
- Controlled
- Sponsored (Also Complete Part 6)
- Primary Formed Candidate/Officerholder 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)

Correctly hist year to date expense

3. Committee Information

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

Kathleen (Kathy) McCallough For Council 2010

I.D. NUMBER

Treasurer(s)

NAME OF TREASURER

Elizabeth Valentine

STREET ADDRESS (NO P.O. BOX)

Lake Forest Calif 92630

CITY STATE ZIP CODE AREA CODE/PHONE

Lake Forest Calif 92630

CITY STATE ZIP CODE AREA CODE/PHONE

Lake Forest Calif 92630

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

Lake Forest Calif 92630

CITY STATE ZIP CODE AREA CODE/PHONE

Lake Forest Calif 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 10-28-10
Date

By Elizabeth Valentine
Signature of Treasurer or Assistant Treasurer

Executed on _____
Date

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

Executed on _____
Date

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

Executed on _____
Date

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

Recipient Committee Campaign Statement Cover Page — Part 2

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Kathryn (Kathy) McCallough For Council 2010
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
City Council Member
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP
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 _____ 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 _____

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
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

Statement covers period
from 10-01-10
through 10-16-10

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kathryn (Kathy) McCallough

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>1800.00</u>	\$ <u>1800.00</u>
2. Loans Received Schedule B, Line 3	\$ <u>0</u>	\$ <u>5000.00</u>
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ <u>1800.00</u>	\$ <u>6800.00</u>
4. Nonmonetary Contributions Schedule C, Line 3	\$ <u>390.00</u>	\$ <u>390.00</u>
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ <u>2190.00</u>	\$ <u>7190.00</u>

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	\$ <u>6800.00</u>	\$ <u>6800.00</u>
21. Expenditures Made	\$ <u>390.00</u>	\$ <u>390.00</u>

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ <u>3778.12</u>	\$ <u>7179.12</u>
7. Loans Made Schedule H, Line 3	\$ <u>0</u>	\$ <u>0</u>
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ <u>3778.12</u>	\$ <u>7179.12</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 6 + 9 + 10	\$ <u>3778.12</u>	\$ <u>7179.12</u>

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
\$ 0

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ <u>1599.00</u>
13. Cash Receipts Column A, Line 3 above	\$ <u>2190.00</u>
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$ <u>3778.12</u>
15. Cash Payments Column A, Line 8 above	\$ <u>12.88</u>
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>6000.00</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

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>6000.00</u>

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

**Schedule A
Monetary Contributions Received**

Statement covers period
from 10-01-10
through 10-16-10

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SEE INSTRUCTIONS ON REVERSE

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)
10-7-10	Christopher D. McCallough Justin, Ca. 92751	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Wells Fargo Bank Reverse Mortgage Consultant	200.00	200.00	200.00
10-08-10	Elizabeth Valentine Lake Forest, Ca. 92630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	200.00
10-08-10	Christopher D. McCallough SR Lake Forest, Ca. 92630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	200.00	200.00	200.00
10-09-10	Jasqua McCallough Laguna Hills, 92653	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	School	100.00	100.00	100.00
10-12-10	Pete Lake Forest, Cal. 92630	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Camp Pendleton Commemory	100.00	100.00	100.00

SUBTOTAL \$

Schedule A Summary

- Amount received this period - itemized monetary contributions.
(Include all Schedule A subtotals.) \$
- Amount received this period - unitemized monetary 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 \$

see next page

*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 B - Part 1
Loans Received**

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

**CALIFORNIA
FORM 460**

Statement covers period
from 10-01-10
through 10-16-10
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER		STATEMENT PERIOD		I.D. NUMBER				
Kathryn (Kathy) McCallough		10-01-10 through 10-16-10		9-43-297				
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
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)								
Kathryn (Kathy) McCallough Lake Forest, Calif. 92630	Retired	\$ 0	\$ 5,000.00	\$ 0	\$ 5,000.00	0 %	\$ 5,000.00	\$ 5,000.00
Elizabeth Valo-Arino Lake Forest, Ca. 92630	Retired	\$ 1,000.00	\$ 0	\$ 0	\$ 1,000.00	0 %	\$ 1,000.00	\$ 1,000.00
		\$ 0	\$ 0	\$ 0	\$ 0	0 %	\$ 0	\$ 0
		SUBTOTALS \$		\$ 0		\$ 0		\$ 0

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

Schedule B Summary

- Loans received this period \$ 5,000.00
(Total Column (b) plus unitemized loans of 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 \$ 5,000.00**
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
(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.

**Schedule E
Payments Made**

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

Statement covers period
from 10-01-10
through 10-16-10

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kathryn (Kathy) McCallough

I.D. NUMBER

943-297

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

CMP campaign paraphernalia/misc.
CNS campaign consultants
CTB contribution (explain nonmonetary)*
CVC civic donations
FIL candidate filing/ballot fees
FND fundraising events
IND independent expenditure supporting/opposing others (explain)*
LEG legal defense
LIT campaign literature and mailings

MBR member communications
MTG meetings and appearances
ORC office expenses
PET petition circulating
PHO phone banks
POL polling and survey research
POS postage, delivery and messenger services
PRO professional services (legal, accounting)
PRT print ads

RAD radio airtime and production costs
RFD returned contributions
SAL campaign workers' salaries
TEL t.v. or cable airtime and production costs
TRC candidate travel, lodging, and meals
TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
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>P.S.B. Integrated Marketing 26012 Alantia Ocean Dr. Lake Forest, Calif. 92630</u>	<u>LIT</u>			<u>1,520.33</u>
<u>AMAC 1145 Catalina Ave Redondo Beach, Calif. 90277 Post Office</u>	<u>LIT</u>			<u>322.00</u>
<u>El Toro/Lake Forest, Calif. 92630</u>	<u>POS</u>			<u>1,935.79</u>

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

SUBTOTAL \$

See Next Page

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ 3,778.12
- 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 \$** 3,778.12

