Schedule E  Type or print in ink.  Amounts may be rounded to whole dollars.  Statement covers perint in ink.  Statement covers perint in ink.  From		Statement covers period	CALIFORNIA 460	
SEE INSTRUCTIONS ON REVERSE			through	5 / 10
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. Oth	erwise, describe the payment.	
CMP campaign paraphemalia/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 co MTG meetings at OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	nd appearances nses ulating is	RAD radio airtime and prod RFD returned contributions SAL campaign workers' sa TEL t v or cable airtime ar TRC candidate travel, lodg TRS staff/spouse travel, lod TSF transfer between comi VOT voter registration WEB information technology	anes of production costs of, and meals ofging, and meals offings of the same candidate/spon-
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD NUMBER)		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Express	ID:	OFC		23.90
American Express	ID:	OFC		1468.91
City Club on Bunker Hill	ID:	OFC		247 56
* Payments that are contributions or independent expenditures must a	ilso be summarized o	on Schedule D.	s	UBTOTAL \$
Schedule E Summary				
1. Payments made this period of \$100 or more. (Include all	Schedule E subtot	als.)		\$18160.34
2. Unitemized payments made this period of under \$100.	•			\$ 68.09
3. Total interest paid this period on loans. (Enter amount fro				0.00

18228.43

Schedule E Payments Made
SEE INSTRUCTIONS ON REVERSE

Yvonne Brathwaite Burke Office Holder Account

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

	SCHEDULE E
Statement covers period	CALIFORNIA 460
from	FORM
through	6 / 10
<del></del>	ID NUMBER
	971277

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

CMP	campaign paraphernalia/misc.	MBR member communication	ns RAD	radio airtime and production costs
CNS	campaign consultants .	MTG meetings and appearan	ices 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	TRO	candidate travel, lodging, and meals
FND	fundraising events	POL polling and survey resear	arch TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS postage, delivery and m	essenger services TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO professional services (le	egal, accounting) VO1	voter registration
LIT	campaign literature and mailings	PRT print ads	WE	3 information technology costs (internet, email)

NAME AND ADDRESS OF PAYER (IF COMMITTEE, ALSO ENTER LD		CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Connie Cole Makeup	ID:	PRO		175.00
County of Los Angeles	ID:	OFC		9000.00
Inglewood Flower Shop	ID:	OFC		164 54

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

#### SUBTOTAL \$

### **Schedule E Summary**

<ol> <li>Payments made this period of \$100 or more. (Include all So</li> </ol>	hedule E subtotals.)		š
2. Unitemized payments made this period of under \$100.		9	š

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 to whole dollars.		Statem	ent covers period	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE				through		7 / 10	
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 r	may enter the	code. Other	wise, describe th	e payment.		
CMP campaign paraphemalia/misc.	MBR member cor				lio airtime and production	on costs	
CNS campaign consultants	MTG meetings ar OFC office expen	• •			umed contributions mpaign workers' salane	•	
CTB contribution (explain nonmonetary)* CVC civic donations	PET petition circle				or cable airtime and pr		
FIL candidate filing/ballot fees	PHO phone bank			TRC ca	ndidate travel, lodging, a	and meals	
FND fundraising events	POL polling and survey research TRS staff/spouse travel, lod				iff/spouse travel, lodging	g, and meals	
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services TSF transfer between comm					es of the same candidate/	spons
LEG legal defense	PRO professional services (legal, accounting)  PRT print ads  VOT voter registration  WEB information technology					oto (internet amout)	
LIT campaign literature and mailings	PRT print ads	1		AAEB IUI	ormation technology cos	sis (internet, email)	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CODE OR		DESCRIPTION OF PA	YMENT	AMOUNT P	AID
La Opinion	ID:	PRT				27	7.87
		L					
Latino Empowerment Fdn.	ID:	cvc				15	50.00
Lauri Tarrassana Lagian		cvc				12	28 00
Loyal Temperance Legion	iD:						
Payments that are contributions or independent expenditures must a	also be summarized o	on Schedule D.			SUB	TOTAL \$	
Schedule E Summary			<del> = = ==</del>		,		
1. Payments made this period of \$100 or more. (Include all	Schedule E subtot	als.)		•••••		\$	
2. Unitermized navments made this period of under \$100						¢	

# Schedule E

### Type or print in ink.

GALIFORNIA A C.A
FORM
8 / 10
I D NUMBER

Payments Made	nents Made to whole dollars.		from		FO	FORM 440)		
SEE INSTRUCTIONS ON REVERSE				through	1	}	i / 10	
NAME OF FILER				<del></del>		ID NUM	IBER	
Yvonne Brathwaite Burke Office Holder Account				,		97127	7	
CODES: If one of the following codes accurately describe	s the payment, you	may enter the	code. Otherw	rise, describe	e 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 co MTG meetings a OFC office exper PET petition circ PHO phone bank POL polling and POS postage, de PRO professiona PRT print ads	nd appearances nses culating cs survey research elivery and messe	enger services	RFD SAL TEL TRC TRS TSF VOT	radio airtime and pro returned contribution campaign workers's t.v or cable airtime a candidate travel, lod staff/spouse travel, lot transfer between con voter registration information technological	ns calaries and production o ging, and meals odging, and mea mmittees of the s	als same candidate/spons	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	c	DESCRIPTION OF	PAYMENT		AMOUNT PAID	
Media Clips Inc	ID <sup>.</sup>	OFC					97.43	
	<del></del>	OFC					487.13	
Media Clips Inc	ID:						407.10	
NAACP/Carson-Torrance Branch	ID:	cvc					120 00	
* Payments that are contributions or independent expenditures mu	st also be summarized	on Schedule D.	<del></del>		<del></del>	SUBTOTAL \$		
Schedule E Summary						<del></del>	<del></del>	
1. Payments made this period of \$100 or more. (Include a	ill Schedule E subto	tals.)				\$		
2. Unitemized payments made this period of under \$100.		• • • • • • • • • • • • • • • • • • • •				\$ _		
3. Total interest paid this period on loans. (Enter amount f	rom Schedule B, Pa	art 1, Column	(e).)			\$		
4. Total payments made this period. (Add lines 1, 2, and 3	B. Enter here and or	the Summar	y Page, Colum	n A, Line 6.)	***************************************	TOTAL \$ _		

Schedule E Payments Made		Type or print in ink. Amounts may be rounded			Sta	tement covers		ALIFO		
rayments wave		to whole dollars.				from			FORM 4UV	
SEE INSTRUCTIONS ON REVERSE						throug	h		9/	10
NAME OF FILER		<del>_</del>		<del></del>				10	NUMB	ER
Yvonne Brathwaite Burke Office Holder Account								9	71277	
CODES: If one of the following codes accurately describes	the paym	ent, you n	nay enter	he code. Oth	erwise,	describ	e the paymen	nt.		
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MTG OFC PET PHO POL POS PRO		d appearanceses ulating s survey reseas uvery and me	es	3	RFD SAL TEL TRC TRS TSF VOT	returned contri- campaign work t.v. or cable air candidate trave staff/spouse tra transfer betwee voter registration	kers' salanes rtime and produc el, todging, and i avel, todging, an en committees o	ction comeals of the sa	s me candidate/spons
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		print ddo	CODE	OR	DESCR		F PAYMENT	amology cools (		AMOUNT PAID
Pacific Council on Intl Policy	ID:		CVC							250.00
Rand Corp	ID:		cvc							5000.00
Jan Wasson	ID:		PRO							570.00
* Payments that are contributions or independent expenditures must a	also be su	mmarized o	n Schedule	<u> </u>		<del></del>		SUBTO	ΓAL\$	18160.34
Schedule E Summary								'		
1. Payments made this period of \$100 or more. (Include all	Schedule	E subtota	als.)	·····			••••		\$	
2. Unitemized payments made this period of under \$100.						•••••	••••		\$	
3. Total interest paid this period on loans. (Enter amount fro	m Sched	lule B. Par	t 1. Colum	ın (e).)					\$	