

**Schedule E  
Payments Made**

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

SCHEDULE E

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
5 / 10	
ID 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 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, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER ID NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Express ID: [REDACTED]	OFC		23.90
American Express ID: [REDACTED]	OFC		1468.91
City Club on Bunker Hill ID: [REDACTED]	OFC		247.56

\* 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.)	\$ 18160.34
2. Unitemized payments made this period of under \$100.	\$ 68.09
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	<b>TOTAL \$ 18228.43</b>

**Schedule E  
Payments Made**

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to whole dollars.

SCHEDULE E

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
through _____	
6 / 10	
NAME OF FILER Yvonne Brathwaite Burke Office Holder Account	
ID NUMBER 971277	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yvonne Brathwaite Burke Office Holder Account

ID NUMBER

971277

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- |   |   |   |
|---|---|---|
| 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, email)            |

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Connie Cole Makeup [REDACTED]	PRO			175.00
County of Los Angeles [REDACTED]	OFC			9000.00
Inglewood Flower Shop [REDACTED]	OFC			164.54

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**SUBTOTAL \$**

**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.) ..... **TOTAL \$** \_\_\_\_\_

# Schedule E Payments Made

Type or print in ink.  
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to whole dollars.

SCHEDULE E

CALIFORNIA  
FORM 460

Statement covers period  
from \_\_\_\_\_  
through \_\_\_\_\_

7 / 10  
ID NUMBER  
971277

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yvonne Brathwaite Burke Office Holder Account

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| 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
La Opinion [REDACTED] [REDACTED]	PRT			277.87
Latino Empowerment Fdn. [REDACTED] [REDACTED]	CVC			150.00
Loyal Temperance Legion [REDACTED] [REDACTED]	CVC			128.00

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

**SUBTOTAL \$**

## 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).) ..... \$ \_\_\_\_\_
- Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** \_\_\_\_\_

**Schedule E  
Payments Made**

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Statement covers period from _____ through _____	<b>CALIFORNIA FORM 460</b>
	8 / 10
NAME OF FILER Yvonne Brathwaite Burke Office Holder Account	ID NUMBER 971277

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NAME OF FILER

Yvonne Brathwaite Burke Office Holder Account

ID NUMBER

971277

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| 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
Media Clips Inc ID: [REDACTED]	OFC			97.43
Media Clips Inc ID: [REDACTED]	OFC			487.13
NAACP/Carson-Torrance Branch ID: [REDACTED]	CVC			120 00

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**SUBTOTAL \$**

**Schedule E Summary**

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4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) ..... **TOTAL \$** \_\_\_\_\_

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Payments Made**

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SCHEDULE E

Statement covers period from _____	<b>CALIFORNIA FORM 460</b>
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9 / 10	
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NAME OF FILER

Yvonne Brathwaite Burke Office Holder Account

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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
Pacific Council on Intl Policy ID: [REDACTED]	CVC			250.00
Rand Corp ID: [REDACTED]	CVC			5000.00
Jan Wasson ID: [REDACTED]	PRO			570.00

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**SUBTOTAL \$ 18160.34**

**Schedule E Summary**

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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 \$** \_\_\_\_\_