Schedule F Accrued Expenses (Unpaid Bills)	Statement cove		california 460				
Accided Expenses (Oripaid Billo)		1/2005					
			through 06/3	0/2005	Page_	<u>15</u> of _	16
NAME OF FILER Yvonne B Burke, Yvonne Bra	it		I.D. NUM	BER			
					9712	277	
CODES: If one of the following codes accurately descri	ibes the payment, you may	enter the code. Other	rwise, describe the p	ayment.			
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	MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) NED TEL TRS PRO Professional services (legal, accounting)			radio airtime and production costs returned contributions campaign workers salaries t.v. or cable airtime and production costs candidate travel, lodging and meals (explain) staff/spouse travel, lodging and meals (explain) transfer between committees of the same candidate/sponso voter registration information technology costs (internet, e-mail)			
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) AMOUND PAID THIS PERIOD (ALSO REPORT ON E)		(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	
American Express	OFC	0.00	112.59		0.00	1	.12.59
Bacon's Information Inc	OFC	0.00	194.86		0.00	1	194.86
Blazer Communications	PRT	245.00	0.00	2	45.00		0.00
	SUBTOTALS	\$ 245.00	\$ 307.45	\$ 2	45.00	\$	307.45
Schedule F Summary		-					
Total accrued expenses incurred this period. (Inclu- accrued expenses of \$100 or more, plus total unitemiz	de all Schedule F, Column (ted accrued expenses under	o) subtotals for payme \$100.)	ents for INCUR	RED.TOTA	L \$	1,	162.00
Total accrued expenses paid this period. (Include a accrued expenses of \$100 or more, plus total unitemiz				PAID TOTA	NL \$	\$	245.00
3. Net change this period. (Subtract Line 2 from Line 1	. Enter the difference here				IET :	\$	917.00

SCHEDULE F (CONT.)

Schedule F (Continuation Sheet) Accrued Expenses (Unpaid Bills)
 Statement covers period from __01/01/2005

 through _06/30/2005
 Page __16 of __16

 I.D. NUMBER

NAME OF FILER Yvonne B Burke, Yvonne Brathwaite Burke Office Holder Account

1.D. NUMBER
971277

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

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	BR member communications			AD ra	D radio airtime and production costs			
CNS	campaign consultants	MTG	ATG meetings and appearances			(FD re	D returned contributions			
CTB	contribution (explain nonmonetary)*	OFC	OFC office expenses			AL C	campaign workers salaries			
CVC	civic donations	PET	PET petition circulating			EL t.	. t.v. or cable airtime and production costs			
FIL	candidate filing/ballot fees	PHO	PHO phone banks			RC c	candidate travel, lodging and meals (explain)			
FND	fundraising events	POL	POL polling and survey research			RS st	S staff/spouse travel, lodging and meals (explain)			
IND	independent expenditure supporting/opposing others (explain)*	POS	POS postage, delivery and messenger services			SF tr	F transfer between committees of the same candidate/sponsor			
	legal defense	PRO	O professional services (legal, accounting)			OT v	OT voter registration			
LIT	campaign literature and mailings	PRT	print ads		V	VEB ir	formation technology costs	s (internet, e-mail)		
				(a)	(b)		(c)	(d)		

	SUBTOTALS	\$ 0.00	\$ 854.55	\$ 0.00	\$ 854.55
	OFC	0.00	64.55	0.00	64.55
LAX Flowers	OFC	0.00	85.00	0.00	85.00
Community Services Resource Corp.	cvc	0.00	500.00	0.00	500.00
City Club on Bunker Hill	OFC	0.00	205.00	0.00	205.00
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) AMOUND PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD