

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

Date Stamp

CALIFORNIA
FORM

460

Statement covers period

from 01/01/2003

through 06/30/2003

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

Page 1 of 136

For Official Use Only

SEE INSTRUCTIONS ON REVERSE

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

- ☒ Officeholder, 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/Officeholder 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)
- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection Statement - Attach Form 495

CORRECT ALL SCHEDULESCORRECT ALL SCHEDULESCORRECT ALL SCHEDULES

3. Committee Information

I.D. NUMBER
1250840

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
KAMALA HARRIS FOR DISTRICT ATTORNEY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN FRANCISCO	CA	94108	(415) 732-7700

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

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

JAMES R. SUTTON

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
SAN FRANCISCO	CA	94108	(415) 732-7700

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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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 _____
Date

Executed on _____
Date

Executed on _____
Date

Executed on _____
Date

By _____
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

Recipient Committee
Campaign Statement
Cover Page — Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM 460

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

KAMALA HARRIS

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

District Attorney SAN FRANCISCO

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

94108

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

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ 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 01/01/2003 through 06/30/2003	CALIFORNIA FORM 460 Page 3 of 136 I.D. NUMBER 1250840
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions Schedule A, Line 3	\$ 139,438.00	\$ 139,438.00
2. Loans Received Schedule B, Line 3	\$ 0.00	\$ 0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$ 139,438.00	\$ 139,438.00
4. Nonmonetary Contributions Schedule C, Line 3	\$ 370.00	\$ 370.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$ 139,808.00	\$ 139,808.00

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	\$ 0.00	\$ 0.00
21. Expenditures Made	\$ 0.00	\$ 0.00

Expenditures Made

6. Payments Made Schedule E, Line 4	\$ 132,355.48	\$ 132,355.48
7. Loans Made Schedule H, Line 3	\$ 0.00	\$ 0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$ 132,355.48	\$ 132,355.48
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$ 41,315.73	\$ 41,315.73
10. Nonmonetary Adjustment Schedule C, Line 3	\$ 370.00	\$ 370.00
11. TOTALEXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 174,041.21	\$ 174,041.21

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
/ /	\$
/ /	\$

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16	\$ 102,129.37
13. Cash Receipts Column A, Line 3 above	139,438.00
14. Miscellaneous Increases to Cash Schedule I, Line 4	1,445.21
15. Cash Payments Column A, Line 8 above	132,355.48
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$ 110,657.10

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

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$ 0.00
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse	\$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 41,315.73

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.

Schedule A

Monetary Contributions Received

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

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 4 of 136

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

I.D. NUMBER
1250840

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)
06/02/2003	CHRISTINE LINNENBACK SAN FRANCISCO CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY JOHN F. PRENTICE & ASSOC	\$100.00	\$100.00	
04/29/2003	PETRA DE JESUS SAN FRANCISCO CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY KAZAN, MCCLAIN, ET. AL.	\$200.00	\$200.00	
04/29/2003	GORDON GREENWOOD OAKLAND CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY KAZAN, MCCLAIN, ET. AL.	\$500.00	\$500.00	
05/30/2003	JAMES EMERY SAN FRANCISCO CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY KEKER AND VAN NEST	\$200.00	\$200.00	
03/16/2003	SUSAN HARRIMAN SAN FRANCISCO CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY KEKER & VAN NEST, LLP	\$500.00	\$500.00	
SUBTOTAL \$				\$1,500.00		

Schedule A Summary

- Amount received this period – itemized monetary contributions.
(Include all Schedule A subtotals.) \$ 134,600.00
- Amount received this period – unitemized monetary contributions of less than \$100 \$ 4,838.00
- Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL \$** 139,438.00

*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 A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 5 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
05/31/2003	STEVEN HIRSCH SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY KEKER & VAN NEST, LLP	\$200.00	\$200.00	
04/29/2003	CASSANDRA KNIGHT SAN FRANCISCO CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY KEKER & VAN NEST	\$100.00	\$100.00	
06/30/2003	JAN LITTLE SAN RAFAEL CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY KEKER & VAN NEST, LLP	\$250.00	\$250.00	
05/30/2003	MICHAEL PAGE SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY KEKER & VAN NEST	\$250.00	\$250.00	
06/30/2003	JAMES SLAUGHTER SAN FRANCISCO CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY KEKER & VAN NEST	\$200.00	\$200.00	
SUBTOTAL \$				\$1,000.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 6 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/30/2003	RAGESH TANGRI OAKLAND CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY KEKER & VAN NEST, LLP	\$350.00	\$350.00	
05/30/2003	ROBERT VAN NEST SAN FRANCISCO CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY KEKER & VAN NEST	\$250.00	\$250.00	
06/15/2003	SUSAN KUMAGAI OAKLAND CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY LAFAYETTE & KUMAGAI	\$500.00	\$500.00	
02/13/2003	GARY LAFAYETTE SAN FRANCISCO CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY LAFAYETTE & KUMAGAI, LLP	\$500.00	\$500.00	
06/02/2003	ELISABETH GUNTHER SAN FRANCISCO CA 94108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY LAW OFFICES OF ROBERT C. GOODMAN	\$200.00	\$200.00	
SUBTOTAL \$				\$1,800.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/15/2003	DALE MINAMI OAKLAND CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY MINAMI LEW & TAMAKI	\$150.00	\$250.00	
05/01/2003	DALE MINAMI OAKLAND CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY MINAMI LEW & TAMAKI	\$100.00	\$250.00	
06/30/2003	JAMES BROSNAHAN BERKELEY CA 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY MORRISON & FOERSTER	\$500.00	\$500.00	
06/30/2003	MARLA MILLER SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY MORRISON & FOERSTER	\$100.00	\$100.00	
06/30/2003	CHRISTOPHER MOSCONE MILL VALLEY CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY MOSCONE, EMBLIDGE & QUADRA	\$250.00	\$500.00	
SUBTOTAL \$				\$1,100.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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04/29/2003	REBECCA BEDWELL-COLL SAN FRANCISCO CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY MOSCONE, EMBLIDGE & QUADRA	\$100.00	\$100.00	
06/15/2003	CHRISTOPHER MOSCONE MILL VALLEY CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY MOSCONE, EMBLIDGE & QUADRA	\$250.00	\$500.00	
06/30/2003	ROHIT KHANNA SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY MUNGER, TOLLES & OLSON	\$250.00	\$250.00	
03/16/2003	DAVID ALEXANDER OAKLAND CA 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY PORT OF OAKLAND	\$500.00	\$500.00	
06/30/2003	JAMES ANDRUS BELLEVUE WA 98007	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY PRESTON, GATES	\$100.00	\$100.00	
SUBTOTAL \$				\$1,200.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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06/30/2003	JOHN BOOS SAN FRANCISCO CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY PRESTON GATES & ELLIS LLP	\$150.00	\$150.00	
06/30/2003	CELIA WAN-TSING LEE SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY PRESTON GATES & ELLIS LLP	\$100.00	\$100.00	
06/30/2003	BRIAN TOMAN SAN FRANCISCO CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY PRESTON, GATES	\$100.00	\$100.00	
06/30/2003	KIRK DUBLIN KENMORE WA 98028	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY PRESTON, GATES, ET. AL.	\$100.00	\$100.00	
06/30/2003	ROCHELLE FORTIER NWADIBIA SAN FRANCISCO CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY PRIVITERA & NWADIBIA	\$100.00	\$100.00	
SUBTOTAL \$				\$550.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 10 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/25/2003	RONALD CLAVELOUX SAN FRANCISCO CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY PROVIDIAN FINANCIAL	\$100.00	\$100.00	
05/01/2003	KURT KUMLI SAN FRANCISCO CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SANTA CLARA COUNTY	\$500.00	\$500.00	
06/07/2003	MARGOT KRAMER BIEHLE LARKSPUR CA 94939	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF/SAME	\$200.00	\$200.00	
06/30/2003	MARYLON BOYD OAKLAND CA 94605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF/SAME	\$500.00	\$500.00	
06/02/2003	JOHN BURRIS OAKLAND CA 94621	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY LAW OFFICES OF JOHN L. BURRIS	\$500.00	\$500.00	
SUBTOTAL \$				\$1,800.00		

***Contributor Codes**

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 11 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/30/2003	RODNEY GOYA OAKLAND CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF/SAME	\$250.00	\$250.00	
04/15/2003	JAMES HAAS SAN FRANCISCO CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF/SAME	\$150.00	\$400.00	
06/15/2003	JAMES HAAS SAN FRANCISCO CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF/SAME	\$250.00	\$400.00	
06/15/2003	JAN JEMISON OAKLAND CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF/SAME	\$100.00	\$100.00	
06/30/2003	ANTHONY LEE SAN FRANCISCO CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF/SAME	\$250.00	\$250.00	
SUBTOTAL \$				\$1,000.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 12 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
04/29/2003	JACK MOSS SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF/SAME	\$100.00	\$100.00	
06/05/2003	NICOLE MUSHKIN SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF/SAME	\$500.00	\$500.00	
05/23/2003	MARK NICCO SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF/SAME	\$100.00	\$100.00	
01/26/2003	ENRIQUE RAMIREZ SAN FRANCISCO CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF/SAME	\$500.00	\$500.00	
05/23/2003	ELLEN RAMSEY SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF/SAME	\$500.00	\$500.00	
SUBTOTAL \$				\$1,700.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 13 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/07/2003	CHARLES RENFREW SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF/SAME	\$500.00	\$500.00	
05/01/2003	ROBERT SOMMERS PIEDMONT CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF/SAME	\$100.00	\$100.00	
06/02/2003	GLENN THOMPSON MILL VALLEY CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF/SAME	\$100.00	\$100.00	
06/02/2003	JAN D'ALLESANDRO WADSWORTH SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF/SAME	\$100.00	\$350.00	
06/30/2003	JAN D'ALLESANDRO WADSWORTH SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF/SAME	\$250.00	\$350.00	
SUBTOTAL \$				\$1,050.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/02/2003	JAMES BUSTAMANTE SAN FRANCISCO CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FIREFIGHTER CCSF	\$150.00	\$400.00	
06/15/2003	JAMES BUSTAMANTE SAN FRANCISCO CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FIREFIGHTER CCSF	\$250.00	\$400.00	
06/15/2003	JERRY SPOLTER SAN FRANCISCO CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SPOLTER, MCDONALD	\$200.00	\$200.00	
06/15/2003	JONATHAN KITCHEN SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SQUIRE, SANDERS & DEMPSEY, LLP	\$500.00	\$500.00	
06/15/2003	THOMAS WOOFER SAN FRANCISCO CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SQUIRE, SANDERS	\$250.00	\$250.00	
SUBTOTAL \$				\$1,350.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/30/2003	CHARLES McELWEE SAN FRANCISCO CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SQUIRES, SANDERS	\$100.00	\$100.00	
06/15/2003	JULIE SOO SAN FRANCISCO CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY CA DEPT. OF INSURANCE	\$250.00	\$250.00	
06/15/2003	GREGORY FRANCHI HILLSBOROUGH CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY THE NARAYAN LAW FIRM	\$500.00	\$500.00	
06/15/2003	MUKESH ADVANI ALAMEDA CA 94502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF/SAME	\$250.00	\$250.00	
06/30/2003	WILLIAM GOODMAN BERKELEY CA 94708	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY TOPEL & GOODMAN	\$200.00	\$200.00	
SUBTOTAL \$				\$1,300.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/30/2003	LAUREL BEELER SAN FRANCISCO CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY US DOJ	\$100.00	\$100.00	
05/01/2003	ISMAIL RAMSEY OAKLAND CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY KEKER & VAN NEST	\$100.00	\$100.00	
06/30/2003	JONATHAN SCHMIDT SAN FRANCISCO CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY US DOJ	\$150.00	\$150.00	
06/07/2003	MICHAEL KELLY SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY WALKUP MELODIA KELLY ET AL.	\$250.00	\$250.00	
06/07/2003	MATTHEW DAVIS SAN FRANCISCO CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY WALKUP MELODIA KELLY ET AL.	\$200.00	\$200.00	
SUBTOTAL \$				\$800.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/02/2003	KHALDOUN BAGHDADI SAN FRANCISCO CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY WALKUP, MELODIA, ET. AL.	\$250.00	\$250.00	
06/15/2003	PAUL MELODIA SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY WALKUP, MELODIA, ET AL.	\$250.00	\$250.00	
06/30/2003	CARA SHEEAN SAN FRANCISCO CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY WELLS FARGO	\$500.00	\$500.00	
06/30/2003	STANLEY STROUP SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY WELLS FARGO	\$250.00	\$250.00	
06/30/2003	RACHEL SCOTT SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY WININGHAM, ROBERTS	\$500.00	\$500.00	
SUBTOTAL \$				\$1,750.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/30/2003	MARCUS SANDERS ANTIOCH CA 94531	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY WORLD WIDE MANUFACTURING	\$100.00	\$100.00	
05/01/2003	HARSHA KRISHNAPPA FOSTER CITY CA 94404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BANKER CITIGROUP	\$100.00	\$100.00	
05/23/2003	JULIE HARKINS ORINDA CA 94563	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BANKER FIRST REPUBLIC BANK	\$500.00	\$500.00	
06/30/2003	JOHN VERDOIA SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BANKER FIRST REPUBLIC BANK	\$100.00	\$100.00	
04/29/2003	STEPHEN ADAMS SAN FRANCISCO CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BANKER STERLING BANK	\$100.00	\$100.00	
SUBTOTAL \$				\$900.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 19 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/30/2003	ROBERT BRANSTEN SAN FRANCISCO CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO BRANSTEN MANAGEMENT	\$500.00	\$500.00	
06/30/2003	BERNARD OSHER SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO BUTTERFIELDS	\$250.00	\$500.00	
06/30/2003	KATHRYN AND BO LASATER SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO EARTHLIKE ENTERTAINMENT	\$250.00	\$250.00	
05/23/2003	JOHN BOWES SAN FRANCISCO CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR CAMELBAK	\$500.00	\$500.00	
06/30/2003	MARY McCUE SAN FRANCISCO CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO KTB MANAGEMENT	\$500.00	\$500.00	
SUBTOTAL \$				\$2,000.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 20 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/30/2003	KATHRYN HALL SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO OFFIT HALL CAPITAL MANAGEMENT	\$500.00	\$500.00	
06/25/2003	STEVEN KIRSCH LOS ALTOS HILLS CA 94022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO PROPEL	\$500.00	\$500.00	
04/29/2003	KAY HARRIGAN WOODS SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHAIRMAN SCOTCH PLYWOOD CO.	\$500.00	\$500.00	
04/29/2003	HELEN HILTON RAISER SAN FRANCISCO CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHAIR THE RAISER ORGANIZATION	\$250.00	\$250.00	
06/30/2003	RAY DOLBY SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHAIRMAN DOLBY LABS	\$500.00	\$500.00	
SUBTOTAL \$				\$2,250.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/02/2003	MARA ROSALES SAN FRANCISCO CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY MEYERS NAVE	\$200.00	\$200.00	
06/15/2003	MONICA WILEY OAKLAND CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY CITY & COUNTY OF SAN FRANCISCO	\$250.00	\$250.00	
05/14/2003	NANCY O'MALLEY PLEASANT HILL CA 94523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHIEF ASSISTANT D.A. ALAMEDA COUNTY D.A.	\$250.00	\$250.00	
06/07/2003	SALLY LILIENTHAL SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CIVIC VOLUNTEER SELF/SAME	\$400.00	\$600.00	
06/30/2003	DAGMAR DOLBY SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CIVIC VOLUNTEER	\$500.00	\$500.00	
SUBTOTAL \$				\$1,600.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/07/2003	MARIA MANETTI FARROW SAN FRANCISCO CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER VILLA MILLE ROSE	\$250.00	\$250.00	
06/15/2003	INGRID VON MANGOLDT HILLS SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CIVIC VOLUNTEER SELF/SAME	\$200.00	\$200.00	
06/02/2003	SALLY LILIENTHAL SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CIVIC VOLUNTEER SELF/SAME	\$200.00	\$600.00	
06/25/2003	JEFF KAUFFMAN VALLEJO CA 94590	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEPUTY D.A. SOLANO COUNTY	\$100.00	\$100.00	
06/15/2003	EUGENE COLEMAN SAN FRANCISCO CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADMINISTRATOR CITY & COUNTY OF SAN FRANCISCO	\$100.00	\$100.00	
SUBTOTAL \$				\$850.00		

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SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 23 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
03/16/2003	HARLEN KELLY SAN FRANCISCO CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEPUTY DIRECTOR CCSF	\$250.00	\$250.00	
06/15/2003	DOROTHY BUSTAMANTE SAN FRANCISCO CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEPUTY P.D. CCSF	\$250.00	\$250.00	
06/15/2003	ELISE FRIEDMAN SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DESIGNER SELF/SAME	\$500.00	\$500.00	
06/30/2003	KATHERINE RICE SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DESIGNER SELF/SAME	\$100.00	\$100.00	
06/25/2003	SARAH SHAW SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETAILER SARAH SHAW STORE	\$250.00	\$250.00	
SUBTOTAL \$				\$1,350.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 24 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/30/2003	SHIRLEY SULLIVAN SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DESIGNER SELF/SAME	\$500.00	\$500.00	
06/25/2003	ALBERT OTERO ANAHEIM HILLS CA 92808	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEVELOPER AMERICAN HOUSING CONSTRUCTION INC.	\$500.00	\$500.00	
06/05/2003	RON ZEFF SAN FRANCISCO CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEVELOPER CARMEL PARTNERS	\$500.00	\$500.00	
03/02/2003	S. OSBORN ERICKSON SAN FRANCISCO CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEVELOPER EMERALD FUND	\$500.00	\$500.00	
06/30/2003	BARTON INVESTMENTS, LLC SARATOGA CA 95070	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
SUBTOTAL \$				\$2,500.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 25 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/25/2003	RONALD KAUFMAN SAN FRANCISCO CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEVELOPER THE RON KAUFMAN COMPANY	\$500.00	\$500.00	
06/30/2003	MICHELE MEANY SAN FRANCISCO CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEVELOPER WILSON, MEANY, SULLIVAN	\$500.00	\$500.00	
06/25/2003	LANI BUMA SAN FRANCISCO CA 94108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEVELOPMENT OFFICER CITY TEAM MINISTRY	\$100.00	\$100.00	
06/30/2003	DIANE FILIPPI SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIR. SPUR URBAN CENTER	\$100.00	\$350.00	
06/30/2003	DIANE FILIPPI SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIR. SPUR URBAN CENTER	\$250.00	\$350.00	
SUBTOTAL \$				\$1,450.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
01/26/2003	STEVEN BARTON SAN FRANCISCO CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIR. CORP. CONTRIBUTIONS GAP FOUNDATIONS	\$100.00	\$100.00	
06/25/2003	ALEXANDRA BURNS SAN FRANCISCO CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP TECHNET	\$100.00	\$100.00	
05/23/2003	LISBET SUNSHINE SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIRECTOR MFAC	\$125.00	\$125.00	
05/23/2003	NANCY BECHTLE SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR SELF/SAME	\$250.00	\$250.00	
02/13/2003	THOMAS ORLOFF OAKLAND CA 94612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DISTRICT ATTORNEY ALAMEDA COUNTY	\$500.00	\$500.00	
SUBTOTAL \$				\$1,075.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/15/2003	ESTHER LEE SAN FRANCISCO CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DISTRICT REP SEN JOHN BURTON	\$250.00	\$500.00	
03/16/2003	ESTHER LEE SAN FRANCISCO CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DISTRICT REP SEN JOHN BURTON	\$250.00	\$500.00	
06/07/2003	LESLIE STOVAL MILL VALLEY CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DJ KBLX	\$250.00	\$250.00	
06/30/2003	INDER DHILLON SAN FRANCISCO CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DOCTOR KAISER	\$400.00	\$500.00	
06/30/2003	SAMUEL SOBOL SAN FRANCISCO CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DOCTOR UCSF	\$100.00	\$100.00	
SUBTOTAL \$				\$1,250.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/30/2003	PAMALA NOLI OAKLAND CA 94612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ED. CONSULTANT SELF/SAME	\$500.00	\$500.00	
06/23/2003	ROMA GUY SAN FRANCISCO CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EDUCATOR SF STATE	\$100.00	\$100.00	
06/25/2003	JOHN RUSSO SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE INVESTOR SELF/SAME	\$100.00	\$100.00	
06/30/2003	JORGE DeQUESADA SAN FRANCISCO CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ESTIMATOR SELF/SAME	\$100.00	\$100.00	
06/30/2003	CHRIS CARNES SAN FRANCISCO CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EVENT PRODUCER SELF/SAME	\$100.00	\$100.00	
SUBTOTAL \$				\$900.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
01/26/2003	ELEANOR JOHNS SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE ASSISTANT CITY & COUNTY OF SAN FRANCISCO	\$500.00	\$500.00	
05/01/2003	LOVELY DHILLON SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE DIRECTOR LAW SCHOOL CONSORTIUM	\$200.00	\$200.00	
06/30/2003	THOMAS PHILLIPS SAN FRANCISCO CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXEC. DIR RAINBOW COMMUNITY CENTER, CONCORD	\$100.00	\$100.00	
06/25/2003	QUINN DELANEY OAKLAND CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXEC. DIR. AKONADI FOUNDATION	\$500.00	\$500.00	
06/15/2003	SONIA MELARA SAN FRANCISCO CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE DIRECTOR ARRIBA JUNTOS	\$250.00	\$250.00	
SUBTOTAL \$				\$1,550.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/30/2003	ANNAMARIE BOOTH SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXEC. DIR. NATIONAL CONFERENCE FOR COMMUNITY JUSTICE	\$100.00	\$100.00	
06/30/2003	BUTLER ENTERPRISE GROUP SAN FRANCISCO CA 94107	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
05/23/2003	GEORGE HUME SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE BASIC AMERICAN, INC.	\$500.00	\$500.00	
06/15/2003	STEVEN DINKELSPIEL SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PUBLISHER SF MAGAZINE	\$500.00	\$500.00	
04/29/2003	BYRON MEYER & COMPANY SAN FRANCISCO CA 94133	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
SUBTOTAL \$				\$1,700.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
03/02/2003	JUAN THIERIOT SAN FRANCISCO CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR SELF/SAME	\$500.00	\$500.00	
06/30/2003	REGINA LEACHMAN SAN JOSE CA 95134	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE EAH	\$100.00	\$100.00	
04/15/2003	PETER MICHAEL SAN FRANCISCO CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE SELF/SAME	\$500.00	\$500.00	
06/15/2003	TOM KELLEY SAN FRANCISCO CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE SELF/SAME	\$100.00	\$100.00	
06/30/2003	CHARLES SCHRECK MENLO PARK CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE SELF/SAME	\$500.00	\$500.00	
SUBTOTAL \$				\$1,700.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/15/2003	KARL BALDAUF SAN FRANCISCO CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE SHORENSTEIN CO.	\$300.00	\$300.00	
06/15/2003	PATRICIA DINNER SAN FRANCISCO CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BOARD OF DIRECTORS THE SWIG INVESTMENT COMPANY	\$100.00	\$100.00	
05/23/2003	CAROL GOLDBERG ROSS CA 94957	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE AGENT TRI-COLDWELL BANKER	\$125.00	\$125.00	
06/25/2003	WAYNE JORDAN OAKLAND CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE DEVELOPER SELF/SAME	\$500.00	\$500.00	
06/30/2003	PAUL SACK SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE INVESTOR PAUL SACK PROPERTIES	\$500.00	\$500.00	
SUBTOTAL \$				\$1,525.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 33 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
04/29/2003	CANNON CONSTRUCTORS SAN FRANCISCO CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
06/30/2003	KENNETH LEBLANC SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REALTOR TRI / COLDWELL	\$200.00	\$200.00	
06/30/2003	MARILYN MINDEL SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RESEARCHER COMMONWEAL	\$100.00	\$100.00	
06/30/2003	JOHN POWERS SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RESERCH DIR. OFFIT HALL CAPITAL MANAGEMENT	\$500.00	\$500.00	
06/15/2003	KIMBERLY LEA QUINLIN-BAKKER SAN FRANCISCO CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RESTRANTEUR LE COLONIAL	\$250.00	\$250.00	
SUBTOTAL \$				\$1,550.00		

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SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 34 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/30/2003	WILLIAM BALDWIN OAKLAND CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	\$100.00	\$100.00	
05/23/2003	KARIN BAUER SAN FRANCISCO CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$250.00	\$250.00	
06/05/2003	LOUISE M. BRADY SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$500.00	\$500.00	
05/23/2003	DANIEL COLLINS MILL VALLEY CA 94941	<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	
06/15/2003	JOSEPH FEE SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$250.00	\$250.00	
SUBTOTAL \$				\$1,300.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 35 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
04/29/2003	WAYNE FRIDAY SAN FRANCISCO CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$500.00	\$500.00	
06/15/2003	LATINO POLITICAL ACTION COMMITTEE (#990469) SAN FRANCISCO CA 94114	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
06/30/2003	MAXWELL & FRANKIE GILLETTE SAN FRANCISCO CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100.00	\$100.00	
05/01/2003	CAROL HEHMEYER WALNUT CREEK CA 94595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF/SAME	\$500.00	\$500.00	
06/25/2003	LUCILLE MCINTYRE JEWETT SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$500.00	\$500.00	
SUBTOTAL \$				\$2,100.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 36 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
05/23/2003	PATRICIA KENNEDY SAN FRANCISCO CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$500.00	\$500.00	
06/23/2003	POWER POLITICAL ACTION COMMITTEE (#1253828) SAN FRANCISCO CA 94109	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
06/15/2003	DOROTHY KNECHT SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$250.00	\$250.00	
06/30/2003	BETTE WALLACE LANDIS SAN FRANCISCO CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100.00	\$100.00	
06/02/2003	MARYON DAVIES LEWIS SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$500.00	\$500.00	
SUBTOTAL \$				\$1,450.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/25/2003	GLORIA LIBANG RENO NV 89523	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100.00	\$100.00	
04/15/2003	JAMES J. LUDWIG SAN FRANCISCO CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	\$100.00	\$100.00	
06/30/2003	RAFAEL MARTINEZ SAN FRANCISCO CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$125.00	\$125.00	
06/15/2003	NAN TUCKER McEVOY SAN FRANCISCO CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$500.00	\$500.00	
06/10/2003	EFFIE LEE MORRIS SAN FRANCISCO CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	\$250.00	\$325.00	
SUBTOTAL \$				\$1,075.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/25/2003	EFFIE LEE MORRIS SAN FRANCISCO CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	\$75.00	\$325.00	
06/07/2003	JOHN NEWLIN SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100.00	\$100.00	
04/29/2003	FRANCES PETROCELLI SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$150.00	\$200.00	
06/30/2003	FRANCES PETROCELLI SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$50.00	\$200.00	
06/30/2003	MERRILL RANDOL SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100.00	\$100.00	
SUBTOTAL \$				\$475.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/30/2003	ELANA YONAH ROSEN SAUSALITO CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	\$100.00	\$100.00	
05/01/2003	NATHAN AND NAN G. ROTH SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100.00	\$100.00	
05/23/2003	NORMA SCHLESINGER SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	\$150.00	\$150.00	
06/30/2003	SANDRA SCHMAIER BURLINGAME CA 94011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$300.00	\$300.00	
06/30/2003	BARBARA STOVALL MILL VALLEY CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$250.00	\$250.00	
SUBTOTAL \$				\$900.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
05/23/2003	FRAN STREETS SAN FRANCISCO CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	\$150.00	\$150.00	
06/30/2003	DIETER TEDE SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$100.00	\$100.00	
06/30/2003	NANCY LEAVENS SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SALES SELF/SAME	\$500.00	\$500.00	
06/30/2003	MITCHELL GEE SAUSALITO CA 94965	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SALESMAN GENE HILLER SPORTSWEAR	\$200.00	\$200.00	
06/30/2003	DAPHNE BRANSTEN SAN FRANCISCO CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE CASTO TRAVEL	\$500.00	\$500.00	
SUBTOTAL \$				\$1,450.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 41 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
04/29/2003	KIERAN JOHN FLAHERTY SAN FRANCISCO CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	GOVT. RELATIONS UCSF	\$100.00	\$100.00	
05/01/2003	JEANNE MILLIGAN SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HR CONSULTANT SELF/SAME	\$100.00	\$100.00	
06/25/2003	KEITH BRADKOWSKI SAN CARLOS CA 94070	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HEALTH CARE CONSULTANT SELF/SAME	\$100.00	\$100.00	
05/23/2003	PAMELA BAER SAN FRANCISCO CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	\$500.00	\$500.00	
03/16/2003	REBECCA BLEICH PIEDMONT CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER NONE	\$500.00	\$500.00	
SUBTOTAL \$				\$1,300.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/25/2003	NATASHA BOAS MILL VALLEY CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	\$150.00	\$200.00	
05/23/2003	FRANCES BOWES SAN FRANCISCO CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	\$500.00	\$500.00	
06/30/2003	ROBERTA ACHTENBERG SAN FRANCISCO CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP SF CHAMBER OF COMMERCE	\$250.00	\$250.00	
05/01/2003	RICHARDSON WATKINS SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE TMG PARTNERS	\$500.00	\$500.00	
06/25/2003	TEVEIA BARNES TIBURON CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF/SAME	\$500.00	\$500.00	
SUBTOTAL \$				\$1,900.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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06/25/2003	NAOMI LITTLE SAN FRANCISCO CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PURCHASER CITY & COUNTY OF SAN FRANCISCO	\$100.00	\$100.00	
05/31/2003	DINA KUNTZ SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE RECRUITING TRC EXECUTIVE SEARCH	\$100.00	\$100.00	
06/07/2003	PETER HALL SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE SEARCH HEIDRICK & STRUGGLES	\$100.00	\$100.00	
06/30/2003	PAUL ZAENTZ BERKELEY CA 94710	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FILM PRODUCER SELF/SAME	\$500.00	\$500.00	
06/02/2003	KIRBY WALKER SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FILM/VIDEO PRODUCER WALKER PRODUCTIONS	\$250.00	\$250.00	
SUBTOTAL \$				\$1,050.00		

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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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)
06/15/2003	MEGAN I CARLSON SAN FRANCISCO CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FILMAKER SELF/SAME	\$250.00	\$250.00	
06/30/2003	PETER GETTY SAN FRANCISCO CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FILMMAKER SELF/SAME	\$500.00	\$500.00	
03/02/2003	BERNIECE PATTERSON MORAGA CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FINANCIAL CONSULTANT MACKENZIE PATTERSON	\$500.00	\$500.00	
05/01/2003	TOBY ROSENBLATT SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	FINANCIAL CONSULTANT SELF/SAME	\$500.00	\$500.00	
06/25/2003	FREDERICK E. JORDON SAN FRANCISCO CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CIVIL ENGINEER F.E. JORDON & ASSOC.	\$500.00	\$500.00	
SUBTOTAL \$				\$2,250.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 45 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
05/01/2003	BARBARA FRENCH MILL VALLEY CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PUBLIC AFFAIRS/PUBLIC RELATIONS REPUTATION, LLC	\$500.00	\$500.00	
06/15/2003	MARK RITCHIE SAN JOSE CA 95113	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT RITCHIE COMMERCIAL REAL ESTATE	\$200.00	\$200.00	
06/15/2003	STEVEN FEINBERG SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT SF VIDEO	\$250.00	\$250.00	
04/29/2003	TREVOR DOW TRAINA SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT TRAINA CAPITAL	\$500.00	\$500.00	
06/30/2003	JAMES H. HERBERT SAN FRANCISCO CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT & CEO FIRST REPUBLIC BANK	\$500.00	\$500.00	
SUBTOTAL \$				\$1,950.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 46 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
04/29/2003	MARIA HUANOSTO SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	\$150.00	\$150.00	
05/08/2003	LESLIE HUME SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED	\$500.00	\$500.00	
05/23/2003	JILL KRAMER SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	\$500.00	\$500.00	
06/30/2003	JUDITH LANDINI PACIFICA CA 94044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	\$100.00	\$100.00	
02/13/2003	JAMEL PERKINS SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	\$500.00	\$500.00	
SUBTOTAL \$				\$1,750.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
05/30/2003	LIZANNE ROSENSTEIN SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	\$500.00	\$500.00	
06/07/2003	CHRISTINA DESSER SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT SELF / SAME	\$250.00	\$250.00	
06/30/2003	KAREN SULLIVAN PIEDMONT CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	\$250.00	\$250.00	
06/15/2003	J. TULE WEST SAN FRANCISCO CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	\$200.00	\$200.00	
06/30/2003	PRENTICE SACK SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER NONE	\$500.00	\$500.00	
SUBTOTAL \$				\$1,700.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/30/2003	DIANE WILSEY SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CIVIC VOLUNTEER	\$500.00	\$500.00	
06/15/2003	ISABELLE FRITZ-COPE SAN FRANCISCO CA 94108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOTELIER THE HUNTINGTON	\$500.00	\$500.00	
04/15/2003	CARLIN ANTON SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOUSEWIFE	\$100.00	\$100.00	
04/29/2003	SANDRA BLEY SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	\$150.00	\$150.00	
06/30/2003	ELIZABETH THERIOT SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOUSEWIFE	\$500.00	\$500.00	
SUBTOTAL \$				\$1,750.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/07/2003	EDITH TOBIN SAN FRANCISCO CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOUSEWIFE	\$500.00	\$500.00	
06/05/2003	ANETTE MARWELD ZEFF SAN FRANCISCO CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOUSEWIFE	\$500.00	\$500.00	
03/16/2003	TOYE MOSES SAN FRANCISCO CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HUMAN SERVICES DIR. SE COMMUNITY FACILITY CTR	\$100.00	\$100.00	
06/30/2003	TRACY BAXTER SAN FRANCISCO CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COMMUNICATIONS ORGANIZER CAL. LABOR FEDERATION	\$250.00	\$250.00	
06/30/2003	JIM CRISOLO WALNUT CREEK CA 94596	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INSPECTOR ALAMEDA COUNTY D.A.	\$100.00	\$100.00	
SUBTOTAL \$				\$1,450.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
05/14/2003	LOUIS LANDINI PACIFICA CA 94044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INSPECTOR ALAMEDA COUNTY	\$100.00	\$400.00	
05/14/2003	LOUIS LANDINI PACIFICA CA 94044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INSPECTOR ALAMEDA COUNTY	\$100.00	\$400.00	
05/14/2003	LOUIS LANDINI PACIFICA CA 94044	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INSPECTOR ALAMEDA COUNTY	\$200.00	\$400.00	
06/30/2003	VICTORIA FAY SAN FRANCISCO CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INTERIOR DESIGNER SELF/SAME	\$250.00	\$250.00	
06/05/2003	WILLIAM BRADY SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTMENT ADVISOR SELF/SAME	\$500.00	\$500.00	
SUBTOTAL \$				\$1,150.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 51 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/15/2003	TULLY FRIEDMAN SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTMENT BANKER FRIEDMAN & FLEISHER	\$500.00	\$500.00	
06/02/2003	SAMUEL WILKINS SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTMENT BANKER PRESIDIO FINANCIAL PARTNERS	\$250.00	\$250.00	
06/25/2003	THEODORE JANUS BURLINGAME CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTMENT MANAGER PALO ALTO INVESTORS	\$100.00	\$100.00	
05/23/2003	GUY MUZIO SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	RETIRED NONE	\$250.00	\$250.00	
06/15/2003	MICHAEL HALPER SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR ATC PARTNERS	\$500.00	\$500.00	
SUBTOTAL \$				\$1,600.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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04/15/2003	DAVID CRANE SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR BABCOCK & BROWN	\$500.00	\$500.00	
06/07/2003	GERSON BAKAR SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR GERSON BAKAR & ASSOC	\$250.00	\$250.00	
05/23/2003	LEONARD PERILLO OAKLAND CA 94612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR LEONARD R. PERILLO INVESTMENTS	\$250.00	\$500.00	
06/30/2003	LEONARD PERILLO OAKLAND CA 94612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR LEONARD R. PERILLO INVESTMENTS	\$250.00	\$500.00	
06/30/2003	JUDITH AVERY SAN FRANCISCO CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR SELF/SAME	\$500.00	\$500.00	
SUBTOTAL \$				\$1,750.00		

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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06/30/2003	F. WARREN HELLMAN SAN FRANCISCO CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR HELLMAN & FRIEDMAN, LLC	\$500.00	\$500.00	
06/15/2003	STEVEN MERRILL SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR SELF/SAME	\$500.00	\$500.00	
04/29/2003	BERNARD OSHER SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO BUTTERFIELDS	\$250.00	\$500.00	
06/30/2003	CHARLES THERIOT SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR SELF/SAME	\$500.00	\$500.00	
06/07/2003	J. O. TOBIN II SAN FRANCISCO CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR SELF/SAME	\$500.00	\$500.00	
SUBTOTAL \$				\$2,250.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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05/23/2003	BARRY TRAUB SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR SELF/SAME	\$500.00	\$500.00	
06/07/2003	WILL WEINSTEIN SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	INVESTOR WIG, LP	\$500.00	\$500.00	
06/15/2003	ARLINE KLATTE PETALUMA CA 94952	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JOURNALIST SELF/SAME	\$500.00	\$500.00	
06/15/2003	ALFRED G. CHIANTELLI SAN FRANCISCO CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MEDIATOR ADR SERVICES	\$150.00	\$150.00	
04/29/2003	WILLIAM CAHILL SAN FRANCISCO CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JUDGE JAMS	\$500.00	\$500.00	
SUBTOTAL \$				\$2,150.00		

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/30/2003	GORDON BARANCO OAKLAND CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JUDGE STATE OF CALIFORNIA	\$100.00	\$100.00	
06/15/2003	BEATRICE BOWLES SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WRITER SELF/SAME	\$100.00	\$100.00	
06/15/2003	PHILIP BRONSON SAN FRANCISCO CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WRITER SELF/SAME	\$500.00	\$500.00	
05/23/2003	DALE KERN MONTECITO CA 93108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WRITER SELF/SAME	\$150.00	\$150.00	
06/30/2003	CHARLES SULLIVAN SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	WRITER SELF/SAME	\$500.00	\$500.00	
SUBTOTAL \$				\$1,350.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 56 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/02/2003	SALLY ANN ROSENBLATT SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COMMUNITY VOLUNTEER SELF/SAME	\$250.00	\$250.00	
06/15/2003	GAIL DEKREON SAN FRANCISCO CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	JUDGE STATE OF CALIFORNIA	\$100.00	\$100.00	
06/05/2003	TOPHER DELANEY SAN FRANCISCO CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LANDSCAPE ARCHITECT SELF/SAME	\$500.00	\$500.00	
06/30/2003	JULIA PARISH SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LANDSCAPE ARCHITECT SELF/SAME	\$500.00	\$500.00	
06/25/2003	RORY LITTLE SAN RAFAEL CA 94901	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LAW PROFESSOR U.C. HASTINGS	\$250.00	\$250.00	
SUBTOTAL \$				\$1,600.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 57 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
05/01/2003	VIVEK MALHOTRA SACRAMENTO CA 95814	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LEGISLATIVE ADVOCATE CAA	\$100.00	\$100.00	
06/30/2003	LINDA RICHARDSON SAN FRANCISCO CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LOAN OFFICER BANK OF AMERICA	\$100.00	\$100.00	
05/23/2003	LEONARD AND CHANDRA GORDON MILL VALLEY CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	M.D. 'S SELF/SAME	\$250.00	\$250.00	
06/30/2003	GAYLE CAPLAN SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGEMENT CONSULTANT SELF/SAME	\$100.00	\$100.00	
04/29/2003	MEG STARR SAN FRANCISCO CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER CAROLANDS CHATEAU	\$150.00	\$150.00	
SUBTOTAL \$				\$700.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
04/29/2003	KATHERINE HYMAN SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER FOUR SEASONS	\$500.00	\$500.00	
06/15/2003	F. MONTGOMERY WOODS SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	REAL ESTATE HAMILTON ZANZE	\$500.00	\$500.00	
04/29/2003	MARY PRESTON SAN FRANCISCO CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SOFTWARE ENGINEER OPEN WAYS	\$250.00	\$250.00	
06/30/2003	DINA JENNINGS SAN FRANCISCO CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OPERATIONS MANAGER SBC	\$100.00	\$100.00	
04/29/2003	RICHARD KOWALEWSKI SAN FRANCISCO CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER SPRINT	\$500.00	\$500.00	
SUBTOTAL \$				\$1,850.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
05/01/2003	MAZIN NASSER SAN FRANCISCO CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGER ZUNI CAFE	\$100.00	\$100.00	
06/15/2003	DANIEL BERNAL SAN FRANCISCO CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONGRESSIONAL AIDE CONGR. NANCY PELOSI	\$250.00	\$250.00	
05/30/2003	BARRY ROSENSTEIN SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGING PARTNER JANA PARTNERS	\$500.00	\$500.00	
06/15/2003	NICK PODELL BURLINGAME CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MANAGING PARTNER M.H. PODELL COMPANY	\$500.00	\$500.00	
06/30/2003	DIANE JONES SAN FRANCISCO CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MARKETING LEVI STRAUSS	\$100.00	\$100.00	
SUBTOTAL \$				\$1,450.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
01/26/2003	WILLIE L. BROWN SAN FRANCISCO CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MAYOR CCSF	\$500.00	\$500.00	
03/02/2003	DANIEL WEINSTEIN SAN FRANCISCO CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MEDIATOR JAMS	\$500.00	\$500.00	
04/29/2003	AARON PESKIN SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SUPERVISOR CCSF	\$100.00	\$100.00	
06/30/2003	ELIZABETH KENNEDY MYERS SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	MOTHER	\$100.00	\$100.00	
06/07/2003	GREGORY DALTON SAN FRANCISCO CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NON-PROFIT EXECUTIVE COMMONWEALTH CLUB	\$250.00	\$250.00	
SUBTOTAL \$				\$1,450.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/30/2003	HEATHER McFARLIN SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NOT EMPLOYED	\$300.00	\$300.00	
06/30/2003	KIM MORTON SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	NOT EMPLOYED	\$150.00	\$150.00	
05/01/2003	MARIE WASHINGTON SAN FRANCISCO CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CORP. FINANCE DIRECTOR NONE	\$100.00	\$100.00	
06/30/2003	DARRELL JENKINS OAKLAND CA 94602	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OFFICIAL NFL	\$500.00	\$500.00	
06/15/2003	WILLIAM A. BETTENCOURT SAN FRANCISCO CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT ANNIE E. CASEY FOUNDATION	\$250.00	\$250.00	
SUBTOTAL \$				\$1,300.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/30/2003	DELBERT BLAYLOCK ALAMEDA CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER GOLDEN NEEDLE TAILORING	\$500.00	\$500.00	
05/23/2003	RENA BRANSTEN SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER RENA BRANSTEN GALLERY	\$100.00	\$200.00	
06/30/2003	RENA BRANSTEN SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER RENA BRANSTEN GALLERY	\$100.00	\$200.00	
06/30/2003	GEORGINE TRUJILLO SAN FRANCISCO CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT BMW & PARTNERS	\$100.00	\$100.00	
06/30/2003	STEPHEN SUZMAN SAN FRANCISCO CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER SUZMAN DESIGN ASSOCIATES	\$250.00	\$250.00	
SUBTOTAL \$				\$1,050.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/07/2003	HARRY HUNT SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER TELEGRAPH HILL APARTMENTS	\$150.00	\$150.00	
06/30/2003	ANNE THORNTON SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER THE SONOMA COUNTY STORE	\$100.00	\$150.00	
06/15/2003	WILKES BASHFORD SAN FRANCISCO CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER WILKES BASHFORD	\$250.00	\$250.00	
03/02/2003	JULIE BURTON SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	P.R. CONSULTANT SELF/SAME	\$100.00	\$100.00	
06/15/2003	PHILIP BLACK SAN FRANCISCO CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PARTNER BLACKSMITH CAPITAL	\$250.00	\$250.00	
SUBTOTAL \$				\$850.00		

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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04/29/2003	JACQUELINE YOUNG SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT CHARITABLE CONTRIBUTIONS SERVICES	\$150.00	\$150.00	
06/15/2003	ALEXANDRA BOWES SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PARTNER BOWES WILLIAMSON	\$500.00	\$500.00	
06/15/2003	WILLIAM COBLENTZ SAN FRANCISCO CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY COBLENTZ, PATCH, DUFFY & BASS LLP	\$500.00	\$500.00	
06/15/2003	THOMAS MacBRIDE SAN FRANCISCO CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY GOODIN, MACBRIDE, ET AL.	\$150.00	\$150.00	
06/15/2003	JOHN HUMMER SAN FRANCISCO CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE HUMMER WINBLAD	\$500.00	\$500.00	
SUBTOTAL \$				\$1,800.00		

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Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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02/13/2003	MARK GORENBERG LOS GATOS CA 95030	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PARTNER HUMMER, WINBLAD	\$500.00	\$500.00	
05/23/2003	W. DEAN HENRY SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PARTNER LEGACY PARTNERS	\$500.00	\$500.00	
06/25/2003	ELIZABETH CABRASER SANTA ROSA CA 95404	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PARTNER LIEFF, CABRASER, ET. AL.	\$500.00	\$500.00	
06/15/2003	SCOTT EMBLIDGE MILL VALLEY CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PARTNER MOSCONE, EMBLIDGE, ET.AL.	\$500.00	\$500.00	
06/30/2003	ANN HATCH SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHILANTHROPIST SELF/SAME	\$500.00	\$500.00	
SUBTOTAL \$				\$2,500.00		

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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
04/15/2003	SHERI SOBRATO ZECHER SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHILANTHROPIST SOBRATO FAMILY FOUNDATION	\$150.00	\$150.00	
04/29/2003	MARK PEDERSON BURLINGAME CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHYSICIAN CALIFORNIA ADVANCED IMAGING	\$250.00	\$500.00	
06/15/2003	MARK PEDERSON BURLINGAME CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHYSICIAN CALIFORNIA ADVANCED IMAGING	\$250.00	\$500.00	
04/15/2003	INDER DHILLON SAN FRANCISCO CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DOCTOR KAISER	\$100.00	\$500.00	
05/23/2003	BRENDA SPRIGGS-WILEY SAN FRANCISCO CA 94116	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PHYSICIAN SELF-EMPLOYED, SAME NAME	\$250.00	\$250.00	
SUBTOTAL \$				\$1,000.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 67 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/30/2003	SYLVIA HARPER SAN FRANCISCO CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	POLICE OFFICER SFPD	\$100.00	\$100.00	
05/01/2003	KEITH BELLING SAN FRANCISCO CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT BAYSIDE VENTURES	\$250.00	\$250.00	
06/15/2003	JASON FISH SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT CAPITAL SOURCE	\$500.00	\$500.00	
06/15/2003	ALEXANDER HEHMEYER WALNUT CREEK CA 94595	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT CAREER CHOICES	\$300.00	\$300.00	
06/30/2003	RICHARD STEPHENS SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT CELLPOINT SYSTEMS	\$100.00	\$100.00	
SUBTOTAL \$				\$1,250.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 68 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
05/23/2003	JAMES HORMEL SAN FRANCISCO CA 94104	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT EQUINEX	\$500.00	\$500.00	
03/16/2003	ESTA SOLER SAN FRANCISCO CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT FAMILY VIOLENCE PREVENTION FUND	\$250.00	\$250.00	
04/15/2003	ANTHONY GANTNER SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT GANTNER LEGAL SEARCH	\$100.00	\$200.00	
04/29/2003	ANTHONY GANTNER SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT GANTNER LEGAL SEARCH	\$100.00	\$200.00	
01/26/2003	DARIUS ANDERSON SAN FRANCISCO CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRINCIPAL PLATINUM ADVISORS	\$500.00	\$500.00	
SUBTOTAL \$				\$1,450.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/25/2003	FRED GELLERT BELVEDERE CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE GELSTAR INVESTMENTS	\$250.00	\$300.00	
06/30/2003	CLAUDE JARMAN SAN FRANCISCO CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRESIDENT JARMAN TRAVEL	\$250.00	\$250.00	
03/02/2003	DANIEL GUILLORY SAN FRANCISCO CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT INNOVATIONS, INTL	\$100.00	\$100.00	
06/30/2003	ELVIN TYLER OAKLAND CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT RSM MCGLADREY INC	\$100.00	\$100.00	
06/15/2003	JASON CARMER BERKELEY CA 94706	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRODUCER SELF/SAME	\$250.00	\$250.00	
SUBTOTAL \$				\$950.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/15/2003	JOHN TODD TRAINA LOS ANGELES CA 90067	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRODUCER SELF/SAME	\$250.00	\$250.00	
06/30/2003	MARSHA WILLIAMS NEW YORK NY 10019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRODUCER SELF/SAME	\$500.00	\$500.00	
06/30/2003	MICHAEL PENN SAN FRANCISCO CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRODUCT MANAGER GENENTECH	\$200.00	\$200.00	
05/01/2003	RACHANA CHOUBEY SUNNYVALE CA 94086	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PRODUCT MANAGER YAHOO !	\$100.00	\$100.00	
06/30/2003	ELLA TURNER-GRAY SAN FRANCISCO CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROFESSOR CANADA COLLEGE	\$100.00	\$100.00	
SUBTOTAL \$				\$1,150.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
04/29/2003	THOMAS ROHLEN SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROFESSOR STANFORD U	\$250.00	\$250.00	
05/01/2003	RHONDA MAGEE HALF MOON BAY CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROFESSOR USF LAW SCHOOL	\$250.00	\$250.00	
06/30/2003	PAULETTA BORROUGHS SAN FRANCISCO CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROPERTY MANAGER CARMEL PROPERTIES	\$150.00	\$150.00	
06/30/2003	MICHAEL O'CONNOR ALAMEDA CA 94501	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROSECUTOR ALAMEDA COUNTY	\$100.00	\$100.00	
06/30/2003	L. MATHEW GOUDEAU SAN FRANCISCO CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PROTOCOL OFFICER CITY AND COUNTY OF SAN FRANCISCO	\$100.00	\$100.00	
SUBTOTAL \$				\$850.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/30/2003	JONEL BROWN KENSINGTON CA 94707	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PSYCHOLOGIST CONTRA COSTA COUNTY	\$100.00	\$100.00	
06/30/2003	EVIE TALMUS SAN FRANCISCO CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PSYCHOLOGIST SELF/SAME	\$250.00	\$250.00	
03/02/2003	KAY THEIMER SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PSYCHOLOGIST SELF/SAME	\$500.00	\$500.00	
06/30/2003	JACK THEIMER SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF/SAME	\$500.00	\$500.00	
06/30/2003	KIMBERLEY MILLIGAN SAN FRANCISCO CA 94144	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LEGAL RESOURCES CONSULTANT SELF/SAME	\$500.00	\$500.00	
SUBTOTAL \$				\$1,850.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/15/2003	VICKI MARTI FAIRFAX CA 94930	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PSYCHOTHERAPIST MARIN SERVICES FOR WOMEN	\$500.00	\$500.00	
05/31/2003	CLAIRE HARRISON SAN FRANCISCO CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PSYCHOTHERAPIST SELF/SAME	\$100.00	\$100.00	
02/13/2003	NORMAN STONE SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PSYCHOTHERAPIST SELF/SAME	\$500.00	\$500.00	
01/26/2003	JUDITH KANTER MORAGA CA 94556	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DIRECTOR EMILY'S LIST	\$500.00	\$500.00	
06/25/2003	SOPHIA ISOM VALLEJO CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SOCIAL WORKER CCSF/DHS	\$100.00	\$100.00	
SUBTOTAL \$				\$1,700.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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06/30/2003	JOERG BECKERT SAN FRANCISCO CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SOFTWARE ENGINEER BLACK PEARL SOFTWARE	\$500.00	\$500.00	
06/30/2003	STARR BABCOCK SAN FRANCISCO CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SPECIAL ASS'T TO EXEC. DIR. STATE BAR OF CALIFORNIA	\$100.00	\$100.00	
06/30/2003	ETIENNE LeGRAND ATLANTA GA 30342	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONSULTANT THE ENTERPRISE GROUP	\$250.00	\$250.00	
06/15/2003	PHILIP MATIATOS SAN FRANCISCO CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	STATIONARY ENGINEER CCSF	\$500.00	\$500.00	
06/15/2003	GARY GARABEDIAN SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	STOCKBROKER CHASE HAMBRICK	\$500.00	\$500.00	
SUBTOTAL \$				\$1,850.00		

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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06/30/2003	CHARLES WOODWARD SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	STOCKBROKER UBS PAINE WEBBER	\$100.00	\$100.00	
06/30/2003	JAMES LOSI DANVILLE CA 94506	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	STUDENT	\$100.00	\$100.00	
06/30/2003	LAUREL BONN HILLSBOROUGH CA 94010	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SUBSTITUTE TEACHER SAN MATEO UHSD	\$250.00	\$250.00	
06/30/2003	JOHN Q. OWSLEY SAN FRANCISCO CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SURGEON SELF/SAME	\$500.00	\$500.00	
06/30/2003	DAVID SCHMAIER BURLINGAME CA 94011	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SVP SIEBEL SYSTEMS	\$300.00	\$300.00	
SUBTOTAL \$				\$1,250.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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04/29/2003	GEORGE PFAU, JR. SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SVP USB PAINE WEBBER	\$100.00	\$100.00	
05/23/2003	PAMELA COLBERT SAN FRANCISCO CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TECHNOLOGIST WELLS FARGO	\$100.00	\$100.00	
06/30/2003	SONJA BOWIE SAN FRANCISCO CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TEST MANAGER SBC LONG DISTANCE	\$100.00	\$100.00	
06/30/2003	PATRICIA JOE SAN FRANCISCO CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VICE PRESIDENT-TREASURER MONTGOMERY CAPITAL CORPORATION	\$250.00	\$250.00	
06/25/2003	TODD JACKSON SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TV PRODUCER SELF/SAME	\$250.00	\$250.00	
SUBTOTAL \$				\$800.00		

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
04/29/2003	NATALIE BERG SAN FRANCISCO CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP FOREST CITY DEVELOPERS	\$250.00	\$500.00	
06/30/2003	DONALD BERTOLINO SAN FRANCISCO CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	V.P. PRESIDIO EXCESS INSURANCE SERVICES	\$150.00	\$150.00	
06/30/2003	ARTHUR ROCK SAN FRANCISCO CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER ARTHUR ROCK & CO.	\$500.00	\$500.00	
06/30/2003	ALAN STEIN SAN FRANCISCO CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VENTURE CAPITALIST SELF/SAME	\$500.00	\$500.00	
06/30/2003	JAMES M SHAPIRO SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VENTURE CAPITALIST THOMAS WEISEL HC VENTURE PARTNERS	\$250.00	\$250.00	
SUBTOTAL \$				\$1,650.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 78 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/15/2003	KATHRYN LEIGHTON SAN FRANCISCO CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CONTROLLER WALKER & MOODY ARCHITECTS	\$200.00	\$200.00	
05/23/2003	C. PAUL JOHNSON NAPA CA 94558	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VINTNER ASTDALE E TERRA	\$500.00	\$500.00	
06/30/2003	DAVID GIUNTINI ALAMEDA CA 94502	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP B OF A	\$100.00	\$100.00	
06/30/2003	SHIRLEY DOUGLAS OAKLAND CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP BECHTEL INFRASTRUCTURE	\$100.00	\$100.00	
06/30/2003	NATALIE BERG SAN FRANCISCO CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP FOREST CITY DEVELOPERS	\$250.00	\$500.00	
SUBTOTAL \$				\$1,150.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 79 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
01/26/2003	PAUL GARRISON OAKLAND CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY WELLS FARGO	\$125.00	\$125.00	
06/23/2003	STANLEY PHILLIPS SAN FRANCISCO CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	VP WORLD SAVINGS	\$100.00	\$100.00	
04/29/2003	JONNIE PETERSEN SAN FRANCISCO CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COORDINATOR CCSF	\$500.00	\$500.00	
03/02/2003	ANTHONY VAUGHN SAN FRANCISCO CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	COURT REPORTER CCSF	\$100.00	\$100.00	
06/30/2003	WILLIAM GRAY SAN FRANCISCO CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA SELF/SAME	\$100.00	\$100.00	
SUBTOTAL \$				\$925.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 80 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/23/2003	RONALD MATLIN SAN FRANCISCO CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA MERCHANTS BOOKKEEPING	\$250.00	\$250.00	
06/15/2003	LINDA MONTGOMERY SAN FRANCISCO CA 94103	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CPA SELF/SAME	\$250.00	\$250.00	
04/29/2003	BRISBAIN PUCAN VALLEJO CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DENTIST SELF/SAME	\$100.00	\$100.00	
06/15/2003	ALLISON DANZIG OAKLAND CA 94612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEPUTY DA ALAMEDA COUNTY	\$500.00	\$500.00	
06/15/2003	DARRYL STALLWORTH OAKLAND CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEPUTY DISTRICT ATTORNEY COUNTY OF ALAMEDA	\$250.00	\$250.00	
SUBTOTAL \$				\$1,350.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/15/2003	A.J. GOODMAN CONSULTING SAN FRANCISCO CA 94115	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
03/16/2003	ALLEGRO SAN FRANCISCO CA 94109	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
06/02/2003	APRIL SHELDON DESIGN SAN FRANCISCO CA 94107	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	
06/15/2003	ARGUEDAS & CASSMAN & HEADLEY EMERYVILLE CA 94608	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
05/23/2003	CHRISTIANI JOHNSON ARCHITECTS SAN FRANCISCO CA 94107	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
SUBTOTAL \$				\$1,400.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
04/29/2003	CITIVISION COMMERCIAL REAL ESTATE SAN FRANCISCO CA 94109	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
06/30/2003	CLARENCE & SNELL, LLP SAN FRANCISCO CA 94109	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
06/30/2003	CLEARCHANNEL OUTDOOR OAKLAND CA 94607	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
05/23/2003	DOUGLAS DURKIN DESIGN INC. SAN FRANCISCO CA 94107	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$125.00	\$125.00	
01/26/2003	FRED PAVLOW CO., INC. SAN FRANCISCO CA 94115	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
SUBTOTAL \$				\$1,875.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 83 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/25/2003	GLADSTONE & ASSOCIATES SAN FRANCISCO CA 94108	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$200.00	\$200.00	
05/01/2003	HCA & COMPANY SAN FRANCISCO CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
06/30/2003	YELLOW CAB COOPERATIVE, INC. SAN FRANCISCO CA 94107	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
02/13/2003	K KIMPTON CONTEMPORARY ART SAN FRANCISCO CA 94115	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
06/07/2003	KENDALL WILKINSON DESIGN, LLC SAN FRANCISCO CA 94118	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
SUBTOTAL \$				\$1,700.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/15/2003	KK PROMOTIONS SAN FRANCISCO CA 94109	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
06/07/2003	LAW OFFICE OF MARY PILIBOS WHITE MENLO PARK CA 94025	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
06/15/2003	LAW OFFICES OF ELIZABETH GROSSMAN BERKELEY CA 94710	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
06/15/2003	LAW OFFICES OF JAMES P. VAUGHNS OAKLAND CA 94611	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
06/23/2003	LAW OFFICES OF STEVE PHILLIPS SAN FRANCISCO CA 94109	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
SUBTOTAL \$				\$1,600.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

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)
06/15/2003	MARRIOTT INTERNATIONAL, INC & AFFILIATED CO'S WASHINGTON DC 20058	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
02/13/2003	MOUNTAIN MOVERS NEW YORK NY 10019	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
06/30/2003	PENDERGAST AND ASSOCIATES SAN FRANCISCO CA 94109	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
04/29/2003	POULOS BROTHERS SAN FRANCISCO CA 94103	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
06/25/2003	MELISSA CAPLAN SAN FRANCISCO CA 94123 CHECK RETURNED BY BANK IN NEXT PERIOD	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
SUBTOTAL \$				\$1,850.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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06/30/2003	PRESTON GATES & ELLIS, LLP SEATTLE WA 98104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
03/14/2003	VIRGINIA FULLER-KENDALL PINOLE CA 94564 CHECK RETURNED BY BANK IN NEXT PERIOD	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
06/15/2003	SUMMERSIDE INC. VALLEJO CA 94590	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$100.00	\$100.00	
06/15/2003	SWANSON & MCNAMARA SAN FRANCISCO CA 94104	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
05/18/2003	NATASHA BOAS MILL VALLEY CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	HOMEMAKER	\$50.00	\$200.00	
SUBTOTAL \$				\$1,000.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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06/30/2003	THE ALLEN GROUP OAKLAND CA 94609	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
06/04/2003	VINCENT CHIARELLO MILL VALLEY CA 94941	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LAWYER-PARTNER MORRISON & FOERSTER	\$500.00	\$500.00	
06/30/2003	THE CARDOZA LAW OFFICES WALNUT CREEK CA 94596	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
06/19/2003	MAUREEN ERWIN LAFAYETTE CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SENIOR ASSOCIATE BARNES, MOSHER, WHITHURST, LAUTER	\$100.00	\$100.00	
05/27/2003	FRED GELLERT BELVEDERE CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE GELSTAR INVESTMENTS	\$50.00	\$300.00	
SUBTOTAL \$				\$1,650.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
02/26/2003	SUNDAY LEWIS SAN FRANCISCO CA 94111	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	SELF-EMPLOYED, SAME NAME	\$100.00	\$100.00	
06/30/2003	THE VANMARK GROUP ORINDA CA 94563	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
06/19/2003	MARGUERITE THOMPSON BROWNE SAN FRANCISCO CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DESIGNER SELF-EMPLOYED, SAME NAME	\$75.00	\$225.00	
06/10/2003	ANNE THORNTON SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	OWNER THE SONOMA COUNTY STORE	\$50.00	\$150.00	
05/27/2003	SARAH WARD SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DESIGNER SALLY WARD INTERIORS	\$150.00	\$150.00	
SUBTOTAL \$				\$625.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 89 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
04/28/2003	ELLEN SANGER SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$500.00	\$500.00	
02/05/2003	DOUGLAS SCHMIDT SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY SELF/SAME	\$200.00	\$200.00	
05/07/2003	SANDRA SCHUTZ SAN FRANCISCO CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$125.00	\$175.00	
05/28/2003	SANDRA SCHUTZ SAN FRANCISCO CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$50.00	\$175.00	
06/15/2003	YELENA'S SPA SAN FRANCISCO CA 94108	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$250.00	\$250.00	
SUBTOTAL \$				\$1,125.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/23/2003	GWENDOLYN TUCKER SAN FRANCISCO CA 94132	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CHIEF PROBATION OFFICER JUVENILE PROBATION DEPT	\$100.00	\$100.00	
01/26/2003	DANNY GLOVER BERKELEY CA 94705	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ACTOR SELF/SAME	\$500.00	\$500.00	
06/15/2003	ROBERT GARDNER SAN FRANCISCO CA 94108	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EXECUTIVE GARDNER GEARY COLL INC.	\$100.00	\$100.00	
04/29/2003	JAMES LOYCE SAN FRANCISCO CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADMINISTRATOR CCSF	\$100.00	\$250.00	
06/30/2003	JAMES LOYCE SAN FRANCISCO CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADMINISTRATOR CCSF	\$150.00	\$250.00	
SUBTOTAL \$				\$950.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
04/29/2003	SANDRA OUYE MORI SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADMINISTRATOR KIMOCHI, INC.	\$250.00	\$250.00	
06/30/2003	BERNADINE WONG EL CERRITO CA 94530	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADMINISTRATIVE MANAGER MONTGOMERY CAPITAL CORPORATION	\$250.00	\$250.00	
04/29/2003	CAROLE HAYASHINO SAN RAFAEL CA 94903	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADMINISTRATOR SFSU	\$150.00	\$150.00	
06/15/2003	MIRIAM MARTINEZ SAN FRANCISCO CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	PSYCHOLOGIST UCSF	\$125.00	\$125.00	
02/13/2003	JOHN C. WALKER SAN FRANCISCO CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARCHITECT WALKER + MOODY	\$500.00	\$500.00	
SUBTOTAL \$				\$1,275.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/02/2003	SUSAN GREEN SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARTIST SELF/SAME	\$250.00	\$250.00	
06/30/2003	SUSAN MARINEAU SAN FRANCISCO CA 94118	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARTIST SELF/SAME	\$300.00	\$300.00	
05/01/2003	LAUREL DICKRANIAN LOS ANGELES CA 90005	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ARTS CONSULTANT SELF/SAME	\$500.00	\$500.00	
06/30/2003	ROCKNE HARMON OAKLAND CA 94612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	DEPUTY DA ALAMEDA COUNTY	\$250.00	\$250.00	
05/14/2003	RICHARD MOORE OAKLAND CA 94612	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY ALAMEDA COUNTY	\$100.00	\$100.00	
SUBTOTAL \$				\$1,400.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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06/02/2003	SCOTT WIENER SAN FRANCISCO CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY CCSF	\$100.00	\$100.00	
04/29/2003	JD TROW BERKELEY CA 94709	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY CHILD SUPPORT SERVICES	\$150.00	\$150.00	
05/01/2003	EVELYNE ANGELES LOS ANGELES CA 91107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY CITY OF LOS ANGELES	\$100.00	\$100.00	
06/30/2003	KAREN JOHNSON MCKEWAN SAN FRANCISCO CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY CLIFFORD CHANG	\$100.00	\$100.00	
06/02/2003	PAUL RENNE SAN FRANCISCO CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY COOLEY GODWARD	\$500.00	\$500.00	
SUBTOTAL \$				\$950.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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06/30/2003	FRED ALTSHULER SAN FRANCISCO CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY ALTSHULER BERZON	\$250.00	\$250.00	
06/30/2003	KENNETH McNEELY SAN FRANCISCO CA 94117	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY AT&T	\$500.00	\$500.00	
06/02/2003	DAVID BALABANIAN SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY BINGHAM MCCUTCHEON	\$500.00	\$500.00	
06/15/2003	TRENTON NORRIS SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY BINGHAM MCCUTCHEON	\$150.00	\$150.00	
05/01/2003	MICHAEL BEGERT SAN FRANCISCO CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY BINGHAM, MCCUTCHEON ET. AL	\$150.00	\$150.00	
SUBTOTAL \$				\$1,550.00		

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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04/29/2003	EVAN ACKIRON SAN FRANCISCO CA 94131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY CCSF	\$500.00	\$500.00	
04/29/2003	SCOTT BURRELL SAN FRANCISCO CA 94124	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY STIGLICH, HINCKLEY & BURRELL LLP	\$200.00	\$200.00	
04/29/2003	KAREN CARRERA TIBURON CA 94920	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY CCSF	\$100.00	\$100.00	
04/29/2003	JENNIFER CHOI SAN FRANCISCO CA 94122	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY CCSF	\$100.00	\$100.00	
06/02/2003	GAYLE GRIBBLE SAN FRANCISCO CA 94114	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY CCSF	\$500.00	\$500.00	
SUBTOTAL \$				\$1,400.00		

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SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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02/13/2003	ROWENA LIBANG MARTINEZ CA 94553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY CITY & COUNTY OF SAN FRANCISCO	\$100.00	\$100.00	
04/29/2003	KRISTINE POPLAWSKI OAKLAND CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY CITY & COUNTY OF SAN FRANCISCO	\$100.00	\$100.00	
05/23/2003	MATTHEW ROTHSCHILD SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY CITY & COUNTY OF SAN FRANCISCO	\$400.00	\$400.00	
05/31/2003	MARIO VAZQUEZ HALFMOON BAY CA 94019	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY CCSF	\$100.00	\$100.00	
06/07/2003	VINCE CHHABRIA SAN FRANCISCO CA 94110	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY COVINGTON & BURLING	\$100.00	\$100.00	
SUBTOTAL \$				\$800.00		

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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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06/30/2003	CAROLE CULLUM SAN FRANCISCO CA 94102	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY CULLUM & SENA	\$150.00	\$150.00	
06/30/2003	ALAN EVAN HARRIS OAKLAND CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY FARELLA BRAUN & MARTEL	\$100.00	\$100.00	
06/07/2003	KEITH MATTHEWS SAN FRANCISCO CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY O'MELVENY & MYERS	\$250.00	\$250.00	
06/30/2003	JAMES COLLINS SAN FRANCISCO CA 94123	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY LAW OFFICES OF JAMES P. COLLINS	\$250.00	\$250.00	
06/30/2003	WILLIAM ALDERMAN DAVIS CA 95616	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY ORRICK, ET. AL.	\$250.00	\$250.00	
SUBTOTAL \$				\$1,000.00		

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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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06/25/2003	MICHAEL APARICIO SAN FRANCISCO CA 94105	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY ORRICK, HERRINGTON	\$150.00	\$150.00	
06/07/2003	HARMEET DHILLON SAN FRANCISCO CA 94133	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY ORRICK, HERRINGTON & SUTCLIFFE	\$150.00	\$150.00	
06/02/2003	KOOROSH AFSHARI SAN FRANCISCO CA 94109	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY OWEN, WICKERSHAM	\$150.00	\$150.00	
04/29/2003	EDWARD MAIELLO SAN FRANCISCO CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BROKER CITIVISION COMMERCIAL	\$500.00	\$500.00	
06/30/2003	CAROLYN DAVIS SAN FRANCISCO CA 94107	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESS COACH ALLIANCE COACHING	\$250.00	\$250.00	
SUBTOTAL \$				\$1,200.00		

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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/30/2003	BRADLEY WITHERSPOON SAN FRANCISCO CA 94127	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	BUSINESS MANAGER BARNES, MOSHER, WHITEHURST, LAUTER & PARTNERS	\$100.00	\$100.00	
06/02/2003	DOUGLAS YOUNG OAKLAND CA 94611	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY FARELLA BRAUN & MARTEL	\$500.00	\$500.00	
06/30/2003	JESSE GARCIA LIVERMORE CA 94550	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY GARCIA SCHNAYERSON & MOCKUS	\$500.00	\$500.00	
05/23/2003	MARK FICKES OAKLAND CA 94618	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY GLYNN & FINLEY, LLP	\$250.00	\$250.00	
06/15/2003	MAURINE MURTAGH WOODSIDE CA 94062	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY HOWARD RICE ET AL	\$250.00	\$250.00	
SUBTOTAL \$				\$1,600.00		

***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 A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 100 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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)
06/30/2003	Q. TODD DICKINSON SAN FRANCISCO CA 94115	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ATTORNEY HOWREY SIMON ARNOLD & WHITE	\$250.00	\$250.00	
01/08/2003	COURTNAY DANIELS HADEN SAN FRANCISCO CA 94118 RETURNED CONTRIBUTION	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		-\$500.00	-\$500.00	
01/10/2003	FRANCESCA VIETOR SAN FRANCISCO CA 94115 RETURNED CONTRIBUTION	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ENVIRONMENTAL CONSULTANT ECOWORKS	-\$250.00	-\$250.00	
06/25/2003	KAREN ROYE OAKLAND CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADMINISTRATOR CITY & COUNTY OF SAN FRANCISCO	\$75.00	\$275.00	
06/25/2003	KAREN ROYE OAKLAND CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADMINISTRATOR CITY & COUNTY OF SAN FRANCISCO	\$100.00	\$275.00	
SUBTOTAL \$				- \$325.00		

***Contributor Codes**

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(other than PTY or SCC)
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PTY – Political Party
SCC – Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

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

SCHEDULE A (CONT.)

Statement covers period

from 01/01/2003

through 06/30/2003

CALIFORNIA
FORM 460

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NAME OF FILER

KAMALA HARRIS FOR DISTRICT ATTORNEY

I.D. NUMBER

1250840

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)
06/15/2003	KAREN ROYE OAKLAND CA 94619	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ADMINISTRATOR CITY & COUNTY OF SAN FRANCISCO	\$100.00	\$275.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
SUBTOTAL \$				\$100.00		

***Contributor Codes**

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SCC – Small Contributor Committee

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule C Nonmonetary Contributions Received

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

SCHEDULE C

Statement covers period from 01/01/2003 through 06/30/2003		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

KAMALA HARRIS FOR DISTRICT ATTORNEY

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)
05/20/2003	BARNES MOSHER WHITEHURST LAUTER & PARTNERS SAN FRANCISCO CA 94105	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		FUNDRAISING EVENT	\$370.00	\$370.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 370.00

Schedule C Summary

1. Amount received this period – itemized nonmonetary contributions.

(Include all Schedule C subtotals.) \$ 370.00

2. Amount received this period – unitemized nonmonetary contributions of less than \$100 \$ 0.00

3. 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 \$** 370.00

*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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

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

Statement covers period		CALIFORNIA FORM 460	
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through	06/30/2003	I.D. NUMBER	1250840

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)
05/21/2003	HARVEY MILK LGBT DEMOCRATIC CLUB	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		\$200.00	\$200.00	
	<input 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				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				\$200.00		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 200.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL \$** 200.00

Schedule E Payments Made

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

SCHEDULE E

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 104 of 136
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

KAMALA HARRIS FOR DISTRICT ATTORNEY

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
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
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
LAURA TALMUS ASSOCIATES SAN FRANCISCO CA 94102	CNS			\$5,000.00
ALICE B. TOKLAS LESBIAN/GAY DEMOCRATIC CLUB (#842018) SAN FRANCISCO CA 94114			PURCHASE OF DATA	\$100.00
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	LIT			\$92.23

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

SUBTOTAL \$ \$5,192.23

Schedule E Summary

- Itemized payments made this period. (Include all Schedule E subtotals.) \$ \$132,289.53
- Unitemized payments made this period of under \$100 \$ \$65.95
- Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ \$0.00
- Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) **TOTAL \$** \$132,355.48

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

Statement covers period		CALIFORNIA FORM 460
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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	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
FIL	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	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	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
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	PRT			\$177.23
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	OFC			\$211.83
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	MTG			\$279.89
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	LIT			\$280.75
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	OFC			\$446.85

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

SUBTOTAL \$ 1,396.55

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

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KAMALA HARRIS FOR DISTRICT ATTORNEY

Statement covers period		CALIFORNIA FORM 460
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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	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
FIL	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	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	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
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	OFC			\$547.25
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	OFC			\$565.21
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	LIT	SEE SCHEDULE G		\$678.13
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	CMP			\$692.27
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	CMP	SEE SCHEDULE G		\$1,006.70

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

SUBTOTAL \$ 3,489.56

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

Statement covers period		CALIFORNIA FORM 460
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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	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
FIL	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	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	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
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	OFC			\$1,062.35
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	OFC	SEE SCHEDULE G		\$1,091.13
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	LIT			\$1,280.74
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	OFC			\$1,593.00
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	LIT	SEE SCHEDULE G		\$1,821.72

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

SUBTOTAL \$ \$6,848.94

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

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	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
FIL	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	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	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
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	OFC		SEE SCHEDULE G	\$2,367.29
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	LIT		SEE SCHEDULE G	\$2,411.50
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	CNS			\$5,000.00
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	CNS			\$5,000.00
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	CNS			\$5,000.00

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

SUBTOTAL \$ \$19,778.79

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

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	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
FIL	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
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	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
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	CNS			\$5,000.00
LAURA TALMUS ASSOCIATES SAN FRANCISCO CA 94102	CNS			\$5,000.00
LAURA TALMUS ASSOCIATES SAN FRANCISCO CA 94102	CNS			\$5,000.00
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	LIT	SEE SCHEDULE G		\$8,069.38
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	LIT	SEE SCHEDULE G		\$12,417.14

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

SUBTOTAL \$ \$35,486.52

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

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	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
FIL	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	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	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
SUSIE TOMPKINS BUELL SAN FRANCISCO CA 94111	FND			\$109.05
SUSIE TOMPKINS BUELL SAN FRANCISCO CA 94111	FND			\$201.82
THE GREAT AMERICAN MUSIC HALL SAN FRANCISCO CA 94109	FND			\$15,480.00
DEMOCRATIC WOMEN'S FORUM (#950530) SAN FRANCISCO CA 94112	MTG			\$100.00
HARVEY MILK LGBT DEMOCRATIC CLUB (#921683) SAN FRANCISCO CA 94117	CTB			\$200.00

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

SUBTOTAL \$ 16,090.87

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

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	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
FIL	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	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	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
HILDA CHEN SAN FRANCISCO CA 94121	CMP			\$224.18
KATIE DESMOND SAN FRANCISCO CA 94122	CNS			\$657.12
KATIE DESMOND SAN FRANCISCO CA 94122	CNS			\$1,250.00
HANA MARIAH HATTA SAN FRANCISCO CA 94109	CNS			\$94.00
HANA MARIAH HATTA SAN FRANCISCO CA 94109	CNS			\$933.36

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

SUBTOTAL \$ 3,158.66

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 112 of 136
		I.D. NUMBER 1250840

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	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
FIL	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
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	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
HANA MARIAH HATTA SAN FRANCISCO CA 94109	CNS			\$933.36
KENNETH R. PARKER RICHMOND CA 94804	FND			\$2,500.00
ADAM PRIEST SAN FRANCISCO CA 94122	CNS			\$428.64
ADAM PRIEST SAN FRANCISCO CA 94122	CNS			\$1,250.00
MAYA HARRIS WEST OAKLAND CA 94612	OFC			\$126.67

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

SUBTOTAL \$ 5,238.67

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	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
CURTISS PRINTING SAN FRANCISCO CA 94124	OFC			\$282.10
CURTISS PRINTING SAN FRANCISCO CA 94124	OFC			\$1,061.13
DAVID BINDER RESEARCH SAN FRANCISCO CA 94102	POL			\$24,900.00
JIM RIVALDO SAN FRANCISCO CA 94102	OFC			\$63.60
JIM RIVALDO SAN FRANCISCO CA 94102	MTG			\$71.97

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

SUBTOTAL \$ 26,378.80

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	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
JIM RIVALDO SAN FRANCISCO CA 94102	CNS			\$750.00
JIM RIVALDO SAN FRANCISCO CA 94102	CNS			\$750.00
JIM RIVALDO SAN FRANCISCO CA 94102	CNS			\$1,500.00
JIM RIVALDO SAN FRANCISCO CA 94102	CNS			\$3,000.00
LOOMAN ASSOCIATES SAN FRANCISCO CA 94110	PRO			\$200.00

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

SUBTOTAL \$ \$6,200.00

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

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LIT	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
LOOMAN ASSOCIATES SAN FRANCISCO CA 94110	PRO			\$200.00
LOOMAN ASSOCIATES SAN FRANCISCO CA 94110	PRO			\$200.00
LOOMAN ASSOCIATES SAN FRANCISCO CA 94110	PRO			\$400.00
LOOMAN ASSOCIATES SAN FRANCISCO CA 94110	PRO			\$417.74
SAN FRANCISCO JUNETEENTH SAN FRANCISCO CA 94102	CVC			\$150.00

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

SUBTOTAL \$ 1,367.74

Schedule E (Continuation Sheet) Payments Made

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

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

Statement covers period		CALIFORNIA FORM 460
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CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
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LIT	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
JEWISH BULLETIN SAN FRANCISCO CA 94104	PRT			\$170.00
ADAM PRIEST SAN FRANCISCO CA 94122	CNS			\$82.14
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	OFC			\$50.00
ADAM PRIEST SAN FRANCISCO CA 94122	CNS			\$821.21
NOVA INFORMATION SYSTEMS KNOXVILLE TN 37920	OFC			\$538.85

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

SUBTOTAL \$ 1,662.20

Schedule F

Accrued Expenses (Unpaid Bills)

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

SCHEDULE F

Statement covers period from 01/01/2003 through 06/30/2003		CALIFORNIA FORM 460
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

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

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NAME AND ADDRESS OF 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
LAURA TALMUS ASSOCIATES SAN FRANCISCO CA 94102	FND	\$0.00	\$1,726.02	\$0.00	\$1,726.02
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	OFC SEE SCHEDULE G	\$0.00	\$762.20	\$0.00	\$762.20
STEARNS CONSULTING, INC. SAN FRANCISCO CA 94110	OFC SEE SCHEDULE G	\$0.00	\$5,161.45	\$0.00	\$5,161.45

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

SUBTOTALS \$ 0.00 \$ 7,649.67 \$ 0.00 \$ 7,649.67

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 41,315.73
- 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 \$** 0.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 41,315.73
May be a negative number

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

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

SCHEDULE F (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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	member communications	RAD	radio airtime and production costs
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FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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NAME AND ADDRESS OF 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
HANA MARIAH HATTA SAN FRANCISCO CA 94109	OFC	\$0.00	\$267.13	\$0.00	\$267.13
AT&T SAN FRANCISCO CA 94107	FND	\$0.00	\$283.77	\$0.00	\$283.77
FLOWERS CLAIRE MARIE SAN FRANCISCO CA 94118	FND	\$0.00	\$113.93	\$0.00	\$113.93
FLOWERS CLAIRE MARIE SAN FRANCISCO CA 94118	FND	\$0.00	\$138.34	\$0.00	\$138.34
SUBTOTALS \$		\$0.00	\$803.17	\$0.00	\$803.17

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

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

SCHEDULE F (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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	member communications	RAD	radio airtime and production costs
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FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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NAME AND ADDRESS OF 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
FLOWERS CLAIRE MARIE SAN FRANCISCO CA 94118	FND	\$0.00	\$151.90	\$0.00	\$151.90
FLOWERS CLAIRE MARIE SAN FRANCISCO CA 94118	FND	\$0.00	\$170.35	\$0.00	\$170.35
SCN PUBLIC RELATIONS SAN FRANCISCO CA 94133	POL	\$0.00	\$6,500.00	\$0.00	\$6,500.00
CURTISS PRINTING SAN FRANCISCO CA 94124	FND	\$0.00	\$368.90	\$0.00	\$368.90
SUBTOTALS \$		\$0.00	\$7,191.15	\$0.00	\$7,191.15

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

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

SCHEDULE F (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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CURTISS PRINTING SAN FRANCISCO CA 94124	FND	\$0.00	\$390.60	\$0.00	\$390.60
CURTISS PRINTING SAN FRANCISCO CA 94124	FND	\$0.00	\$238.70	\$0.00	\$238.70
FLOWERS CLAIRE MARIE SAN FRANCISCO CA 94118	FND	\$0.00	\$37.98	\$0.00	\$37.98
FLOWERS CLAIRE MARIE SAN FRANCISCO CA 94118	FND	\$0.00	\$37.98	\$0.00	\$37.98
SUBTOTALS \$		\$0.00	\$705.26	\$0.00	\$705.26

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

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

SCHEDULE F (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 121 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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NAME AND ADDRESS OF 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
FLOWERS CLAIRE MARIE SAN FRANCISCO CA 94118	FND	\$0.00	\$75.95	\$0.00	\$75.95
FLOWERS CLAIRE MARIE SAN FRANCISCO CA 94118	FND	\$0.00	\$75.95	\$0.00	\$75.95
FLOWERS CLAIRE MARIE SAN FRANCISCO CA 94118	FND	\$0.00	\$37.98	\$0.00	\$37.98
LAURA TALMUS ASSOCIATES SAN FRANCISCO CA 94102	CNS SEE SCHEDULE G	\$0.00	\$8,950.01	\$0.00	\$8,950.01
SUBTOTALS \$		\$0.00	\$9,139.89	\$0.00	\$9,139.89

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

Type or print in ink.
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to whole dollars.

SCHEDULE F (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
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NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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NAME AND ADDRESS OF 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
LAURA TALMUS ASSOCIATES SAN FRANCISCO CA 94102	CNS SEE SCHEDULE G	\$0.00	\$2,573.46	\$0.00	\$2,573.46
LAURA TALMUS ASSOCIATES SAN FRANCISCO CA 94102	CNS SEE SCHEDULE G	\$0.00	\$1,422.12	\$0.00	\$1,422.12
LAURA TALMUS ASSOCIATES SAN FRANCISCO CA 94102	CNS	\$0.00	\$1,118.65	\$0.00	\$1,118.65
LAURA TALMUS ASSOCIATES SAN FRANCISCO CA 94102	FND	\$0.00	\$316.28	\$0.00	\$316.28
SUBTOTALS \$		\$0.00	\$5,430.51	\$0.00	\$5,430.51

Schedule F
(Continuation Sheet)
Accrued Expenses (Unpaid Bills)

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

SCHEDULE F (CONT.)

Statement covers period		CALIFORNIA FORM 460
from	01/01/2003	
through	06/30/2003	Page 123 of 136
NAME OF FILER KAMALA HARRIS FOR DISTRICT ATTORNEY		I.D. NUMBER 1250840

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	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
FIL	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	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF 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
LAURA TALMUS ASSOCIATES SAN FRANCISCO CA 94102	FND SEE SCHEDULE G	\$0.00	\$1,141.65	\$0.00	\$1,141.65
LAURA TALMUS ASSOCIATES SAN FRANCISCO CA 94102	FND SEE SCHEDULE G	\$0.00	\$1,140.00	\$0.00	\$1,140.00
LAURA TALMUS ASSOCIATES SAN FRANCISCO CA 94102	FND SEE SCHEDULE G	\$0.00	\$1,619.91	\$0.00	\$1,619.91
LAURA TALMUS ASSOCIATES SAN FRANCISCO CA 94102	FND SEE SCHEDULE G	\$0.00	\$6,400.92	\$0.00	\$6,400.92
SUBTOTALS \$		\$0.00	\$10,302.48	\$0.00	\$10,302.48

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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

SCHEDULE G

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

Statement covers period
from 01/01/2003

through 06/30/2003

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I.D. NUMBER
1250840

NAME OF AGENT OR INDEPENDENT CONTRACTOR
DIRECT MAIL CENTER

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	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
FIL	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	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
UNITED STATES POSTAL SERVICE SAN FRANCISCO CA 94124	POS			\$3,694.18

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ \$3,694.18

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

Statement covers period
from 01/01/2003

through 06/30/2003

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I.D. NUMBER
1250840

NAME OF AGENT OR INDEPENDENT CONTRACTOR
STEARNS CONSULTING, INC.

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	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
FIL	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	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
KIRK BRIGGS SIGNS OAKDALE CA 95361	CMP			\$1,000.00
SPOTLIGHT DESIGN & PRINTING SAN FRANCISCO CA 94107	OFC			\$1,300.00
AUTUMN PRESS EMERYVILLE CA 94608	LIT			\$5,912.50
BUTTON KING INC. LAS VEGAS NV 89030	CMP			\$645.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ \$8,857.50

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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

Statement covers period
from 01/01/2003

through 06/30/2003

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I.D. NUMBER
1250840

NAME OF AGENT OR INDEPENDENT CONTRACTOR
STEARNS CONSULTING, INC.

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
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
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LYMBERG DESIGN SAN FRANCISCO CA 94107	LIT			\$1,500.00
DENNIS HEARNE SAN FRANCISCO CA 94133	LIT			\$1,460.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ \$2,960.00

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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

CALIFORNIA
FORM **460**

Statement covers period

from 01/01/2003

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NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

I.D. NUMBER
1250840

NAME OF AGENT OR INDEPENDENT CONTRACTOR
LAURA TALMUS ASSOCIATES

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	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
FIL	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	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
THE COPY SHOPPE SAN FRANCISCO CA 94105	LIT			\$1,141.65

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ \$1,141.65

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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

CALIFORNIA
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NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

I.D. NUMBER
1250840

NAME OF AGENT OR INDEPENDENT CONTRACTOR
STEARNS CONSULTING, INC.

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	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
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
GETTY IMAGES SEATTLE WA 98103	LIT			\$525.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ \$525.00

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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

CALIFORNIA
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NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

I.D. NUMBER
1250840

NAME OF AGENT OR INDEPENDENT CONTRACTOR
LAURA TALMUS ASSOCIATES

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ALLISON RODMAN CATERING OAKLAND CA 94610	FND			\$1,140.00

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TOTAL* \$ \$1,140.00

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SCHEDULE G

CALIFORNIA
FORM **460**

Statement covers period

from 01/01/2003

through 06/30/2003

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

I.D. NUMBER
1250840

NAME OF AGENT OR INDEPENDENT CONTRACTOR
STEARNS CONSULTING, INC.

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CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
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FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
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* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
SPOTLIGHT DESIGN & PRINTING SAN FRANCISCO CA 94107	LIT			\$550.02
LYMBERG DESIGN SAN FRANCISCO CA 94107	LIT			\$750.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ \$1,300.02

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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

Statement covers period
from 01/01/2003

through 06/30/2003

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I.D. NUMBER
1250840

NAME OF AGENT OR INDEPENDENT CONTRACTOR
LAURA TALMUS ASSOCIATES

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	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
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
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IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
THE COPY SHOPPE SAN FRANCISCO CA 94105	OFC			\$1,619.91
AUTUMN PRESS EMERYVILLE CA 94608	LIT			\$6,400.92

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ \$8,020.83

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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

CALIFORNIA
FORM **460**

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

Statement covers period
from 01/01/2003

through 06/30/2003

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I.D. NUMBER
1250840

NAME OF AGENT OR INDEPENDENT CONTRACTOR
STEARNS CONSULTING, INC.

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	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
FIL	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	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
UNITED STATES POSTAL SERVICE SAN FRANCISCO CA 94124	POS			\$500.00
UNITED STATES POSTAL SERVICE SAN FRANCISCO CA 94124	POS			\$521.09

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ \$1,021.09

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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

CALIFORNIA
FORM **460**

Statement covers period

from 01/01/2003

through 06/30/2003

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NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

I.D. NUMBER
1250840

NAME OF AGENT OR INDEPENDENT CONTRACTOR
LAURA TALMUS ASSOCIATES

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	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
FIL	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	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
ALLISON RODMAN CATERING OAKLAND CA 94610	FND			\$1,365.00
THE COPY SHOPPE SAN FRANCISCO CA 94105	OFC			\$1,672.53
DIRECT MAIL CENTER SAN FRANCISCO CA 94107	LIT			\$748.50
DIRECT MAIL CENTER SAN FRANCISCO CA 94107	LIT	SEE SCHEDULE G		\$3,694.18

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ \$7,480.21

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Schedule G
Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

CALIFORNIA
FORM **460**

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NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

Statement covers period
from 01/01/2003

through 06/30/2003

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I.D. NUMBER
1250840

NAME OF AGENT OR INDEPENDENT CONTRACTOR
LAURA TALMUS ASSOCIATES

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
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
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

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

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
DIRECT MAIL CENTER SAN FRANCISCO CA 94107	LIT			\$2,573.46
AUTUMN PRESS EMERYVILLE CA 94608	LIT			\$1,422.12

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ \$3,995.58

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NAME OF FILER
KAMALA HARRIS FOR DISTRICT ATTORNEY

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from 01/01/2003

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I.D. NUMBER
1250840

NAME OF AGENT OR INDEPENDENT CONTRACTOR
STEARNS CONSULTING, INC.

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
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
TSF transfer between committees of the same candidate/sponsor
VOT voter registration
WEB information technology costs (internet, e-mail)

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NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
LYMBERG DESIGN SAN FRANCISCO CA 94107	CMP			\$600.00
KIRK BRIGGS SIGNS OAKDALE CA 95361	CMP			\$1,850.00
THE WOMEN'S BUILDING SAN FRANCISCO CA 94110	MTG			\$610.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 3,060.00

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule I

Miscellaneous Increases to Cash

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

SCHEDULE I

Statement covers period from <u>01/01/2003</u> through <u>06/30/2003</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

KAMALA HARRIS FOR DISTRICT ATTORNEY

I.D. NUMBER

1250840

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
06/27/2003	MEAC ORIGINALS, INC. CULVER CITY CA 90232	REFUND	\$123.71
06/23/2003	THE GREAT AMERICAN MUSIC HALL SAN FRANCISCO CA 94109	REFUND	\$1,319.50

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 1,443.21

Schedule I Summary

- Itemized increases to cash this period. \$ 1,443.21
- Unitemized increases to cash of under \$100 this period. \$ 2.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$ 0.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.) **TOTAL \$** 1,445.21