

**Schedule E
Payments Made**

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

SCHEDULE E

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	5 / 15
	I.D. NUMBER 1252858

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Burke Re-Election Committee

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 I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
American Express ID: [REDACTED]	FND		281.36
California Community Newspapers ID: [REDACTED]	PRT		120.00
City Club on Bunker Hill ID: [REDACTED]	OFC		197.00

* 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.)	\$	25072.39
2. Unitemized payments made this period of under \$100.	\$	122.43
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.)	TOTAL \$	25194.82

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Payments Made**

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SCHEDULE E

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	6 / 15
	I.D. NUMBER 1252858

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Burke Re-Election Committee

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| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
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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
Clear Channel Outdoor [REDACTED] ID:	PRT			300.00
Clear Channel Outdoor [REDACTED] ID:	PRT			12278.00
Connie Cole [REDACTED] ID:	PRO			175.00

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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**

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SCHEDULE E

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	7 / 15
	I.D. NUMBER 1252858

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NAME OF FILER

Burke Re-Election Committee

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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
Connie Cole [REDACTED]	PRO			175.00
County of Los Angeles [REDACTED]	OFC			1300.00
Culver City Demo Club [REDACTED]	PRT			100.00

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SUBTOTAL \$

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SCHEDULE E

Statement covers period from _____ through _____	CALIFORNIA FORM 460
	8 / 15
	I.D. NUMBER 1252858

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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
L. A. Co. Democratic Party [REDACTED] [REDACTED]	ID: 741777 MTG		100.00
L. A. Coalition/End Hunger/Homelessness [REDACTED] [REDACTED]	ID: PRT		400.00
L. A. Watts Times [REDACTED] [REDACTED]	ID: PRT		792.00

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SUBTOTAL \$

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SCHEDULE E

Statement covers period from _____	CALIFORNIA FORM 460
through _____	
9 / 15	
I.D. NUMBER 1252858	

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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
Patricia Miller [REDACTED]			Seminar	321.00
[REDACTED]				
Printco Graphics [REDACTED]	OFC			3528.95
[REDACTED]				
Miriam Simmons [REDACTED]	OFC			281.70
[REDACTED]				

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SUBTOTAL \$

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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
Toyo Photography [REDACTED] [REDACTED]		OFC		378.80
US Postmaster [REDACTED]		FND		555.00
Jan Wasson [REDACTED] [REDACTED]		PRO		2288.58

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	11 / 15
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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
Wave Community Newspapers [REDACTED] [REDACTED] ID: [REDACTED]	PRT			1500.00

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SUBTOTAL \$ 25072.39

Schedule E Summary

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