## Schedule A Monetary Contributions Received

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

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Monetary Contributions Received			whole dollars.				FORM 460	
SEE INSTRUCTION	NS ON REVERSE			through		4	/ 69	
NAME OF FILER Yvonne Brathw	vaite Burke Office Holder Account					I.D. Num	ber	
						971277	7	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rept Dt: 12/06/2004	Act 1 1	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	500.00		<i>(</i> · · ·	
Rcpt Dt: 12/15/2004	Advanced Business Solutions  (ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	1000.00			
Rcpt Dt: 12/01/2004	Albright, Yee & Schmit	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	25	0.00		
Rcpt Dt: 12/15/2004	Alliance Property Group Inc	IND COM OTH PTY SCC	,	500.00	50	00.00		
Rept Dt: 12/15/2004	American Medical Response	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	100	00.00	,	
			SUBTOTAL	\$				
1. Amount red	A Summary  ceived this period - contributions of \$100 or more.  Schedule A subtotals.)		\$ _	70550.00	IN		ual ient Committee	
2. Amount red	ceived this period - unitemized contributions of less	than \$100	\$ _	200.00		TH- Other	r than PTY or SCC)	
3. Total mone	etary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co			70750.00		TY - Politica CC - Small (	l Party Contributor Committee	

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Monetary Contributions Received			nts may be rounded whole dollars.			vers period CALIFORNIA	
SEE INSTRUCTION	IS ON REVERSE			through			5 / 69
NAME OF FILER Yvonne Brathw	aite Burke Office Holder Account					I.D. No. 9712	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 11/29/2004	Anchor Investments	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		100.00	100.00		7 · · ·
Rcpt Dt: 12/15/2004	Apartment Association of Greater Los Angeles ID: 811735	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00		
Rept Dt: 12/01/2004	Larkin Amold	X IND COM COTH PTY SCC	Attorney  Arnold and Associates.	1000.00	1000.00		
Rcpt Dt: 12/15/2004	Athens Services	IND COM SOTH PTY SCC		1000.00	1000.00		
Rcpt Dt: 12/15/2004	Atlas iron & Metal Co.	IND COM OTH PTY SCC		1000.00	100	00.00	<b>\</b>
			SUBTOTAL	\$			
(Include all	A Summary seived this period - contributions of \$100 or more. Schedule A subtotals.)				C		vidual cipient Committee her than PTY or SCC)
3. Total mone	tary contributions received this period.				P	TY - Politi	

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Monetary (	Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from		CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through			6 / 69	
NAME OF FILER Yvonne Brathw	vaite Burke Office Holder Account					I.D. Nu 9712	·	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	DATE EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 12/15/2004	David Austin	□ IND □ COM □ OTH □ PTY □ SCC	VP/Public Affairs  American Medical Response	250.00	25	0.00	()	
Rcpt Dt: 11/29/2004	Clarence Avant	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	Businessman Interior Music Corp.	500.00	500.00			
Rcpt Dt: 12/06/2004	Robert Avery	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney  Jones, Day et al	250.00	25	60.00		
Rept Dt: 12/10/2004	Leslie Bellamy	IND COM OTH PTY SCC	Real Estate Broker  Bellamy Real Estate	250.00	25	50.00	250.00 G 03	
Rcpt Dt: 12/15/2004	Malcolm Bennett   ✓  ID:	IND     COM     OTH     PTY     SCC	Broker/Realtor  intl Realty & Invesments- , Inc.	250.00	25	50.00	\(\frac{1}{2}\)	
			SUBTOTAL	\$	4// 10/2			
Amount red     (Include all	A Summary  ceived this period - contributions of \$100 or more I Schedule A subtotals.)  ceived this period - unitemized contributions of le				O	oth) TH- Othe	ridual cipient Committee ner than PTY or SCC) r	
3. Total mone	etary contributions received this period.					TY - Polition	cal Party Il Contributor Committee	

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Monetary	Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period		CALIFORNIA 460	
				from				
SEE INSTRUCTION	NS ON REVERSE			through			7 / 69	
NAME OF FILER	orite Double Office Helder Assessed					I.D. N	umber	
Brathw	vaite Burke Office Holder Account					9712	277	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rept Dt: 12/22/2004	Gregory Bergman עו	IND     COM     OTH     PTY     SCC	Attorney Bergman & Dacey	1000.00	100	0.00	1000.00 G03	
Rcpt Dt: 11/22/2004	Biesty, Garretty & Wagner	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	250.00			
Rcpt Dt: 12/06/2004	Donna Black	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney  Morrison & Foerster	500.00	.50	00.00		
Rcpt Dt: 11/15/2004	Keith Black	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Cedars Sinai	250.00	250.00			
Rcpt Dt: 11/29/2004	Eli Broad	X IND COM OTH PTY SCC	CEO Sunamerica Corp	1000.00	100	00.00		
			SUBTOTAL	\$				
1. Amount red	A Summary ceived this period - contributions of \$100 or more. I Schedule A subtotals.)		\$ _		41	Contributo ID - Indiv OM - Rec		
2. Amount red	ceived this period - unitemized contributions of less	s than \$100	\$ _			TH- Othe		
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C	Column A, Line 1	I.)TOTAL \$ _				III Contributor Committee	

Type or print in ink.

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	Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period		CALIFORNIA 460 FORM 8/69	
NAME OF FILER	IS ON REVERSE			through				
	aite Burke Office Holder Account					1.D. Nu		
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 12/15/2004	Frank Brown	IND COM OTH PTY SCC	Executive  No Sweat White	500.00	50	0.00		
Rcpt Dt: 12/30/2004	Judy Bush ID:	IND COM OTH PTY SCC	Consultant Judy L. Bush	500.00	500.00		500.00 G 03	
Rcpt Dt: 12/15/2004	Barbara Butler	IND COM OTH PTY SCC	CEO Canon Human Services	500.00	50	0.00		
Rcpt Dt: 12/14/2004	CA Association of Professional Employees PAC ID: 761351	☐ IND 区 COM ☐ OTH ☐ PTY ☐ SCC		1000.00	100	0.00	1000.00 G03	
Rcpt Dt: 11/22/2004	Cahill Building Company	IND COM OTH PTY SCC		500.00	50	00.00		
			SUBTOTAL	\$				
Amount rec (Include all     Amount rec	A Summary  ceived this period - contributions of \$100 or more.  Schedule A subtotals.)				IN CO P	oth) TH - Other TY - Politic	idual ipient Committee ier than PTY or SCC) r	
(Add Lines	1 and 2. Enter here and on the Summary Page, C	olumn A, Line 1	1.)TOTAL \$ _		[5,	- Jinai	. Communico	

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Monetary Contributions Received			Amounts may be rounded to whole dollars.		Statement covers period		california 460	
SEE INSTRUCTION	IS ON REVERSE			through	_ <del>_</del>		9 / 69	
NAME OF FILER Yvonne Brathwa	aite Burke Office Holder Account			· ·		I.D. Nu	mber	
		<del></del>				9712	77	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 12/27/2004	Cal Care Medical Group Inc	IND COM OTH PTY SCC		750.00	75	0.00	750.00 G 03	
Rept Dt: 12/15/2004	Mario Camara	IND     COM     OTH     PTY     SCC	Attorney Cox, Castle	100.00	100.00		100.00 G 03	
Rept Dt: 12/09/2004	Care Ambulance Service Inc	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	100	00.00	1000.00 G03	
Rcpt Dt: 12/15/2004	Caregivers LLC	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	50	00.00		
Rcpt Dt: 11/16/2004	Charles J Backs Co	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	50	00.00	. ,	
			SUBTOTAL	\$				
1. Amount rec (Include all	A Summary seived this period - contributions of \$100 or more. Schedule A subtotals.)						ridual Sipient Committee her than PTY or SCC)	
3. Total mone	tary contributions received this period.				P	TY - Politi		

### Schedule A Type or print in ink. Amounts may be rounded SCHEDULE A **Monetary Contributions Received** Statement covers period CALIFORNIA to whole dollars. FORM from. 10 / 69 through, SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. Number Yvonne Brathwaite Burke Office Holder Account 971277

			SUBTOTAL	\$		also and a second
Rcpt Dt: 12/01/2004	Coleman & Associates	IND COM IND OTH IND PTY IND SCC	4	250.00	250.00	
Rcpt Dt: 12/15/2004	CNS Computer Inc	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	250.00	
Rept Dt: 12/15/2004	Thomas Clark	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	Partner  Royal Clark Dev. Co.	500.00	500.00	
Rcpt Dt: 11/15/2004	Ronald Clark	IND COM OTH PTY SCC	Gen. Mgr. Printco Graphics	1000.00	1000.00	
Rept Dt: 12/06/2004	Joseph Chidley	X IND COM OTH PTY SCC	Operations Manager Westmed Ambulance	750.00	750.00	, t
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)

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1.	Amount received this period - contributions of \$100 or more.
	(Include all Schedule A subtotals.)
2	Amount received this period - uniterized contributions of less than \$100

3. Total monetary contributions received this period.

	- individual
	- Pecinian

COM - Recipient Committee (other than PTY or SCC)

OTH-Other

PTY - Political Party

\*Contributor Codes

SCC- Small Contributor Committee

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Monetary Contributions Received			Amounts may be rounded to whole dollars.		Statement covers period from		CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE		<del></del>	through			11 / 69	
NAME OF FILER Yvonne Brathw	vaite Burke Office Holder Account					I.D. Nu	umber	
						9712	.77 ·	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rept Dt: 12/15/2004	Norma Cook	IND □ COM □ OTH □ PTY □ SCC	COO Administrative Services Kedren CMHC	150.00	15	0.00		
Rcpt Dt: 12/15/2004	Mary Ellen Criley	IND COM OTH PTY SCC	Homemaker	100.00	10	0.00		
Rcpt Dt: 12/27/2004	Crown City Mgmt. Co., Inc.	IND COM OTH PTY SCC		700.00	70	0.00	700.00 G 03	
Rcpt Dt: 12/15/2004	CSCS Inc	IND COM OTH PTY SCC		500.00	50	0.00		
Rcpt Dt: 12/15/2004	Diamond Contract Services	IND COM OTH PTY		500.00	50	00.00	· · · · · · · · · · · · · · · · · · ·	
			SUBTOTAL	\$	精學者		<b>非外沙卿</b> 。	
1. Amount red (Include all	A Summary seived this period - contributions of \$100 or more. Schedule A subtotals.)				IN	(oth	ridual siplent Committee ner than PTY or SCC)	
2. Amount red	ceived this period - unitemized contributions of less	than \$100	\$ _			TH- Othe ΓΥ - Politi		
3. Total mone (Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	.)TOTAL \$				Il Contributor Committee	

## Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded

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Monetary Contributions Received		to whole dollars.		Statement covers period from		CALIFORNIA 460	
SEE INSTRUCTION	IS ON REVERSE			through		12 / 69	
NAME OF FILER	aite Burke Office Holder Account					I.D. Nu	mber
	alte Burke Office Floider Account			<del></del>		9712	77
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 12/06/2004	Dick Davis and Associates	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	50	0.00	
Rcpt Dt: 12/13/2004	Lawrence Dinovitz	□ IND □ COM □ OTH □ PTY □ SCC	Real Estate Developer  Woodland Construction	1000.00	100	0.00	1000.00 G03
Rept Dt: 12/30/2004	Disney Worldwide Services Inc	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	50	0.00	500.00 G03
Rept Dt: 12/22/2004	Harry Douglas	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Charles R. Drew University	250.00	25	0.00	250.00 G 03
Rcpt Dt: 11/24/2004	Roslyn Elllison-Blake	IND COM OTH PTY SCC		500.00	50	00.00	
			SUBTOTAL	\$			<b>医</b> 拉克斯斯
Amount rec     (Include all	A Summary  elived this period - contributions of \$100 or more Schedule A subtotals.)  elived this period - unitemized contributions of le				IN	Contributor D - Indiv OM - Rec (oth	idual ipient Committee ier than PTY or SCC)
3. Total mone	tary contributions received this period.  1 and 2 Foter here and on the Summary Page.				P.	TY - Politic	·

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Monetary Contributions Received  SEE INSTRUCTIONS ON REVERSE		Amounts may be rounded to whole dollars.		Statement covers period from		CALIFORNIA 460 FORM 13 / 69	
	IS ON REVERSE			through		15	
NAME OF FILER Yvonne Brathw	vaite Burke Office Holder Account					1.D. No. 9712	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 11/18/2004	Five Star Parking	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	·	500.00	50	00.00	
Rept Dt: 12/15/2004	Fleetwood Psychological Services  ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	50	00.00	
Rept Dt: 12/13/2004	Alma Fowlkes	IND COM OTH PTY	Retired	100.00	10	00.00	
Rept Dt: 12/23/2004	Leonard Fu <u>ller</u>	IND COM OTH PTY SCC	President Fuller Consulting	500.00	50	00.00	500.00 G03
Rcpt Dt: 12/01/2004	Guilford Glazer	X IND □ COM □ OTH □ PTY □ SCC	Real Estate Guilford Glazer	500.00	50	00.00	
		<del></del>	SUBTOTAL	\$			<b>生生物</b>
1. Amount red (Include all	A Summary ceived this period - contributions of \$100 or more. I Schedule A subtotals.)				C		vidual cipient Committee her than PTY or SCC)
2. Amount rec	ceived this period - unitemized contributions of less	than \$100	\$ _		_		er ical Party
3. Total mone (Add Lines	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	I.)TOTAL \$ _				all Contributor Committee

Type or print in ink.

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Monetary Contributions Received			Amounts may be rounded to whole dollars.		ers period	CALIFORNIA 460	
SEE INSTRUCTION	IS ON REVERSE			through			14 / 69
NAME OF FILER	alla Dusta Office Halder Assessed					1.D. Nu	ımber
Yvonne Brathw	aite Burke Office Holder Account					9712	77
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	'EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/15/2004	Goldrich, Kest, Hirsch, Stem	IND COM OTH PTY		250.00	25	50.00	
Rcpt Dt: 11/15/2004	Goldstein Kennedy & Petito	IND COM OTH PTY SCC		500.00	100	00.00	
Rept Dt: 12/15/2004	John Griffith	IND COM OTH PTY SCC	Executive  Kedren Acute Psychiatric Hospital	500.00	50	00.00	500.00 G03
Rcpt Dt: 12/15/2004	Eugene Hardin M.D.	IND COM OTH PTY SCC	Physician  King Drew Med. Cntr.	250.00	25	50.00	
Rcpt Dt: 12/06/2004	Augustavia Haydel	X IND COM OTH PTY SCC	General Counsel  L. A. Care Health Plan	250.00	29	50.00	
			SUBTOTAL	\$			
1. Amount red (Include all	A Summary seived this period - contributions of \$100 or more. Schedule A subtotals.)						
	eived this period - unitemized contributions of les	ss than \$100	\$ _		P	TH- Othe TY - Polit	er ical Party
	tary contributions received this period.	Column A Line 1	I) TOTAL C		S	CC- Sma	Il Contributor Committee

Type or print in ink.

SCHEDULE A

Monetary Contributions Received			nts may be rounded whole dollars.	statement covers period from CALIFORNIA 4			FORNIA 460
SEE INSTRUCTION	IS ON REVERSE			through			15 / 69
NAME OF FILER Yvonne Brathw	raite Burke Office Holder Account					I.D. Nu 9712	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 11/15/2004	Hinderliter, de Llamas & Assoc.	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1000.00	100	0.00	. ,
Rcpt Dt: 12/06/2004	Paul_Hudson	IND □ COM □ OTH □ PTY □ SCC	Banker Broadway Federal Bank	250.00	25	0.00	
Rcpt Dt: 12/06/2004	Intercare Health Systems, inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	100	0.00	
Rcpt Dt: 12/15/2004	Piotr Jawien	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Professor	100.00	10	0.00	
Rcpt Dt: 12/14/2004	Jerry B Epstein Mgmt Co.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	100	00.00	1000.00 C **
			SUBTOTAL	\$	<b>大大村</b> 城		化基金等的
Amount red     (Include all	A Summary ceived this period - contributions of \$100 or more. I Schedule A subtotals.)				IN	(ot	vidual cipient Committee ner than PTY or SCC)
	ceived this period - unitemized contributions of less	than \$100	\$ _		P	TH- Othe ΓΥ - Polit	ical Party
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, C	olumn A, Line	1.) <b>TOTAL \$</b> _		. So	CC- Sma	Il Contributor Committee

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SCHEDULE A

Monetary Contributions Received			nts may be rounded whole dollars.	Statement covers period from CALIFORNIA 46			FORNIA 460
SEÉ INSTRUCTION	NS ON REVERSE			through			16 / 69
NAME OF FILER	V D			L		I.D. Ni	ımber
Brathw	vaite Burke Office Holder Account					97.12	77
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/06/2004	Edward Johnson	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Consultant  CA State Senate	250.00	25	0.00	
Rept Dt: 11/19/2004	Wilbert Jordan	IND COM OTH PTY SCC	Physician Wilbert C. Jordan, M. S.	250.00	25	0.00	
Rcpt Dt: 12/10/2004	Howard Kahn	IND     COM     OTH     PTY     SCC	CEO  LA Care Health Plan	250.00	25	0.00	250.00 G03
Rcpt Dt: 11/18/2004	Robert Kessel	IND COM OTH PTY SCC	Retired	500.00	50	0.00	
Rcpt Dt: 12/15/2004	Byoung Kim	IND     COM     OTH     PTY     SCC	President Premier Building Materia-	1000.00	100	00.00	
			SUBTOTAL	\$			沙海南河广
1. Amount red (Include all	A Summary  ceived this period - contributions of \$100 or more.  I Schedule A subtotals.)  ceived this period - unitemized contributions of less				IN CO	otl) TH- Othe	vidual cipient Committee ner than PTY or SCC) er
3. Total mone	etary contributions received this period.				S	i r - Polit CC- Sma	ical Party Il Contributor Committee

### Schedule A SCHEDULE A Type or print in ink. Amounts may be rounded **Monetary Contributions Received** Statement covers period CALIFORNIA to whole dollars. **FORM** from\_ 17 / 69 through\_ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. Number Yvonne Brathwaite Burke Office Holder Account 971277 **CUMULATIVE TO DATE** AMOUNT PER ELECTION IF AN INDIVIDUAL, ENTER **FULL NAME, MAILING ADDRESS** DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE AND ZIP CODE OF CONTRIBUTOR CODE \* RECEIVED (IF SELF-EMPLOYED, ENTER NAME **PERIOD** (JAN. 1 - DEC. 31) (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF BUSINESS) IND Make-Up Artist 500.00 500.00 Rcpt Dt: 12/15/2004 Lana Kim COM OTH Lana Kim PTY SCC ĪD: X Rcpt Dt: 11/15/2004 IND Retired 500.00 500.00 Cora King COM OTH PTY ⊔ scc ĪD: 250.00 Rcpt Dt: 12/15/2004 250.00 Knowledge Mgmt. Systems COM OTH PTY $\square$ scc X IND 250.00 Retired 250.00 Rcpt Dt: 12/14/2004 Ed Lara COM OTH PTY □ scc IND 250.00 250.00 Rcpt Dt: 12/15/2004 Law Offices of Jonathan Stein COM 冈 OTH PTY SCC SUBTOTAL \$

## **Schedule A Summary**

- Amount received this period contributions of \$100 or more.

  (Include all Schedule A subtotals.)

  \$ \_\_\_\_\_\_\$
- 2. Amount received this period unitemized contributions of less than \$100 ......\$

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

SCH		

Schedule A	Type or print in ink, Amounts may be rounded Statement on			SCHEDULE A			
Monetary (	Contributions Received		whole dollars.	Statement cove	ers period		PORNIA 460
SEE INSTRUCTION	S ON REVERSE			through			18 / 69
NAME OF FILER						I.D. No	umber
Yvonne Brathwa	aite Burke Office Holder Account					9712	277
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/15/2004	Lawrence Monson, Attorney at Law	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		250.00	25	0.00	
Rcpt Dt: 11/29/2004	Jonathan Lee	IND COM OTH PTY SCC	Commissioner  L. A. County	500.00	500.00		
Rcpt Dt: 12/14/2004	David Levine	IND     COM     OTH     PTY     SCC	R. E. Mgmt.f  Jerry Epstein Management	500.00	50	0.00	500.00 G03
Rcpt Dt: 12/15/2004	Charlene Lewis	IND COM OTH PTY SCC	American Medical Respons-	250.00	25	0.00	
Rcpt Dt: 12/15/2004	Lewis Pacific Partners  ID:	IND COM OTH PTY SCC		1000.00	100	00.00	1000.00 ೧^3
			SUBTOTAL	\$	生 相等 物		
Schedule A	\ Summary					Contributo	r Codos
1. Amount rec	eived this period - contributions of \$100 or more. Schedule A subtotals.)		\$		IN	ID - Indiv OM - Red	
2. Amount rec	eived this period - unitemized contributions of less	than \$100	\$			TH - Othe	er
	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	i.)TOTAL \$				ical Party Il Contributor Committee

Type or print in ink.

SCH	(FD	111	F	Δ
30		UL	_	_

Manatama Cantulla atlana Danala ad		Amou	Amounts may be rounded Statement on		SCHEDOLE A		
wonetary	Contributions Received		whole dollars.	Statement cov	CALIFURNIA 1		FORNIA 160
				from		F	ORM TOU
SEE INSTRUCTION	NS ON REVERSE			through			19 / 69
NAME OF FILER	unito Dunko Office Helder Assesset					I.D. N	umber
	vaite Burke Office Holder Account		·			9712	277
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 11/15/2004	Elwood Lui	X IND ☐ COM ☐ OTH ☐ PTY	Partner Jones Day et al	500.00	50	0.00	
	ID:	☐ scc	bones buy of an				
Rcpt Dt: 12/15/2004	Eugene Ma	X IND COM OTH PTY SCC	Executive Yumax Company	250.00	25	0.00	
Pent Dt	ID:	☐ IND		500.00		000	
Rcpt Dt: 11/30/2004	Management Arts LLC	COM OTH PTY SCC	·	500.00		0.00	
Rcpt Dt: 11/12/2004	Helen Mars	X IND COM COTH PTY SCC	Owner CA Litho Arts	1000.00	100	00.00	· .
Rcpt Dt: 12/15/2004	David Mintz	IND □ COM □ OTH	CEO	1000.00	100	00.00	
	ID:	D PTY	American Medical Respons- e				
	1 10.		SUBTOTAL	\$			第5章 4E
Schedule /	A Summary				مدا		0
1. Amount red	ceived this period - contributions of \$100 or more.  I Schedule A subtotals.)		\$		IN		vidual cipient Committee
2. Amount red	ceived this period - unitemized contributions of less	than \$100	\$ _			TH-Othe	
3. Total mone	etary contributions received this period.						ical Party ili Contributor Committee
(Add Lines	s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	□.) <b>TOTAL \$</b>				

## Schodula A

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Schedule A	Amounts may be rounded Statement cour			SCHEDULE A			
Monetary (	Contributions Received		whole dollars.	Statement cov	ers period		FORNIA 460
				from		F	ORM TOO
SEE INSTRUCTION	IS ON REVERSE			through			20 / 69
NAME OF FILER Yvonne Brathw	raite Burke Office Holder Account					I.D. N	umber
	and barke dilied Holder Addulit		· · · · · · · · · · · · · · · · · · ·			9712	277
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/15/2004	Michelle Moore	IND ☐ COM ☐ OTH ☐ PTY	Chef/Instructor  Michelle Moore	200.00	20	0.00	
	ID:	_   □ scc					
Rcpt Dt: 12/09/2004	Motion Picture Assn./America Local PAC	☐ IND ☑ COM ☐ OTH ☐ PTY		500.00	100	00.00	500.00 G 03
	ID: 1234676	□ scc					
Rcpt Dt: 12/30/2004	MTC Construction Company	IND COM OTH PTY SCC		250.00	25	0.00	250.00 G03
Rcpt Dt: 11/15/2004	NKP Management dba Mc Donald's	☐ IND ☐ COM ☒ OTH ☐ PTY		250.00	25	50.00	
	ID;	SCC			ļ		
Rcpt Dt: 11/12/2004	Peter O'Malley	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00	25	50.00	
			SUBTOTAL	\$			热型电池自
Schedule A	A Summary					Contributo	r Codes
1. Amount red	seived this period - contributions of \$100 or more. Schedule A subtotals.)		\$ _		IN.	ID - Indiv OM - Red	vidual cipient Committee
2. Amount red	eived this period - unitemized contributions of les	s than \$100	\$ _		,	TH - Othe	
3. Total mone	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, (						ical Party Il Contributor Committee

# Schedule A Monetary Contributions Received Type or print in lnk. Amounts may be rounded to whole dollars. Statement covers period from through Statement covers period to whole dollars. Statement covers period from 121 / 69 Line Instructions on Reverse NAME OF FILER Yvonne Brathwaite Burke Office Holder Account

					9/12	277		
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)		
Rept Dt: 12/15/2004	Oak Tree Investment Co.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	250.00			
Rcpt Dt: 12/15/2004	Dotun Ogunyemi	IND COM OTH PTY SCC	Physician King Drew Hospital	300.00	300.00			
Rcpt Dt: 12/15/2004	Berta Ortiz	IND □ COM □ OTH □ PTY □ SCC	Psychologist  Kendren CMHC & Acute Psychiatric Ho	100.00	100.00	,		
Rcpt Dt: 12/27/2004	Pacific Alliance Medical Group	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	1000.00	1000.00 G 03		
Rcpt Dt: 12/13/2004	Pardee Homes	IND COM SOTH PTY SCC		1000.00	1000.00	1000.00 C 3		
SUBTOTAL \$								

## **Schedule A Summary**

- Amount received this period contributions of \$100 or more.

  (Include all Schedule A subtotals.)

   Amount received this period unitemized contributions of less than \$100 ...............................
- 2. Amount received this period unitemized contributions of less than \$100 ......\$

\*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC- Small Contributor Committee

# Schodula A

Scriedule A			to man he seemeded			SCHEDULE A	
Monetary (	Contributions Received		nts may be rounded whole dollars.	Statement cove	ers period	CALIFORNIA 460	
				from		F	ORM TOO
SEE INSTRUCTION	IS ON REVERSE			through			22 / 69
NAME OF FILER	wite Durke Office Helder Assesset					I.D. No	umber
T vonne Brathw	raite Burke Office Holder Account					9712	277
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/15/2004	Mahandra Patel	IND COM □ OTH □ PTY	Executive  Business Alliance/Dellan 1 Co.	500.00	50	00.00	
Rcpt Dt: 12/15/2004	Margarita Perez	SCC IND COM OTH PTY	Manager Palms Residential	500.00	50	00.00	
Rcpt Dt: 12/15/2004	<u>1υ:</u>	☐ SCC	Artist	250.00	25	50.00	
12/15/2004	Patty Pickles	COM OTH PTY SCC	Patty Pickles				
Rcpt Dt: 12/22/2004	Playa Capital Company, LLC	☐ IND☐ COM☐ IX OTH☐ PTY☐ SCC		500.00	50	00.00	500.00 G 03
Rcpt Dt: 11/17/2004	Nadia Powers		Commissioner  LA County	250.00	25	50.00	
	ID:	D PTY	LA County		1		
			SUBTOTAL	\$			
Schedule A	A Summary		<del> </del>			Contributo	or Codes
1. Amount red	ceived this period - contributions of \$100 or more.  Schedule A subtotals.)		\$ _	·	ŀIN	ID - Indiv OM - Red	
2. Amount red	ceived this period - unitemized contributions of less	than \$100	\$ _			TH-Othe	er
3. Total mone	tary contributions received this period. I and 2. Enter here and on the Summary Page, Co						ical Party Ill Contributor Committee

Type or print in ink.

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Monetary (	netary Contributions Received  Amounts may be rounded to whole dollars.  Statement covers period from		CALIFORNIA 460				
SEE INSTRUCTION	NS ON REVERSE			through		2	23 / 69
NAME OF FILER Yvonne Brathw	vaite Burke Office Holder Account					I.D. Nun 97127	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 11/12/2004	Rita Pynoos	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Designer Rita J. Pynoos	250.00	25	0.00	
Rcpt Dt: 11/23/2004	Jacob Rajfer		Physician  Los Angeles County	200.00	20	0.00	
Rcpt Dt: 12/15/2004	Kimberly Rakis	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive  Premier Bldg. Maintenance e Srvcs	500.00	50	0.00	
Rcpt Dt: 12/15/2004	Angela Reddock	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney  Collins Mesereau Reddock & Yu	250.00	25	0.00	
Rcpt Dt: 12/09/2004	Rick Richardson	IND     COM     OTH     PTY     SCC	Partner/CEO Care Ambulance	1000.00	100	0.00	1000.00 0 03
			SUBTOTAL	\$	种型型		化等 計畫
Amount red     (Include all	A Summary  ceived this period - contributions of \$100 or more.  Schedule A subtotals.)			*	CC	(othe	
	ceived this period - unitemized contributions of les	ss than \$100	\$ _		PT	TH - Other Y - Politic	al Party

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Schedule A		Amounts may be sounded				SCHEDULE A		
Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period		CALIFORNIA 460		
				from				
SEE INSTRUCTION	S ON REVERSE			through	<del></del>		24 / 69	
NAME OF FILER	" Darke Office Haldes Asset 1					I.D. N	umber	
Yvonne Brathw	aite Burke Office Holder Account					9712	277	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)	
Rept Dt: 12/01/2004	Robertson's	IND COM OTH PTY SCC		1000.00	100	0.00	\	
Rept Dt: 12/15/2004	Cheryl Roesch	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Accounting Clerk Westmed Ambulance	750.00	75	0.00		
Rept Dt: 12/08/2004	Edward Savage	IND COM OTH PTY SCC	Physician King Drew Med Cntr	250.00	25	50.00		
Rept Dt: 12/03/2004	Schaefer Ambulance Service	IND COM OTH PTY SCC		500.00	50	00.00		
Rcpt Dt: 11/15/2004	Senkow & Frank	IND COM OTH PTY SCC		100.00	10	00.00		
			SUBTOTAL	\$	车业等			
Schedule A  1. Amount rec (Include all	A Summary seived this period - contributions of \$100 or more. Schedule A subtotals.)		\$ _		. 11			
2. Amount red	eived this period - unitemized contributions of less	than \$100	\$ _			TH-Othe	er	
3. Total mone (Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	I.)TOTAL \$ _				tical Party all Contributor Committee	

# Schodula A

Type or print in ink.

Monetary Contributions Received		Amour	nts may be rounded whole dollars.	Statement covers period		CALIFORNIA 460 FORM 25 / 69			
SEE INSTRUCTION	IS ON REVERSE			through			25 / 09		
NAME OF FILER Yvonne Brathw	raite Burke Office Holder Account					I.D. Nu			
		<del></del>		Г		9712	.77		
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN, 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)		
Rcpt Dt: 12/15/2004	Shan K. Thever, Prof. Corp.	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	50	0.00			
Rcpt Dt: 11/19/2004	Satanand Sharma	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive  American Health Services	250.00	500.00		500.00		250.00 G 03
Rcpt Dt: 12/15/2004	Satanand Sharma	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive  American Health Services	250.00	500.00		250.00 G 03		
Rcpt Dt: 11/29/2004	Southern Building Maintenance Inc	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1000.00	100	00.00			
Rcpt Dt: 12/15/2004	Standard Pacific of Ventura	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	· .	1000.00	100	00.00	1000.00 ೧^3		
			SUBTOTAL	\$	排物查		<b>基本企业</b>		
Amount rec (Include all     Amount rec	A Summary ceived this period - contributions of \$100 or more Schedule A subtotals.)				0 0	ott) TH- Othe TY - Politi	vidual cipient Committee her than PTY or SCC)		
o. rotal mone	etary contributions received this period. It and 2. Enter here and on the Summary Page.	Column A. Line 1	TOTAL \$		[3	CC- Silia	m Continuator Committee		

Type or print in ink.

SCHEDULE A

Monetary Contributions Received  SEE INSTRUCTIONS ON REVERSE		Amour	nts may be rounded whole dollars.	Statement covers period fromthrough		CALIFORNIA 460 FORM 26 / 69			
NAME OF FILER				L		I.D. Nu	mber		
Yvonne Brathw	raite Burke Office Holder Account					97127	77		
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC.	DATE EAR	PER ELECTION TO DATE (IF REQUIRED)		
Rcpt Dt: 12/15/2004	William Stringer	IND     COM     OTH     PTY     SCC	Physician  Los Angeles County	500.00	50	0.00			
Rept Dt: 12/27/2004	SynerMed	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	1000.00		1000.00		1000.00 G 03
Rept Dt: 12/13/2004	Lar <u>kin_Teasley</u>	IND COM OTH PTY SCC	Executive  Golden State Mutual Life	250.00	250.00		250.00 G03		
Rcpt Dt: 12/22/2004	Tejon Ranch	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	1000.00		1000.00 G03		
Rcpt Dt: 12/15/2004	The Bedford Group	IND COM SOTH SCC		1000.00	100	00.00	1000.00 ് 3		
			SUBTOTAL	\$	建工作		<b>第4 数 章</b>		
Amount red     (Include all	A Summary seived this period - contributions of \$100 or more. Schedule A subtotals.)				. CO		dual pient Committee er than PTY or SCC)		
3. Total mone	tary contributions received this period.  1 and 2. Enter here and on the Summary Page, Co		,		P	TY - Politic			

# Schodula A

Type or print in ink.

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Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from		CALIFORNIA 460 FORM 27 / 69	
SEE INSTRUCTION	NS ON REVERSE			through			
NAME OF FILER Yvonne Brathw	vaite Burke Office Holder Account					I.D. Nur	nber
						97127	77
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/08/2004	The Newhall Land & Farming Company	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	100	0.00	1000.00 G 03
Rcpt Dt: 11/22/2004	James Thomas	IND COM OTH PTY SCC	Executive Thomas Properties Group	250.00	25	0.00	
Rcpt Dt: 12/15/2004	Kevin Thomas	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician  Westar American Anesthesiology.	500.00	50	0.00	
Rcpt Dt: 12/15/2004	Lawrence Tolliver Jr.	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Barber Tolliver's Barber Shop	1000.00	100	00.00	
Rept Dt: 12/22/2004	John Torday	IND □ COM □ OTH □ PTY □ SCC	Scientist/Professor Labiomed	100.00	10	00.00	100.00 ೧೧3
			SUBTOTAL	\$		7	(黄州海道)
Amount red (Include al     Amount red     Total mone	A Summary  ceived this period - contributions of \$100 or more.  I Schedule A subtotals.)  ceived this period - unitemized contributions of less etary contributions received this period.	than \$100	\$	<del></del>	INC OP	oth) TH- Other TY - Politic	dual pient Committee er than PTY or SCC)
(Add Lines	s 1 and 2. Enter here and on the Summary Page, Co	olumn A, Line 1	i.) <b>TOTAL \$</b> _				

## Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded

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Monetary Contributions Received		to	to whole dollars.		from		california 460		
SEE INSTRUCTION	S ON REVERSE			through			28 / 69		
NAME OF FILER						I.D. Nu	ımber		
Yvorine Brathwa	aite Burke Office Holder Account					9712	77		
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)		
Rcpt Dt: 12/15/2004	Kenneth Trevett	IND     COM     OTH     PTY     SCC	President/CEO  Los Angeles Biomedical Research Ins	250.00	250.00				
Rcpt Dt: 12/15/2004	Nenad Trifunovic	IND COM OTH PTY SCC	General Counsel  Allan Company	500.00	500.00		500.00		
Rcpt Dt: 12/10/2004	Thomas Tsou	IND COM OTH PTY SCC	Physician  Los Angeles County	500.00	50	00.00	500.00 G 03		
Rcpt Dt: 12/15/2004	Madeleine Valencerina	IND COM OTH PTY SCC	Physician  Kedren Community Mental Health	100.00	10	00.00			
Rcpt Dt: 12/06/2004	David Van Iderstine	X IND COM OTH PTY SCC	Dir/Govt Affairs  Southern California Edison	250.00	25	50.00	250.00 6.3		
			SUBTOTAL	\$					
(Include all 2. Amount rec	eived this period - contributions of \$100 or more. Schedule A subtotals.)				C O P	oth) TH- Other TY - Politi	ridual cipient Committee ner than PTY or SCC) r		

### Schedule A Type or print in ink. SCHEDULE A Amounts may be rounded **Monetary Contributions Received** Statement covers period CALIFORNIA to whole dollars. **FORM** 29 / 69 through\_\_\_ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. Number Yvonne Brathwaite Burke Office Holder Account 971277 IF AN INDIVIDUAL, ENTER AMOUNT **CUMULATIVE TO DATE** PER ELECTION **FULL NAME, MAILING ADDRESS** DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS AND ZIP CODE OF CONTRIBUTOR CALENDAR YEAR TO DATE RECEIVED CODE \* (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) (IF COMMITTEE, ALSO ENTER I.D. NUMBER) OF BUSINESS) Rcpt Dt: 11/18/2004 IND 1000.00 1000.00 G 03 Physician 1000.00 Fernando Villa MD COM OTH **Memorial Care** PTY ID: SCC Rcpt Dt: 11/18/2004 IND Registered Nurse 1000.00 1000.00 Sharon Villa RN COM OTH Memorial Care PTY ☐ scc ID: ~ Rcpt Dt: 12/15/2004 **☑** IND 1000.00 Executive 1000.00 Tony Wafford COM OTH Wafford Consulting PTY □ scc ID:

IND

COM
OTH
PTY
SCC

COM
OTH
PTY
SCC

**Schedule A Summary** 

Walter Jayasinge MD, Inc.

Walton Auto Wrecking and Towing

Rcpt Dt: 12/27/2004

Rcpt Dt: 12/06/2004

Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.)

 Amount received this period - unitemized contributions of less than \$100 .......\$

 Total monetary contributions received this period.

\*Contributor Codes

IND - Individual

700.00

150.00

700.00

150.00

**SUBTOTAL \$** 

COM - Recipient Committee (other than PTY or SCC)

OTH-Other

PTY - Political Party

SCC- Small Contributor Committee

700.00 G 03

Type or print in ink.

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SC	н	ь.	D	U	L E.	А

Monetary Contributions Received			nts may be rounded whole dollars.	Statement covers period from		CALIFORNIA 460		
SEE INSTRUCTION	NS ON REVERSE		·	through			30 / 69	
NAME OF FILER Yvonne Brathw	aite Burke Office Holder Account					I.D. Nun		
<del></del>			<del></del>			97127	7	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC. )	AR	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 12/22/2004	Watson Land Company	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	1000	0.00	1000.00 G03	
Rept Dt: 12/06/2004	Louis Weider	IND □ COM □ OTH □ PTY □ SCC	Retired	500.00	500	0.00		
Rept Dt: 12/06/2004	Westmed Ambulance, Inc.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	1000	0.00		
Rcpt Dt: 12/01/2004	Rosalind Wyman . ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	Retired	250.00	250	0.00		
Rcpt Dt: 12/15/2004	Kenneth Yu	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	Administrator  Koryo Halth Foundation	250.00	250	0.00		
			SUBTOTAL	\$ 70550.00	为沙仙人			
1. Amount red	A Summary  beived this period - contributions of \$100 or more.  Schedule A subtotals.)		\$ _		INI			
2. Amount red	ceived this period - unitemized contributions of les	ss than \$100	\$ _			H-Other	,	
	tary contributions received this period.  1 and 2. Enter here and on the Summary Page,	Column A, Line 1	.)TOTAL \$			Y - Politica C - Small	al Party Contributor Committee	