

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

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CALIFORNIA 460
FORM

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For Official Use Only

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

Statement covers period
from June 01, 00
through June 30, 00

SEE INSTRUCTIONS ON REVERSE

- 1. Type of Recipient Committee:** All Committees - Complete Parts 1, 2, 3, and 7.
- Officeholder, Candidate Controlled Committee (Also Complete Part 4.)
 - Ballot Measure Committee
 - Primarily Formed Candidate/Officeholder Committee (Also Complete Part 6.)
 - General Purpose Committee
 - Primarily Formed
 - Controlled
 - Sponsored
 - Broad Based

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

3. Committee Information

COMMITTEE NAME: Kathleen McCullough (Kathy)

I.D. NUMBER: 943297

STREET ADDRESS (NO P.O. BOX): LAKE FOREST, CALIFORNIA 92630

CITY: LAKE FOREST STATE: CALIFORNIA ZIP CODE: 92630 AREA CODE/PHONE: NA

MAILING ADDRESS (IF DIFFERENT NO. AND STREET OR P.O. BOX): SAME

CITY: SAME STATE: SAME ZIP CODE: SAME AREA CODE/PHONE: SAME

OPTIONAL: FAX/E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER: William B. Studley

MAILING ADDRESS: NA

CITY: NA STATE: NA ZIP CODE: NA AREA CODE/PHONE: NA

NAME OF ASSISTANT TREASURER, IF ANY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ AREA CODE/PHONE: _____

OPTIONAL: FAX/E-MAIL ADDRESS: _____

Recipient Committee Campaign Statement Cover Page — Part 2

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4. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE
Anthony M. Cullough, County Member
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Asst. County Clerk, 92630
 CITY STATE ZIP
Asst. County Clerk, 92630

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)

 CITY STATE ZIP

Related Committees Not Included in this Statement: *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

5. 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

6. 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

Attach continuation sheets if necessary

7. 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 schedule 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 _____ DATE
July 31, 00
 Executed on _____ DATE
 Executed on _____ DATE
 Executed on _____ DATE

By *Anthony M. Cullough* SIGNATURE OF TREASURER OR ASSISTANT TREASURER
 By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR
 By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent
 By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Campaign Disclosure Statement Summary Page

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

SUMMARY PAGE

Statement covers period

from Jan 01, 00
through July 30, 00

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Kathleen McLaughlin

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I.D. NUMBER

943-297

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Contributions Received

Column B*
TOTAL PREVIOUS PERIOD
(SEE NOTE BELOW)

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column C
TOTAL TO DATE
(COLUMNS A + B)

1. Monetary Contributions	Schedule A, Line 3	\$ 0	\$ 0	\$ 0
2. Loans Received	Schedule B, Line 7	\$ 0	\$ 0	\$ 0
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$ 0	\$ 0	\$ 0
4. Nonmonetary Contributions	Schedule C, Line 3	\$ 0	\$ 0	\$ 0
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$ 0	\$ 0	\$ 0

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ 0	\$ 0	\$ 0
7. Loans Made	Schedule H, Line 7	\$ 0	\$ 0	\$ 0
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ 0	\$ 0	\$ 0
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ 0	\$ 0	\$ 0
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ 0	\$ 0	\$ 0
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ 0	\$ 0	\$ 0

Current Cash Statement

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

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

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 1, Column (b)	\$ 0	\$ 0	\$ 0
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Cash Equivalents and Outstanding Debts

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

* From previous statement Summary Page, Column C. However, if this is the first report filed for the calendar year, Column B should be blank except for Loans Received (Line 2), Loans Made (Line 7), and Accrued Expenses (Line 9).

Summary for Candidates in Both June and November Elections

20. Contributions Received	1/1 through 6/30	\$ 0	7/1 to Date	\$ 0
21. Expenditures Made		\$ 0		\$ 0

Schedule A Monetary Contributions Received

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

SCHEDULE A

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FORM

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I.D. NUMBER
943297

Statement covers period
from Jan 01, 00
through July 31, 00

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

S. Anne W. McCallough

DATE RECEIVED	FULL NAME, MAILING 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)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		0		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		0		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		0		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		0		
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH		0		
SUBTOTAL \$				0		

Schedule A Summary

Amount received this period -- contributions of \$100 or more.
(Include all Schedule A subtotals.) \$ 0

2. Amount received this period -- unitemized contributions of less than \$100 \$ 0

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 0

*Contributor Codes
IND - Individual
COM - Recipient Committee
OTH - Other

**Schedule H - Part 1
Loans Made to Others***

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

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER

Kathleen M. Callough

Statement covers period
from *Jan 01, 00*
through *June 30, 00*

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I.D. NUMBER

DATE OF LOAN	NAME AND ADDRESS OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	INTEREST RATE	DUE DATE	AMOUNT
<i>11-7-94</i>	<i>KATHLEEN M. Callough</i>	<i>0</i>		<i>2,500.00</i>
<i>10-22-98</i>	<i>LAKE FOREST CALIFORNIA 92630</i> <i>KATHLEEN M. Callough</i>	<i>0</i>		<i>1,500.00</i>

*Loans that are contributions to another candidate or committee must also be summarized on Schedule D.

SUBTOTAL \$ *4,000.00*

Schedule H - Part 1 Summary

- Loans of \$100 or more made this period. (Include all Loans Made - Part 1 subtotals.) \$ *0*
- Unitemized loans under \$100 made this period \$ *0*
- Total loans made this period. (Add Lines 1 and 2.) TOTAL \$ *0*

Schedule H - Part 2 Summary

- Payments received on loans of \$100 or more. (Include all loan payments received and all loans of \$100 or more forgiven by this committee - Part 2 (a) subtotals. If forgiven, also itemize on Schedule E.) \$ *0*
- Unitemized payments received on loans under \$100. (Including a forgiveness.) \$ *0*
- Total loan payments received this period. (Add Lines 4 and 5.) TOTAL \$ *0*
- Net change this period. (Subtract Line 6 from Line 3. Enter the net here and on the Summary Page, Column A, Line 7.) NET \$ *0*

May be a negative number