Schedule F Accrued Expenses (Unnaid Rills)

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

CALIFORNIA 460 Statement covers period

Accided Expenses (Onpaid Bills)	to whole dollars	•	from	FC	DRM TOO
SEE INSTRUCTIONS ON REVERSE			through		12 / 15
NAME OF FILER				I.D. NUM	MBER
Burke Re-Election Committee					
				12528	58
CODES: If one of the following codes accurately describe	s the payment, you may en	ter the code. Otherw	rise, describe the pay	ment.	
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 communicati MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	earch messenger services	RFD returned or SAL campaign TEL t.v. or cabl TRC candidate TRS staff/spous TSF transfer be VOT voter regis	workers' salaries e airtime and production travel, lodging, and mea se travel, lodging, and m tween committees of the	ls eals same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
California Community Newspapers	PRT	120.00	0.00	120.00	0.00
City Club on Bunker Hill	MTG	197.00	0.00	197.00	0.00
Connie Cole	PRO	175.00	0.00	175.00	0.00
* Payments that are contributions or independent expenditures must also summarized on Schedule D.	be SUBTOTALS	\$	\$	5	\$
Schedule F Summary					
Total accrued expenses incurred this period. (Include all accrued expenses of \$100 or more, plus total unitemized)			INCU	RRED TOTALS \$ _	0.00
Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized	nedule F, Column (c) subtot	als for payments on		PAID TOTALS \$_	
Net change this period. Subtract Line 2 from Line 1. E on the Summary Page, Column A, Line 9.)				NET \$	-8370.88 May be a negative number.

Schedule F Accrued Expenses (Unpaid Bills)

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

CALIFORNIA 460 Statement covers period

			Irom		
			through		13 / 15
SEE INSTRUCTIONS ON REVERSE	TURNING STORY STORY STORY				
NAME OF FILER Burke Re-Election Committee				I.D. NUI	MBER
				12528	358
CODES: If one of the following codes accurately describes	the payment, you may ent	er the code. Otherw	ise, describe the pay	ment.	
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 communication MTG meetings and appearate office expenses PET petition circulating PHO phone banks POL polling and survey reserved postage, delivery and in professional services of print ads	earch messenger services	RFD returned or SAL campaign tv.v. or cable TRC candidate transfer be VOT regis	workers' salaries e airtime and production travel, lodging, and mea e travel, lodging, and m tween committees of the	ls eals e same candidate/spons
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
County of Los Angeles	OFC Postage Reimbursement	1300.00	0.00	1300.00	0.00
L. A. Watts Times	PRT Happy Holidays	792.00	0.00	792.00	0.00
Media Clips Inc	OFC	97.43	0.00	97.43	0.00
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	oe SUBTOTALS	\$	\$ \$		\$
Schedule F Summary 1. Total accrued expenses incurred this period. (Include all Saccrued expenses of \$100 or more, plus total unitemized	Schedule F, Column (b) sul accrued expenses under \$	ototals for 100.)	INCU	RRED TOTALS \$	
2. Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized	edule F, Column (c) subtota	als for payments on			
Net change this period. Subtract Line 2 from Line 1. En on the Summary Page, Column A, Line 9.)	ter the difference here and			NET \$	May be a negative number.

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SCH	-		-	-

Schedule	e F		
Accrued	Expenses	(Unpaid	Bills)

Type or print in ink. Amounts may be rounded

CALIFORNIA ACO Statement covers period

Accrued Expenses (Unpaid Bills)	to whole dollars	•	from	F	ORM 40U
SEE INSTRUCTIONS ON REVERSE			through		14 / 15
NAME OF FILER	Commence of the commence of th			I.D. NU	JMBER
Burke Re-Election Committee					
	•			1252	858
CODES: If one of the following codes accurately describes	s the payment, you may ent	er the code. Otherw	ise, describe the pay	ment.	
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 communication MTG meetings and appeara OFC office expenses PET petition circulating PHO phone banks POL polling and survey resuppostage, delivery and PRO professional services PRT print ads	earch messenger services	RFD returned co SAL campaign v TEL t.v. or cable TRC candidate t TRS staff/spous TSF transfer be VOT voter regisi	workers' salaries e airtime and production ravel, lodging, and me e travel, lodging, and r tween committees of the	on costs eals neals ne same candidate/sponsor
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Miriam Simmons	OFC	281.70	0.00	281.70	0.00
Printco Graphics	OFC Holiday Cards	3528.95	0.00	3528.95	0.00
Toyo Photography	OFC	378.00	0.00	378.80	-0.80
* Payments that are contributions or independent expenditures must also summarized on Schedule D.	be SUBTOTALS	\$	\$ \$		\$
Schedule F Summary					
Total accrued expenses incurred this period. (Include all accrued expenses of \$100 or more, plus total unitemized)	Schedule F, Column (b) sul accrued expenses under \$	btotals for	INCU	RRED TOTALS \$	
Total accrued expenses paid this period. (Include all Sch accrued expenses of \$100 or more, plus total unitemized				PAID TOTALS \$	
Net change this period. Subtract Line 2 from Line 1. Er on the Summary Page, Column A, Line 9.)				NET \$	May be a negative number.

S	CH	4F	DI	11	F	F

Schedule	F		
Accrued	Expenses	(Unpaid	Bills)

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

CALIFORNIA 46 Statement covers period

			110111		
SEE INSTRUCTIONS ON REVERSE		through		15 / 15	
NAME OF FILER				I.D. NUI	MBER
Burke Re-Election Committee				12528	58
CODES: If one of the following codes accurately describes	the payment, you may ent	er the code. Otherw	ise, describe the pay	ment.	
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 communication MTG meetings and appears OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	earch messenger services	RFD returned or SAL campaign tv.v. or cabl TRC candidate TRS staff/spous TSF transfer be VOT voter regis	workers' salaries e airtime and productior travel, lodging, and mea se travel, lodging, and m stween committees of the	ls eals e same candidate/spons
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Wave Community Newspapers	PRT Season's Greetings	1500.00	0.00	1500.00	0.00

	r independent expenditures must also be
summarized on Schedule D.	

SUBTOTALS \$

8370.08\$

0.00\$

8370.88 \$

-0.80

Schedule F Summary

1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.).....

PAID TOTALS \$

3. Net change this period. Subtract	Line 2 from Line 1. Enter the difference here and
on the Summary Page, Column A,	Line 9.)

May be a negative number.