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

Statement covers period	CALIFORNIA 160
from	FORM 400
through	31 / 69
	I.D. NUMBER
	074077

SCHEDULE E

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Yvonne Brathwaite Burke Office Holder Account 971277 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 campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations petition circulating TEL t.v. or cable airtime and production costs 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 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 campaign literature and mailings PRT print ads WEB information technology costs (internet, email) NAME AND ADDRESS OF PAYEE OR CREDITOR CODE OR **DESCRIPTION OF PAYMENT AMOUNT PAID** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PRT 500.00 ID: 100 Black Men of Los Angeles **OFC** 200.00 515/555 Flower Associates ID: **OFC** 200.00 515/555 Flower Associates ID: **SUBTOTAL \$** * Payments that are contributions or independent expenditures must also be summarized on Schedule D. Schedule E Summary 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)\$ ____ 76162.01 405.19 \$ _____ 2. Unitemized payments made this period of under \$100. 0.00 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

FPPC Form 460 (June/01) FPPC Toli-Free Helpline: 866/ASK-FPPC

76567.20

Schedule E Payments Made	Amoun	e or print in ink. ts may be rounded whole dollars.	Statement covers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE		·	through	32 / 69	
Yvonne Brathwaite Burke Office Holder Account				I.D. NUMBER 971277	
CODES: If one of the following codes accurately describes	the payment, you i	may enter the code. Other	erwise, 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 cor MTG meetings an OFC office expen PET petition circu PHO phone bank POL polling and s POS postage, de PRO professional PRT print ads	d appearances ses Jating s	RAD radio airtime and product returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lodging TSF transfer between commit voter registration WEB information technology of	ies production costs , and meals ng, and meals ttees of the same candidate/spons	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
A Community of Friends	ID:	cvc		250.00	
Nancy Aastrom	ID:	OFC		100.00	
American Express	ID:	OFC		150.28	
* Payments that are contributions or independent expenditures mus	t also be summarized	on Schedule D.	SU	BTOTAL \$	
Schedule E Summary					

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

.....\$ ______\$

2. Unitemized payments made this period of under \$100.

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

.....\$ **___**__

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 400
through	33 / 69
	I.D. NUMBER

to v			rs.	from	FORM TOO
SEE INSTRUCTIONS ON REVERSE				through	33 / 69
NAME OF FILER		I.D. NUMBER			
Yvonne Brathwaite Burke Office Holder Account					971277
CODES: If one of the following codes accurately describes	the payment, you	may enter	the code. Otherwise	e, 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 of meetings a office experience petition cir phone ban polling and postage, deprofession print ads	and appearant enses culating iks d survey reseatelivery and m	ces arch essenger services	RAD radio airtime and product returned contributions SAL campaign workers' sala TEL t.v. or cable airtime and TRC candidate travel, lodging staff/spouse travel, lodg transfer between community voter registration WEB information technology	nies production costs g, and meals ging, and meals ittees of the same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
American Express	ID:	TRS			2266.86
American Express	ID:	OFC			524.34
American Express	ID:	OFC			32.07
* Payments that are contributions or independent expenditures mus	t also be summarize	d on Schedu	le D.	S	UBTOTAL \$
Schedule E Summary					
1. Payments made this period of \$100 or more. (Include al	l Schedule E subt	otals.)			\$
2. Unitemized payments made this period of under \$100.	***************************************				\$
3. Total interest paid this period on loans. (Enter amount fr					
4. Total payments made this period. (Add lines 1, 2, and 3					

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

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 400
through	. 34 / 69
	I.D. NUMBER
	971277

SEE INSTRUCTIONS ON REVERSE

Yvonne Brathwaite Burke Office Holder Account

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

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 NAME AND ADDRESS OF PAYEE OR CREDITOR OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO print ads SAL campaign workers' salaries 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 candid VOT voter registration WEB information technology costs (internet, email)		American Express	ID:		MTG				91.3	6
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 OFC office expenses PET petition circulating PHO phone banks PHO phone banks FND polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) VOT voter registration					CODE	OR	DESCRIPTION O	OF PAYMENT	AMOUNT PAID	
CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs	CNS CTB CVC FIL FND IND LEG	campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense	MTG OFC PET PHO POL POS PRO	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)		RFD SAL TEL TRO TRS TSF VOT	returned contributions campaign workers' salaries t.v. or cable airtime and production candidate travel, lodging, and meal staff/spouse travel, lodging, and metransfer between committees of the voter registration	s eals e same candidate/spo	nsor	

American Express	ID:	MTG		91.36
			· · · · · · · · · · · · · · · · · · ·	
American Express	ID:	OFC		56.10
Monica Anderson	ID:	OFC		100.00

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

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.)

 Unitemized payments made this period of under \$100.
- 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

SUBTOTAL \$

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 400
through	35 / 69
	I.D. NUMBER

Taymonto mado		to whole dollars.	from	
SEE INSTRUCTIONS ON REVERSE			through	35 / 69
NAME OF FILER				I.D. NUMBER
Yvonne Brathwaite Burke Office Holder Account				971277
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees	MBR membe MTG meeting OFC office e PET petition PHO phone b	r communications gs and appearances xpenses circulating panks	RAD radio airtime and product returned contributions SAL campaign workers' sala TEL t.v. or cable airtime and TRC candidate travel, lodging	nes production costs g, and meals
FND fundraising events IND independent expenditure supporting/opposing others (explain)*		and survey research e, delivery and messenger services	TRS staff/spouse travel, lodg TSF transfer between comm	ing, and meals ittees of the same candidate/sponso
LEG legal defense	PRO profess	ional services (legal, accounting)	VOT voter registration	·
LIT campaign literature and mailings	PRT print ad	s	WEB information technology	costs (internet, email)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
B'nai Brith Region 16	ID:	PRT		483.75
B'nai Brith Region 16	ID:	PRT		393.75
B'nai Brith Region 16	ID:	PRT		393.75
* Payments that are contributions or independent expenditures mus	t also be summar	ized on Schedule D.	SI	UBTOTAL \$
Schedule E Summary				
1. Payments made this period of \$100 or more. (Include al	l Schedule E su	ubtotals.)		\$
2. Unitemized payments made this period of under \$100.				•
3 Total interest paid this period on loans. (Enter amount fr	om Schedule B	. Part 1. Column (e).)	·	\$

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

Statement covers period	CALIFORNIA A CO
from	FORM 400
through	36 / 69
	I.D. NUMBER

to whole dollars.		from	。 [1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	
SEE INSTRUCTIONS ON REVERSE			through	36 / 69
NAME OF FILER				I.D. NUMBER
Yvonne Brathwaite Burke Office Holder Account				971277
CODES: If one of the following codes accurately describes 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	may enter the code. Otherwise munications and appearances utating survey research divery and messenger services I services (legal, accounting)	RAD radio airtime and production returned contributions SAL campaign workers' salarie TEL t.v. or cable airtime and production returned contributions campaign workers' salarie t.v. or cable airtime and production returned campaign workers' salarie t.v. or cable airtime and production returned contributions.	es roduction costs and meals g, and meals ees of the same candidate/spons	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	PRT print ads	CODE OR DES	CRIPTION OF PAYMENT	AMOUNT PAID
B'nai Brith Region 16	ID:	PRT		877.50
Evelyn Baber	ID:	OFC		100.00
Bridget Ballou	ID:	TEL		175.00
* Payments that are contributions or independent expenditures mus	t also be summarized	on Schedule D.	SUE	BTOTAL \$
Schedule E Summary				
1. Payments made this period of \$100 or more. (Include al	I Schedule E subto	tals.)		\$
Unitemized payments made this period of under \$100.				
Total interest paid this period on loans. (Enter amount fr				
3. TULAH HIREFEST DAIN THIS DEFINA OFFICATION, TEHLEF AFFICALIT	on Jonean D, F			

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

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	
through	37 / 69
	I.D. NUMBER
	074077

•					
SEE INSTRUCTIONS ON REVERSE				through	37 / 69
NAME OF FILER					I.D. NUMBER
Yvonne Brathwaite Burke Office Holder Account					074077
					971277
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants	MBR member co	mmunication	ns	wise, describe the payment. RAD radio airtime and produ RFD returned contributions	uction costs
CTB contribution (explain nonmonetary)*	OFC office expe		ices	SAL campaign workers' sal	aries
CVC civic donations	PET petition circ	ulating		TEL t.v. or cable airtime an	d production costs
FIL candidate filing/ballot fees FND fundraising events	PHO phone bank POL polling and		arch	TRC candidate travel, lodgii TRS staff/spouse travel, lod	
IND independent expenditure supporting/opposing others (explain)*			nessenger services		mittees of the same candidate/spons
LEG legal defense	PRO professiona			VOT voter registration	•
LIT campaign literature and mailings	PRT print ads	· 		WEB information technology	costs (internet, email)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	,	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Heather Balthazar	ID:	FND			200.00
Maria Beltran	ID:	OFC		 	100.00
		OFC		·	2291.80
Beverly Hills Country Club	ID:				
* Payments that are contributions or independent expenditures must	also be summarized	on Schedi	ule D.		SUBTOTAL \$
Schedule E Summary					
1. Payments made this period of \$100 or more. (Include all	Schedule E subto	otals.)			\$
2. Unitemized payments made this period of under \$100.					\$
3 Total interest paid this period on loans (Enter amount fr	om Schedule B. P.	art 1 Coli	ımn (e))		\$

Schedule E Payments Made	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period	CALIFORNI
SEE INSTRUCTIONS ON REVERSE		through	38 / 69
NAME OF FILER			I.D. NUMBER
Yvonne Brathwaite Burke Office Holder Account			
			971277
CODES: If one of the following codes accurately describes	the payment, you may enter the code. Otherwise	e, 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 petition circulating PET TEL t.v. or cable airtime and production costs candidate filing/ballot fees phone banks FIL PHO candidate travel, lodging, and meals FND fundraising events POL polling and survey research TRS staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* IND 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 campaign literature and mailings PRT print ads WEB information technology costs (internet, email) NAME AND ADDRESS OF PAYEE OR CREDITOR CODE OR **DESCRIPTION OF PAYMENT** AMOUNT PAID (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **OFC** 2300.00 Beverly Hills Country Club ID: **OFC** 100.00 ID: Mike Bohlke **OFC** 100.00 ID: Chuck Bookhammer * Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$**

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) 2. Uniterized payments made this period of under \$100. \$ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

	•			
Schedule E		pe or print in ink.	Statement covers period	SCHEDULE CALIFORNIA A C O
Payments Made		nts may be rounded whole dollars.	from	FORM 460
SEE INSTRUCTIONS ON REVERSE			through	39 / 69
NAME OF FILER				I.D. NUMBER
Yvonne Brathwaite Burke Office Holder Account				971277
CODES: If one of the following codes accurately describes 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 NAME AND ADDRESS OF PAYEE OR CREDITOR	MBR member of meetings a OFC office experience petition circle. PHO phone ban POL polling and postage, d	ommunications and appearances enses culating ks I survey research elivery and messenger services al services (legal, accounting)	RAD radio airtime and product returned contributions SAL campaign workers' salar TEL t.v. or cable airtime and candidate travel, lodging TRS staff/spouse travel, lodging TSF transfer between commit voter registration WEB information technology carefully staff and the salar returned to	ies production costs , and meals ng, and meals ttees of the same candidate/spons osts (internet, email)
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Renita Bowlin	ID:	OFC		100.00
Propert Copper 3 Day	ID:	cvc		150.00

Lupe Carillo

ID:

OFC

100.00

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

Schedule E Summary

Type or print in ink.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 400
through	40 / 69
	I.D. NUMBER

Amounts may be rounded **Payments Made** to whole dollars. SEE INSTRUCTIONS ON REVERSE NAME OF FILER Yvonne Brathwaite Burke Office Holder Account 971277 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 petition circulating PET 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 independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor

LEG LIT	legal defense campaign literature and mailings	PRO professional PRT print ads			VOT v	voter registration information technology costs	(internet, email)
	NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF F	PAYMENT	AMOUNT PAID
	Maria Cerdas	ID:	OFC				100.00
,	Ella Cervantes	ID:	OFC				100.00
	City Club on Bunker Hill	ID:	MTG				197.00

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

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SU	0	u	ΓΑΙ	_ 20

Schedule E Summary

1.	Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
2.	Unitemized payments made this period of under \$100.
3.	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
4.	Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 400
through	41 / 69
	I.D. NUMBER
	074077

1 ayments made	to	whole dollars.	from	FURIN	
SEE INSTRUCTIONS ON REVERSE			through	41 / 69	
NAME OF FILER				I.D. NUMBER	
Yvonne Brathwaite Burke Office Holder Account				971277	
CODES: If one of the following codes accurately describes	the payment, you	may enter the code. Otherwis	e, 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		nd appearances nses culating ks	RAD radio airtime and production RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and prod TRC candidate travel, lodging, an TRS staff/spouse travel, lodging, TSF transfer between committee VOT voter registration WEB information technology cost	duction costs nd meals and meals s of the same candidate/sponso	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR DES	SCRIPTION OF PAYMENT	AMOUNT PAID	
City Club on Bunker Hill	ID:	MTG		197.00	
City Club on Bunker Hill	ID:	MTG		295.58	
City Club on Bunker Hill	ID:	MTG		394.83	
* Payments that are contributions or independent expenditures mus	st also be summarized	on Schedule D.	SUBT	OTAL \$	
Schedule E Summary					
1. Payments made this period of \$100 or more. (Include a	II Schedule E subte	otals.)		\$	
2. Unitemized payments made this period of under \$100.				\$	
3. Total interest paid this period on loans. (Enter amount fi	rom Schedule B. P	art 1. Column (e).)	·	\$	

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 400
through	42 / 69
	I.D. NUMBER

Payments Made	to whole dollars.		from	FO	RM 400		
SEE INSTRUCTIONS ON REVERSE				through	4	42 / 69	
NAME OF FILER					I.D. NUM	IBER ·	
Yvonne Brathwaite Burke Office Holder Account					97127	7	
CODES: If one of the following codes accurately describes	the payment, you	may enter th	e code. Otherwise	e, 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 con MTG meetings ar OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	nd appearances nses ulating s survey research elivery and mess	n enger services	RAD radio airtime and process. FD returned contribution SAL campaign workers's TEL t.v. or cable airtime at TRC candidate travel, lod TRS staff/spouse travel, ITSF transfer between convoter registration WEB information technological returned to the recommendation of the recommendation in the recommendation	ns salaries and production of ging, and meals lodging, and mea mmittees of the	als same candidate/sponso	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OF	DES	CRIPTION OF PAYMENT	<u> </u>	AMOUNT PAID	
City Club on Bunker Hill	ID:	MTG				385.42	
City Club on Bunker Hill	ID:	MTG				197.00	
Linda Tibi Comfort	ID:	CNS				10000.00	
* Payments that are contributions or Independent expenditures must	t also be summarized	on Schedule [).		SUBTOTAL	\$	
Schedule E Summary							
1. Payments made this period of \$100 or more. (Include all	Schedule E subto	tals.)			\$ _		
2. Unitemized payments made this period of under \$100.					\$ _		
3. Total interest paid this period on loans. (Enter amount fr	om Schedule B, Pa	art 1, Columr	ı (e).)		\$_		

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

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from	FORM 400
through	43 / 69
	I.D. NUMBER
•	074077

SEE INSTRUCTIONS ON REVERSE			through	43 / 69
NAME OF FILER				I.D. NUMBER
				I.D. NOWBER
Yvonne Brathwaite Burke Office Holder Account			· 	971277
CODES: If one of the following codes accurately describes	the payment, you	may enter the code. Otherwis	se, describe the payment.	
CMP campaign paraphernalia/misc.	MBR member cor	nmunications	RAD radio airtime and producti	on costs
CNS campaign consultants	MTG meetings ar	nd appearances	RFD returned contributions	
CTB contribution (explain nonmonetary)*	OFC office exper		SAL campaign workers' salarie	es
CVC civic donations	PET petition circ		TEL t.v. or cable airtime and p	
FIL candidate filing/ballot fees	PHO phone bank		TRC candidate travel, lodging,	
FND fundraising events	POL polling and		TRS staff/spouse travel, lodgir	
IND independent expenditure supporting/opposing others (explain)*	POS postage de	livery and messenger services		tees of the same candidate/sponsor
LEG legal defense		I services (legal, accounting)	VOT voter registration	soo or the same sandidate/opens
LIT campaign literature and mailings	PRT print ads	r bor vibob (logal, abboariang)	WEB information technology co	osts (internet, email)
211 Sality and The Control of the Co				
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR DE	SCRIPTION OF PAYMENT	AMOUNT PAID
Linda Tibi Comfort	ID:	CNS		4034.66
Zinda Visi osimot	.5.			
Connie Cole Makeup	ID:	TEL Monthly 2nd	District Cable Show	175.00
Connie Cole Makeup	ID:	TEL Monthly 2nd	District Cable Show	175.00
Confine Cole Makeup	ib.			
* Payments that are contributions or independent expenditures must	t also be summarized	on Schedule D.	SUI	BTOTAL \$
Schedule E Summary				
1. Payments made this period of \$100 or more. (Include all	Schedule E subto	tals.)		\$

\$ ______\$ 2. Unitemized payments made this period of under \$100. 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM HUU
through	44 / 69
	I.D. NUMBER

rayments wade	to to	o whole dollars.		from	FORM TOU
SEE INSTRUCTIONS ON REVERSE				through	44 / 69
NAME OF FILER					I.D. NUMBER
Yvonne Brathwaite Burke Office Holder Account				· · · · · · · · · · · · · · · · · · ·	971277
CODES: If one of the following codes accurately describes	the payment, you	may enter the	code. Otherwise	e, 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	POS postage, d	and appearances enses culating	nger services accounting)	RAD radio airtime and pro RFD returned contribution SAL campaign workers's TEL t.v. or cable airtime a TRC candidate travel, lod TRS staff/spouse travel, lod TSF transfer between cor VOT voter registration WEB information technolo	ns salaries and production costs Iging, and meals odging, and meals mmittees of the same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESC	CRIPTION OF PAYMENT	AMOUNT PAID
Connie Cole Makeup	ID:	TEE	Monthly 2nd	District Cable Show	v 175.00
Connie Cole Makeup	ID:	TEL	Monthly 2nd I	District Cable Show	175.00
Connie Cole Makeup	ID:	TEL	Monthly 2nd I	District Cable Show	175.00
* Payments that are contributions or independent expenditures mus	t also be summarize	d on Schedule D.			SUBTOTAL \$
Schedule E Summary					
1. Payments made this period of \$100 or more. (Include al	Schedule E subt	otals.)			\$
Unitemized payments made this period of under \$100.		,			\$
Total interest paid this period on loans. (Enter amount fr					\$
o. Total interest paid this period officaris. (Effet afficult if	om Schedule B, P	art I, Column	(-).)	***************************************	Ф

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 400
through	45 / 69
	I.D. NUMBER

ayments wade to whole dollars.		from	FOR	FORM TOO		
SEE INSTRUCTIONS ON REVERSE				through	4:	5 / 69
NAME OF FILER					I.D. NUMI	BER
Yvonne Brathwaite Burke Office Holder Account					971277	,
CODES: If one of the following codes accurately describes	the payment, you	may enter the code	. Otherwise	e, 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		nd appearances nses culating cs		RAD radio airtime and pro- RFD returned contribution SAL campaign workers's TEL t.v. or cable airtime a TRC candidate travel, lod TRS staff/spouse travel, I TSF transfer between con- VOT voter registration WEB information technological	ns salaries and production of Iging, and meals lodging, and mea mmittees of the s	als same candidate/spons
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DES	CRIPTION OF PAYMENT	·	AMOUNT PAID
County of Los Angeles	ID:	OFC				1271.69
Culver City News/Blue Pacific News	ID:	PRT				250.00
		PRT		·		175.00
Culver City Observer	ID:					
* Payments that are contributions or independent expenditures mus	t also be summarized	l on Schedule D.			SUBTOTAL	3
Schedule E Summary						
1. Payments made this period of \$100 or more. (Include a	I Schedule E subto	otals.)			\$ _	
2. Unitemized payments made this period of under \$100.						
3. Total interest paid this period on loans. (Enter amount f						
4. Total payments made this period. (Add lines 1, 2, and 3	. Enter here and o	on the Summary Pag	ge, Column	A, Line 6.)	. TOTAL \$ _	

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

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 400
through	46 / 69
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Yvonne Brathwaite Burke Office Holder Account 971277 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 RFD returned contributions CNS campaign consultants MTG meetings and appearances 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 TRC candidate travel, lodging, and meals candidate filing/ballot fees PHO phone banks FIL POL polling and survey research TRS staff/spouse travel, lodging, and meals FND fundraising events independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration WEB information technology costs (internet, email) campaign literature and mailings PRT print ads NAME AND ADDRESS OF PAYEE OR CREDITOR CODE OR **DESCRIPTION OF PAYMENT AMOUNT PAID** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) 100.00 **OFC** ID: Mike Davis CVC 100.00 ID: Democrats for Israel The Dulm Restaurant for angelos, la goon 7416.38 **FND Discover Card** ID: **SUBTOTAL \$** * Payments that are contributions or independent expenditures must also be summarized on Schedule D. Schedule E Summary 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) <u>.....</u>\$ _____ 2. Unitemized payments made this period of under \$100. 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	california 460
from	
through	_ 47 / 69
	I.D. NUMBER
	074077

Payments Made	to whole dollars.		from		FURM TOU	
SEE INSTRUCTIONS ON REVERSE				through	47	7 / 69
NAME OF FILER					I.D. NUM	BER
Yvonne Brathwaite Burke Office Holder Account					971277	,
CODES: If one of the following codes accurately describes	the payment, you	may enter the code.	Otherwise	, describe the paymen	ıt.	
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		nd appearances nses ulating ss		RAD radio airtime an returned contrib SAL campaign work TEL t.v. or cable airt TRC candidate trave Staff/spouse tra TSF transfer between VOT voter registration information tecl	outions ers' salaries time and production of the lodging, and meals evel, lodging, and meals on committees of the s	ils same candidate/spons
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESC	RIPTION OF PAYMENT		AMOUNT PAID
Downtown Flowers.net	ID:	OFC				389.70
First African Methodist Episcopal Church/L.A.	ID:	cvc				400.00
Allen Garfein	ID:	CNS				575.00
* Payments that are contributions or independent expenditures mus	t also be summarized	on Schedule D.			SUBTOTAL \$.
Schedule E Summary						
1. Payments made this period of \$100 or more. (Include al	Schedule E subto	otals.)			\$ _	
2. Unitemized payments made this period of under \$100.	•••••					
3. Total interest paid this period on loans. (Enter amount for	rom Schedule B, P	art 1, Column (e).)			\$ _	
4. Total payments made this period. (Add lines 1, 2, and 3	. Enter here and o	n the Summary Page,	, Column /	A, Line 6.)	TOTAL \$ _	

Type or print in ink.

	SCHEDULE E
Statement covers period	california 460
through	48 / 69
	I.D. NUMBER

Payments Made to whole dollars.		from	FO	RM 46U			
SEE INSTRUCTIONS ON REVERSE	· .			through	4	48 / 69	
NAME OF FILER					I.D. NUN	MBER	
Yvonne Brathwaite Burke Office Holder Account					07107	7	
CODES: If one of the following codes accurately describes	the payment, you	may ente	er the code. Otherw	ise, describe the payment.	97127		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic doriations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal deferise LIT campaign literature and mailings		and appearance enses culating iks d survey resented	nces	RAD radio airtime and proceed returned contribution SAL campaign workers's TEL t.v. or cable airtime at TRC candidate travel, lod TRS staff/spouse travel, ITSF transfer between convoter registration WEB information technological returned convolutions.	ns salaries and production of Iging, and meals lodging, and me mmittees of the	als same candidate/sponso	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR D	ESCRIPTION OF PAYMENT		AMOUNT PAID	
Michael Hemdon	ID:	OFC				100.00	
Barbara Hill	ID:	OFC				100.00	
John Hill	ID:	OFC				100.00	
* Payments that are contributions or independent expenditures must	t also be summarize	d on Sched	ule D.		SUBTOTAL	\$	
Schedule E Summary							
1. Payments made this period of \$100 or more. (Include all	Schedule E subt	otals.)			\$ _		
Unitemized payments made this period of under \$100.		•					
3. Total interest paid this period on loans. (Enter amount from							

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

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 400
through	49 / 69
	I.D. NUMBER
	074077

SEE INSTRUCTIONS ON REVERSE				through	_ 49 / 69
NAME OF FILER					I.D. NUMBER
Yvonne Brathwaite Burke Office Holder Account				<u> </u>	971277
CODES: If one of the following codes accurately describe					
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 commeetings are OFC office expersion circles phone bank POL polling and POS postage, de PRO professional PRT print ads	nd appearand nses ulating is survey resea divery and m	ces arch essenger services	RAD radio airtime and productions RFD returned contributions SAL campaign workers' sale TEL t.v. or cable airtime and TRC candidate travel, lodging TRS staff/spouse travel, lod TSF transfer between commodule VOT voter registration WEB information technology	aries d production costs ng, and meals lging, and meals nittees of the same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	R	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Del Huff	ID:	OFC			100.00
Inglewood Flower Shop	ID:	OFC			79.56
Inglewood Flower Shop	ID:	OFC			79.56
* Payments that are contributions or Independent expenditures m	ust also be summarized	on Schedu	le D.	S	SUBTOTAL \$
Schedule E Summary			·		
1. Payments made this period of \$100 or more. (Include	all Schedule E subto	otals.)			\$
2. Unitemized payments made this period of under \$100					\$
3. Total interest paid this period on loans. (Enter amoun	t from Schedule B, Pa	art 1, Colu	mn (e).)		\$

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

Statement covers period	CALIFORNIA 460
from	FORM 400
through	50 / 69
	I.D. NUMBER

						200 C C C C C C C C C C C C C C C C C C
SEE INSTRUCTIONS ON REVERSE				through	5	0 / 69
NAME OF FILER					I.D. NUM	IBER
Yvonne Brathwaite Burke Office Holder Account						
					97127	7
CODES: If one of the following codes accurately describe CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events	MBR member cor MTG meetings ar OFC office expen PET petition circu PHO phone bank POL polling and	mmunications nd appearanc nses ulating	s ees	RAD radio airtime and pro- RFD returned contribution: SAL campaign workers' so TEL t.v. or cable airtime a TRC candidate travel, lodg TRS staff/spouse travel, lo	s alaries and production o ging, and meals	
IND independent expenditure supporting/opposing others (explain)*	POS postage, de					same candidate/spons
LEG legal defense	PRO professional			VOT voter registration		•
LIT campaign literature and mailings	PRT print ads			WEB information technolog	gy costs (interne	et, email)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR D	ESCRIPTION OF PAYMENT		AMOUNT PAID
Dona Kordich	ID:	OFC				100.00
L. A. African American Women's PPI	ID:	cvc				500.00
L. A. Co. Democratic Party	ID: 741777	PRT				325.00
* Payments that are contributions or independent expenditures mu	ust also be summarized	on Schedule	e D.		SUBTOTAL	\$
Schedule E Summary						
1. Payments made this period of \$100 or more. (Include a	all Schedule E subto	tals.)			\$ _	
2. Unitemized payments made this period of under \$100.		•			\$	

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

.....\$ _____

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	POKIN TO O
through	51 / 69
	I.D. NUMBER

- aymonto mado		whole dollars.		from		FORM TOO	
SEE INSTRUCTIONS ON REVERSE				through	51 /	69	
NAME OF FILER					I.D. NUMBE	R	
Yvonne Brathwaite Burke Office Holder Account					971277		
CODES: If one of the following codes accurately describes	the payment, you	may enter th	e code. Otherwise	e, 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 commedings are office exper petition circ phone bank POL polling and POS professiona PRT print ads	mmunications and appearances ases ulating s survey research	s h senger services	RAD radio airtime and present returned contribution SAL campaign workers' TEL t.v. or cable airtime TRC candidate travel, lo TRS staff/spouse travel,	ons ' salaries e and production cost odging, and meals , lodging, and meals ommittees of the san	me candidate/spons	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R DES	CRIPTION OF PAYMENT		AMOUNT PAID	
La Opinion	ID:	PRT				286.43	
La Opinion	ID:	PRT				286.43	
Doris LaCour		OFC		· · · · · · · · · · · · · · · · · · ·		100.00	
* Payments that are contributions or independent expenditures mus	t also be summarized	on Schedule I	D.		SUBTOTAL \$		
Schedule E Summary							
1. Payments made this period of \$100 or more. (Include al	Schedule E subto	tals.)			\$		
2. Unitemized payments made this period of under \$100.	••••••				\$		
3. Total interest paid this period on loans. (Enter amount fr	om Schedule B, Pa	art 1, Columi	n (e).)		\$		
4. Total payments made this period. (Add lines 1, 2, and 3	Enter here and or	n the Summa	ary Page, Column	A, Line 6.)	TOTAL \$		

Schedule	E
Payments	Made

Type or print in ink.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM TOO
through	52 / 69
	I.D. NUMBER

Payments Made to whole dollars.		from	FO	RM 40U			
SEE INSTRUCTIONS ON REVERSE					5	52 / 69	
NAME OF FILER					I.D. NUM	MBER	
Yvonne Brathwaite Burke Office Holder Account							
					97127	7	
CODES: If one of the following codes accurately describes	the payment, you	may enter the	code. Otherwise	e, 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 con MTG meetings ar OFC office exper PET petition circle PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	nd appearances uses ulating s survey research livery and messe	nger services accounting)	RAD radio airtime and p RFD returned contribution SAL campaign workers TEL t.v. or cable airtime TRC candidate travel, ic TRS staff/spouse travel TSF transfer between c VOT voter registration WEB information technol	ons I salaries I salaries I sand production of odging, and meals I, lodging, and me ommittees of the	ais same candidate/sponso	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DES	CRIPTION OF PAYMENT		AMOUNT PAID	
LAX Flowers	ID:	OFC	_			117.84	
LAX Flowers	ID:	OFC				118.25	
LAX Rotary	ID:	cvc				440.00	
* Payments that are contributions or independent expenditures must	also be summarized	on Schedule D.			SUBTOTAL	\$	
Schedule E Summary	 -		<u> </u>				
1. Payments made this period of \$100 or more. (Include all	Schedule E subto	tals.)			\$ _		
Unitemized payments made this period of under \$100.		-					
3. Total interest paid this period on loans. (Enter amount from							

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM TOU
through	53 / 69
	I.D. NUMBER
	074077

Payments wade to whole dollars.		from	FORM -	FORM TOU		
SEE INSTRUCTIONS ON REVERSE				through	53 / 69	
NAME OF FILER					I.D. NUMBER	
Yvonne Brathwaite Burke Office Holder Account					971277	
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 cor MTG meetings ar OFC office exper PET petition circle PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	nd appearances nses ulating s survey research divery and messe		RAD radio airtime and pro- returned contribution SAL campaign workers's TEL t.v. or cable airtime TRC candidate travel, loc TRS staff/spouse travel, loc TSF transfer between co VOT voter registration WEB information technology	ns salaries and production costs dging, and meals lodging, and meals mmittees of the same candid	date/spons
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESC	CRIPTION OF PAYMENT		NT PAID
Judith Leslie-Thomas	ID:	OFC				100.00
Alexis Markowitz	ID:	FND				250.00
Media and Music Publishing	ID:	OFC				450.00
* Payments that are contributions or independent expenditures mus	t also be summarized	on Schedule D.			SUBTOTAL \$	
Schedule E Summary						
1. Payments made this period of \$100 or more. (Include al	l Schedule E subto	tals.)			\$	
2. Unitemized payments made this period of under \$100.					\$	
3. Total interest paid this period on loans. (Enter amount fr	om Schedule B, Pa	art 1, Column	(e).)		\$	

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Type or print in ink.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	LOKIN E O
through	54 / 69
	I.D. NÜMBER

ayments Made to whole dollars.		from	FO	FORM 40U 54/69		
SEE INSTRUCTIONS ON REVERSE			through			5
NAME OF FILER					I.D. NUM	BER
Yvonne Brathwaite Burke Office Holder Account					971277	,
CODES: If one of the following codes accurately describes	the payment, you	may enter the	code. Otherwise	e, 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	OFC office experience PET petition cir PHO phone bar POL polling and POS postage, d	and appearances enses culating		RAD radio airtime and preturned contributions SAL campaign workers TEL t.v. or cable airtime TRC candidate travel, leading transfer between the contribution were registration were registration recontributed information technical recontributes.	ions s' salaries e and production codging, and meals I, lodging, and meacommittees of the	als same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DES	CRIPTION OF PAYMENT		AMOUNT PAID
Patricia Miller	ID:	OFC				100.00
Morris Communications	ID:	OFC				5000.00
Morris Communications	ID:	OFC				3000.00
* Payments that are contributions or independent expenditures mus	t also be summarize	d on Schedule D			SUBTOTAL S	<u> </u>
Schedule E Summary						
1. Payments made this period of \$100 or more. (Include al	l Schedule E subt	otals.)			\$ _	·
2. Unitemized payments made this period of under \$100.					\$ _	
3. Total interest paid this period on loans. (Enter amount fr	om Schedule B, F	Part 1, Column	(e).)		\$ _	

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

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM TUU
through	55 / 69
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Yvonne Brathwaite Burke Office Holder Account 971277 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 candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals fundraising events staff/spouse travel, lodging, and meals POL polling and survey research independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, email) NAME AND ADDRESS OF PAYEE OR CREDITOR CODE OR **DESCRIPTION OF PAYMENT AMOUNT PAID** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **OFC** 100.00 Ta'Shara Murray ID: 150.00 CVC ID: NAACP Long Beach Branch 100.00 OFC Denise Navarro ID: **SUBTOTAL \$** * Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100. ______\$ _____ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

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

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 400
through	56 / 69
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Yvonne Brathwaite Burke Office Holder Account 971277 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 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 fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* IND POS postage, delivery and messenger services transfer between committees of the same candidate/sponsor LEG legal defense professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, email) NAME AND ADDRESS OF PAYEE OR CREDITOR CODE OR **DESCRIPTION OF PAYMENT AMOUNT PAID** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OFC 100.00 Julia Orozco ID: CVC 350.00 Pacific Council on Intl Policy ID: MTG 3000.00 **Patina Caterers** ID: SUBTOTAL \$ * Payments that are contributions or independent expenditures must also be summarized on Schedule D. Schedule E Summary 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100. \$_____ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

Schedule	E
Payments	Made

Type or print in Ink.
Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 400
through	57 / 69
	I.D. NUMBER
	1

rayments made	to whole dollars.			from	FORM	TUU
SEE INSTRUCTIONS ON REVERSE				through	57 / 69	
NAME OF FILER					I.D. NUMBER	
Yvonne Brathwaite Burke Office Holder Account				<u> </u>	971277	
CODES: If one of the following codes accurately describes CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)*	MBR member co MTG meetings a OFC office expe	mmunicatior	ns	e, describe the payment. RAD radio airtime and prod RFD returned contributions SAL campaign workers' sa		
CVC civic donations	PET petition circ			TEL t.v. or cable airtime ar	nd production costs	
FIL candidate filing/ballot fees	PHO phone bank			TRC candidate travel, lodgi	ng, and meals	
FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense	PRO professiona	elivery and m	nessenger services	TRS staff/spouse travel, loc TSF transfer between com VOT voter registration	mittees of the same cand	lidate/sponso
LIT campaign literature and mailings	PRT print ads			WEB information technolog	y costs (internet, email)	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DES	CRIPTION OF PAYMENT	AMO	UNT PAID
Patina Caterers	ID:	OFC				2500.00
- table to the second s	<u> </u>					
Patina Caterers	ID:	MTG				3804.30
Gerardo Pinedo	ID:	OFC				100.00
				<u> </u>		N
* Payments that are contributions or independent expenditures must	also be summarized	on Schedu	le D.		SUBTOTAL \$	
Schedule E Summary						
1. Payments made this period of \$100 or more. (Include all	Schedule E subto	otals.) .			\$	
2. Unitemized payments made this period of under \$100.		•••••			\$	
3. Total interest paid this period on loans. (Enter amount fr	om Schedule B, P	art 1, Colu	ımn (e).)		\$	<u> </u>
4. Total payments made this period. (Add lines 1, 2, and 3.	Enter here and o	n the Sum	mary Page, Column	A, Line 6.)	TOTAL \$	

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	
through	58 / 69
	I.D. NUMBER

through I.D. NUMBER 971277 code. Otherwise, describe the payment. 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 TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/spons VOT voter registration WEB information technology costs (internet, email)
p71277 code. Otherwise, describe the payment. 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/spons voter registration
code. Otherwise, describe the payment. RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/spons voter registration
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/spons voter registration
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 transfer between committees of the same candidate/spons
•
DESCRIPTION OF PAYMENT AMOUNT PAID
1801.28
3176.06
100.00
SUBTOTAL \$

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) 2. Unitemized payments made this period of under \$100. s______ 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

Type or print in ink. Amounts may be rounded

Statement covers period	CALIFORNIA 160
from	FORM TOU
through	59 / 69
	I.D. NUMBER
	074077

i ayments made	t	o whole dollars.	from	FORM TOO
SEE INSTRUCTIONS ON REVERSE			through	59 / 69
NAME OF FILER				I.D. NUMBER
Yvonne Brathwaite Burke Office Holder Account				971277
CODES: If one of the following codes accurately describes 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	MBR member of meetings OFC office exp PET petition cir PHO phone bar POL polling and POS postage, of	ommunications and appearances enses culating	RAD radio airtime and product RFD returned contributions SAL campaign workers' salari TEL t.v. or cable airtime and product TRC candidate travel, lodging TRS staff/spouse travel, lodging TSF transfer between commit VOT voter registration	ies production costs , and meals ng, and meals ttees of the same candidate/sponso
LIT campaign literature and mailings	PRT print ads		WEB information technology of	osts (internet, email)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR D	DESCRIPTION OF PAYMENT	AMOUNT PAID
David Ryu	ID:	OFC		100.00
SCLC Magazine	ID:	PRT		495.00
Jason Seward	ID:	OFC		100.00
* Payments that are contributions or independent expenditures mus	t also be summarize	d on Schedule D.	SU	BTOTAL \$
Schedule E Summary				
1. Payments made this period of \$100 or more. (Include al	l Schedule E subi	otals.)		\$
Unitemized payments made this period of under \$100.		•		
•	•			•
3. Total interest paid this period on loans. (Enter amount fr	om Schedule B, I	Part 1, Column (e).)		\$

Schedule E Payments Made	Amoun	e or print in in ts may be rou whole dollars.	nded	Stat	ement covers period	CALIFO FOR	
SEE INSTRUCTIONS ON REVERSE				through	h	60	0 / 69
NAME OF FILER						I.D. NUM	BER
Yvonne Brathwaite Burke Office Holder Account						971277	,
CODES: If one of the following codes accurately describes 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 NAME AND ADDRESS OF PAYEE OR CREDITOR	MBR member cor MTG meetings an OFC office expen PET petition circu PHO phone bank: POL polling and s POS postage, del PRO professional PRT print ads	mmunications ad appearances ases ulating s survey researc livery and mes I services (lega	h senger services il, accounting)	RAD RFD SAL TEL TRC TRS TSF VOT WEB	radio airtime and product returned contributions campaign workers' salari t.v. or cable airtime and candidate travel, lodging staff/spouse travel, lodgit transfer between commit voter registration information technology c	ies production on , and meals ng, and mea ttees of the s	ils same candidate/spons st, email)
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE O	R	DESCRIPTION O	FPAYMENT		AMOUNT PAID
Miriam Simmons	ID:	MTG			_		394.53
Miriam Simmons	ID:	OFC					100.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	i
Schedule E Summary		
1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	
2. Unitemized payments made this period of under \$100.	\$ <u></u>	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e	9).)	

OFC

ID:

Statecraft

600.00

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM TOU
through	61 / 69
	I.D. NUMBER

Taymonto Mado	το	wnote dottal	rs.	from		KW TOO
SEE INSTRUCTIONS ON REVERSE				through	6	1/69
NAME OF FILER	<u> </u>				I.D. NUM	IBER
Yvonne Brathwaite Burke Office Holder Account						
					971277	7
CODES: If one of the following codes accurately describes	the payment, you	may enter	the code. Other	wise, describe the paym	ent.	
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 con MTG meetings ar OFC office exper PET petition circle PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	nd appearand nses ulating is survey resea divery and me	rch essenger services	RFD returned con SAL campaign we TEL t.v. or cable TRC candidate tra TRS staff/spouse TSF transfer betw VOT voter registra	orkers' salaries airtime and production c avel, lodging, and meals travel, lodging, and mea ween committees of the s	als same candidate/spons
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT		AMOUNT PAID
Randi Tahara	ID:	OFC				100.00
Wendy Tait	ID:	OFC				100.00
Clifford Taitt	ID:	OFC				200.00
* Payments that are contributions or independent expenditures must	t also be summarized	on Schedul	e D.		SUBTOTAL	\$
Schedule E Summary						
1. Payments made this period of \$100 or more. (Include all	Schedule E subto	tals.)			\$ _	
2. Unitemized payments made this period of under \$100.		•				
Total interest paid this period on loans. (Enter amount fr					• —	
·						
4. Total payments made this period. (Add lines 1, 2, and 3.	⊏nter nere and o	n the Sumi	mary Page, Colu	ımn A, Line 6.)	IUIAL \$ _	

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

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	
through	62 / 69
	I.D. NUMBER
	074077

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Yvonne Brathwaite Burke Office Holder Account 971277 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 petition circulating TEL t.v. or cable airtime and production costs PET 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 transfer between committees of the same candidate/sponsor PRO professional services (legal, accounting) LEG legal defense VOT voter registration campaign literature and mailings PRT WEB information technology costs (internet, email) print ads NAME AND ADDRESS OF PAYEE OR CREDITOR CODE OR **DESCRIPTION OF PAYMENT AMOUNT PAID** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **OFC** 200.00 Clifford Taitt ID: OFC 100.00 Clinton Tatum ID: 200.00 **FND** ID: The Palm Restaurant **SUBTOTAL \$** * Payments that are contributions or independent expenditures must also be summarized on Schedule D. **Schedule E Summary** 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ _____ 2. Unitemized payments made this period of under \$100.

3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

Type or print in ink. Amounts may be rounded

<u> </u>	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 400
through	63 / 69
	I.D. NUMBER
	074077

Payments Made	to whole dollars.			from	FO!	63 / 69	
SEE INSTRUCTIONS ON REVERSE				through	6		
NAME OF FILER					I.D. NUM	IBER	
Yvonne Brathwaite Burke Office Holder Account							
					971277	7	
CODES: If one of the following codes accurately describes	the payment, you	may enter	the code. Otherwis	se, describe the payment.			
CMP campaign paraphernalia/misc.	MBR member co	mmunication	s	RAD radio airtime and pro-	duction costs		
CNS campaign consultants	MTG meetings ar			RFD returned contributions	S		
CTB contribution (explain nonmonetary)*	OFC office exper	nses		SAL campaign workers' sa			
CVC civic donations	PET petition circ			TEL t.v. or cable airtime a			
FIL candidate filing/ballot fees	PHO phone bank			TRC candidate travel, lodg			
FND fundraising events	POL polling and			TRS staff/spouse travel, lo			
IND independent expenditure supporting/opposing others (explain)*			essenger services		nmittees of the	same candidate/spons	
LEG legal defense	PRO professiona	l services (le	egal, accounting)	VOT voter registration			
LIT campaign literature and mailings	PRT print ads			WEB information technolog	gy costs (interne	et, email)	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR DE	SCRIPTION OF PAYMENT		AMOUNT PAID	
The Trustee selds		cvc				550.00	
The Trusteeship	ID:						
Joe Torres	ID:	OFC	,			100.00	
30e 1011es	10.	i i					
•							
<u> </u>		1050				74.00	
US Postmaster	ID:	OFC		1		74.00	
					,	•	
* Payments that are contributions or independent expenditures mus	also be summarized	on Schedu	le D.		SUBTOTAL S	\$	
Cabadula E Summany							
Schedule E Summary							
1. Payments made this period of \$100 or more. (Include al	Schedule E subto	tals.)			\$ _		
2. Unitemized payments made this period of under \$100.					\$ _		
3. Total interest paid this period on loans. (Enter amount fr	om Schedule B, Pa	art 1, Colu	mn (e).)		\$ _		

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

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

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM TOO
through	64 / 69
	I.D. NUMBER
	1

SEE INSTRUCTIONS ON REVERSE				through	64 / 69
NAME OF FILER		_			I.D. NUMBER
Yvonne Brathwaite Burke Office Holder Account			,		971277
CODES: If one of the following codes accurately describes	the payment, you	may enter	the code. Other	wise, 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 cor MTG meetings an OFC office expen PET petition circi PHO phone bank POL polling and s POS postage, de PRO professional PRT print ads	nd appearantises ulating s survey resea	ces arch nessenger services	RAD radio airtime and product returned contributions SAL campaign workers' salari t.v. or cable airtime and particle transfer between commit voter registration web information technology c	ies production costs , and meals ng, and meals ttees of the same candidate/sponso
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
US Postmaster	ID:	FND			555.00
Hope Valles	ID:	OFC			100.00
<u> </u>					
Ward Graphic Design	ID:	FND			395.00
·					
* Payments that are contributions or independent expenditures must	t also be summarized	on Schedu	le D.	SU	BTOTAL \$
Schedule E Summary					
1. Payments made this period of \$100 or more. (Include all	Schedule E subto	tals.)		,	\$
2. Unitemized payments made this period of under \$100.		•••••	•••••		\$
3. Total interest paid this period on loans. (Enter amount fr	om Schedule B, Pa	art 1, Colu	ımn (e).)	•••••	\$

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

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 400
through	65 / 69
	I.D. NUMBER
	971277

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yvonne Brathwaite Burke Office Holder Account

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

CMP CNS CTB CVC FIL FND IND LEG LIT	campaign paraphernalia/misc. campaign consultants contribution (explain nonmonetary)* civic donations candidate filing/ballot fees fundraising events independent expenditure supporting/opposing others (explain)* legal defense campaign literature and mailings NAME AND ADDRESS OF PAYEE OR CREDITOR	MTG OFC PET PHO POL POS PRO	d appearan ses llating s survey resea ivery and m services (le	arch essenger services egal, accounting)	RFD SAL TEL TRC TRS TSF VOT WEB	returned contributions campaign workers' salaries t.v. or cable airtime and production of candidate travel, lodging, and meals staff/spouse travel, lodging, and meal transfer between committees of the voter registration information technology costs (interne	als same candidate/sponsor et, email)
	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE	OR	DESCRIPTION OF	PAYMENT	AMOUNT PAID
	Jan Wasson	ID:	PRO				1000.00
	Jan Wasson	ID:	 OFC				258.59
	Jan Wasson	ID:	 PRO				1024.07

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

SUBTO	T A I	
		- 30

Schedule E Summary

- Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
 Unitemized payments made this period of under \$100.
 Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)

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

	SCHEDULE E
Statement covers period	CALIFORNIA ACO
from	FORM 40U
through	66 / 69
	I.D. NUMBER
	074077

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Yvonne Brathwaite Burke Office Holder Account 971277 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 petition circulating PET TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research transfer between committees of the same candidate/sponsor IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services LEG legal defense PRO professional services (legal, accounting) VOT voter registration LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, email) NAME AND ADDRESS OF PAYEE OR CREDITOR CODE OR **DESCRIPTION OF PAYMENT** (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **AMOUNT PAID** PRO 800.00 ID: Jan Wasson **OFC** 150.31 Jan Wasson ID: PRO 1059.98 Jan Wasson ID: Payments that are contributions or independent expenditures must also be summarized on Schedule D. **SUBTOTAL \$**

S	chedule E Summary
1.	Payments made this period of \$100 or more. (Include all Schedule E subtotals.)
2.	Unitemized payments made this period of under \$100.
3.	Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)
4.	Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)

Type or print in ink. Amounts may be rounded

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 400
through	67 / 69
	I.D. NUMBÉR
	074077

rayments wave	to	whole dollars.	from	FORM TOO	
SEE INSTRUCTIONS ON REVERSE			through	_ 67 / 69	
NAME OF FILER				I.D. NUMBER	
Yvonne Brathwaite Burke Office Holder Account	,			971277	
CODES: If one of the following codes accurately describes	the payment, you	may enter the code. Other	erwise, 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		nd appearances nses ulating s	RAD radio airtime and productions RFD returned contributions SAL campaign workers' sale t.v. or cable airtime and TRC candidate travel, lodging transfer between community voter registration websites.	aries d production costs ng, and meals lging, and meals nittees of the same candidate/spons	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID	
Earnestene Wilson	ID:	OFC		100.00	
Glenda Wina	ID:	OFC		100.00	
Women For:	ID:	cvc		250.00	
* Payments that are contributions or Independent expenditures mus	t also be summarized	on Schedule D.	s	SUBTOTAL \$	
Schedule E Summary	<u> </u>				
1. Payments made this period of \$100 or more. (Include al	l Schedule E subto	tals.)		\$	
2. Unitemized payments made this period of under \$100.					
Total interest paid this period on loans. (Enter amount from the second of the se				_	
o, rotal interest paid this period on loans, (Enter amount in	on Jone Late D, F	art i, Joiuiiii (0).)	***************************************	··········· Ψ	

Schedule E	
Payments Ma	ade

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM 400
through	68 / 69
	I.D. NUMBER
	971277

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SEF.	INSTRUCT	IUNS UN	REVERSE

NAME OF FILER

Yvonne Brathwaite Burke Office Holder Account

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 con	nmunications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings an	d appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*		office expen		SAL	campaign workers' salaries
CVC	civic donations	PET	petition circu	ulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	3	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and s	survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, del	ivery 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, email)
,	NAME AND ADDRESS OF DAVIE OF CREDITOR					

NAME AND ADDRESS OF PAYE (IF COMMITTEE, ALSO ENTER I.E.		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Young Musicians Fdn	ID:	cvc		150.00
,				

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTAL \$	76162.01
Schedule E Summary		
Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$	
2. Unitemized payments made this period of under \$100.	\$	
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$	
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A. Line 6.)	TOTAL \$	