

**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 1-1-2010  
through 6-30-2010

Date of election if applicable:  
(Month, Day, Year)  
10 JUL 28 P 1:17

Date Stamp

RECEIVED

CITY OF WALNUT

CALIFORNIA  
FORM  
**460**

Page 1 of 1  
For Official Use Only

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

- Officemaker, 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 6)
- Primarily Formed Candidate/Officemaker Committee (Also Complete Part 7)

**2. Type of Statement: CITY CLERKS OFFICE**

- 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) Brigid Burke for Walnut City Council 2010

I.D. NUMBER 159690

STREET ADDRESS (NO P.O. BOX) 416 Cloveade Lane  
CITY Walnut STATE CA ZIP CODE 91089 AREA CODE/PHONE 909-595-6491  
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

OPTIONAL: FAX / E-MAIL ADDRESS \_\_\_\_\_

**Treasurer(s)**

NAME OF TREASURER Brigid Burke  
MAILING ADDRESS 416 Cloveade Lane  
CITY Walnut STATE CA ZIP CODE 91089 AREA CODE/PHONE 909-595-6491  
NAME OF ASSISTANT TREASURER, IF ANY \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ AREA CODE/PHONE \_\_\_\_\_

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 July 26, 2010 Date  
Executed on July 26, 2010 Date  
Executed on \_\_\_\_\_ Date

By Brigid Burke Signature of Treasurer or Assistant Treasurer  
By Brigid Burke Signature of Controlling Officemaker, Candidate, State Measure Proponent or Responsible Officer of Sponsor  
By \_\_\_\_\_ Signature of Controlling Officemaker, Candidate, State Measure Proponent  
By \_\_\_\_\_ Signature of Controlling Officemaker, 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 2

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Barbara B. Steyer

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Member of Walnut City Council Walnut CA

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP  
416 Cleveland Ave Walnut CA 91189

**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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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	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.

Statement covers period  
from JAN 1 2010  
through 6-30-2010

CALIFORNIA  
FORM  
**460**

Page 3 of 7

I.D. NUMBER  
1319690

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER  
Brigid Bjerkre

## Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 0	4453.00
2. Loans Received .....	Schedule B, Line 3 0	0
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 0	4453.00
4. Nonmonetary Contributions .....	Schedule C, Line 3 800.00	880.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 800.00	1253.00

## Expenditures Made

6. Payments Made .....	Schedule E, Line 4 2068.40	5593.50
7. Loans Made .....	Schedule H, Line 3 0	0
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 2068.40	5593.50
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 0	0
10. Nonmonetary Adjustment .....	Schedule G, Line 3 800.00	880.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 2268.40	8373.50

## Current Cash Statement

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

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

## Cash Equivalents and Outstanding Debts

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2	0
18. Cash Equivalents .....	See instructions on reverse	0
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above	0

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

20. Contributions Received .....	1/1 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)	Date of Election (mm/dd/yy)	Total to Date
_____	____/____/____	\$ _____
_____	____/____/____	\$ _____

\*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 C Nonmonetary Contributions Received

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

SCHEDULE C

CALIFORNIA  
FORM  
**460**

Statement covers period  
from Jan. 1, 2010  
through 6-30, 2010

Page 4 of 7

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Bricid Bjerkke

I.D. NUMBER

1319690

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)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
<u>4/9/2010</u>	<u>Ms. Justson Lee 1050 E. Yonah Lindahl #101 Placentia CA 92870</u>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	<u>Secretary Kingshrize</u>	<u>Robo Calls Phone Bank</u>	<u>200.00</u>	<u>200.00</u>	
<b>SUBTOTAL \$</b>					<u>200.00</u>		

## Schedule C Summary

- Amount received this period - itemized nonmonetary contributions.  
(Include all Schedule C subtotals.) ..... \$ 200.00
- Amount received this period - unitemized nonmonetary contributions of less than \$100 ..... \$ 0
- Total nonmonetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) ..... **TOTAL \$** 200.00

\* 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 D**  
**Summary of Expenditures**  
**Supporting/Opposing Other**  
**Candidates, Measures and Committees**

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

SCHEDULED  
 CALIFORNIA  
 FORM  
**460**

Statement covers period  
 from Jan 1 2010  
 through 6-30-2010

Page 5 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER Brigido Bjerk I.D. NUMBER 1319690

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
<u>4/11/2010</u>	<u>Gregg Frithle for Assembly</u> <u>I.D. 1329388</u> <u>both districts</u>	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		<u>\$ 500.00</u>	<u>\$ 500.00</u>	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
<b>SUBTOTAL \$</b>				<u>500.00</u>		

**Schedule D Summary**

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) ..... \$ 500.00
- Unitemized contributions and independent expenditures made this period of under \$100 ..... \$ 0
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) ..... **TOTAL \$** 500.00

**Schedule E  
Payments Made**

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

Statement covers period  
from Jan 1-2010  
through 6-30-2010

CALIFORNIA  
FORM **460**  
Page 6 of 7  
I.D. NUMBER  
1319670

SEE INSTRUCTIONS ON REVERSE  
NAME OF FILER

Braisid Bjerke

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

- |     |   |     |   |     |   |
|-----|---|-----|---|-----|---|
| CNP | campaign paraphernalia/misc.                                  | MER | member communications                     | RAD | radio airtime 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 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                   |
| IND | independent expenditure supporting/opposing others (explain)* | POS | posting, 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
Jenny Kang 20818 Donail Row Dr. Walnut, CA 91789	LIT	LIT-MAILERS	90.00
The Dot Seneca Atos 10318 Santa Fe Springs Road Santa Fe Springs, CA 90660	LIT	LIT-MAILERS	419.05
CAAD LLC 616 S. Atlantic Blvd. Monterey Park, CA 91754	LIT	Mailing Service	249.44
<b>SUBTOTAL \$</b>			<b>756.49</b>

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

**Schedule E Summary**

- Itemized payments made this period. (Include all Schedule E subtotals.) ..... \$ 2068.40
- 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 \$** 2068.40

**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 Jan 1, 2010  
through 6-30-2010

CALIFORNIA  
FORM **460**

Page 7 of 7

SEE INSTRUCTIONS ON REVERSE

NAME OF PAYER  
Brigid Bjerk

I.D. NUMBER  
1319690

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

- OMP campaign paraphernalia/misc.
- CNS campaign consultants
- CTB contribution (explain nonmonetary)\*
- CVC civic donations
- FL candidate filing/ballot fees
- FND fundraising events
- IND independent expenditure supporting/opposing others (explain)\*
- LEG legal defense
- LT campaign literature and mailings
- MBR member communications
- 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)
- 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
- TSE 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>USPS</u>	<u>POS</u>			<u>545.99</u>
<u>COSTCO</u> <u>13111 Peyton Drive</u> <u>Chino Hills, CA 91109</u>	<u>CMP</u>		<u>Food for Volunteers</u> <u>Election Night Gathering</u>	<u>195.98</u>
<u>HOWARD WANG for Walnut Council 2010</u> <u>21619 Parkview Ct, Walnut</u> <u>F.O. 1319639</u>	<u>OFC</u>		<u>Payment for</u> <u>Office Electricity</u>	<u>69.76</u>
<u>Gregg Frittle for Calif. Assembly</u> <u>6000 D Street</u>	<u>CTB</u>			<u>500.00</u>

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

SUBTOTAL \$ 1311.91