Late Contrib	oution Report	<i>AMENDME</i>	NT ntin in	k	ráved in /		
Lute Contrib	ation Report		ied to v	whole dollars.	White County	LATE CO	NTRIBUTION REPOR
NAME OF FILER Burke Re-Election Committee		/f This Filing _	05/18/2005	Date Stamp	california 497		
AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) 1252858		Report No. LCR-40224		ing a Charmana	For Official Use Only		
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CITY		STATE ZIP CODE	(explain below) No. of Pages	3	1/3		
Late Contribu	ution(s) Received	<u> </u>					
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
02/24/2004	John Cowles			☐ IND☐ COM☐ OTH☐ PTY☐ SCC	CFO City of Angels Med Center		1000.00
02/24/2004	Leader Industries			☐ IND☐ COM☐ OTH☐ PTY☐ SCC			1000.00
02/24/2004	Steven Murphy ID:			IND COM OTH PTY SCC	V. P. Govt Affairs American Medical Respor	nse	1000.00
*Contributor Codes IND - Individual COM - Recipient COTH - Other	s Committee (other than PTY	PTY - Political Party or SCC) SCC - Small Contributor Commit	ttee				

Reason for Amendment: Deleted Delaware North

Contribution

PPPC Form 497(June/01)
Date Stamp FPPC Toll-Free Helpline: 866/ASK-FPPC

<u>AMENDMENT</u>

Late Contribution Report

ars. LATE CONTRIBUTION REPORT NAME OF FILER Date Stamp CALIFORNIA Date of Burke Re-Election Committee This Filing _ **FORM** AREA CODE/PHONE NUMBER I.D. NUMBER (if applicable) For Official Use Only Report No. ___ 1252858 STREET ADDRESS ☐ Amendment to Report No. _ (explain below) CITY STATE ZIP CODE No. of Pages___ 3/3 Late Contribution(s) Received IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER DATE AMOUNT CONTRIBUTOR FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) RECEIVED RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Rudra Sabaratnam 02/24/2004 IND 1000.00 Physician COM OTH R. Sabaratnam, M.D., Inc. PTY ID: SCC William Sanger 02/24/2004 IND National CEO 1000.00 COM American Medical Response OTH PTY ID: Ref: □ SCC *Contributor Codes PTY - Political Party IND - Individual COM - Recipient Committee (other than PTY or SCC) SCC - Small Contributor Committee OTH - Other Reason for Amendment: