SCHEDULE A

Schedule / Monetary	hedule A netary Contributions Received				Statement covers period from07/01/2005			60
	<u>. </u>			through 12/31	/2005	Page	4 of	48
NAME OF FILER	Yvonne B Burke, Yvonne Brathwaite	e Burke Of	fice Holder Account			I.D. NUMB	ER	
						97127	77	
DATE RECEIVED	FULL NAME, STREET 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	CUMULATIV CALENDA (JAN 1 - [AR YEAR ,	PER ELECT TO DATE (IF REQUIR	E
10/11/2005	Act 1	IND COM OTH PTY SCC		1,000.00	1,	000.00		
09/26/2005	Alliance Property Group Inc	IND COM OTH PTY SCC		500.00		500.00		-
10/06/2005	Alpine Market Inc.	IND COM OTH PTY SCC		500.00		500.00		
10/17/2005	Alpine Village, Inc.	IND COM OTH PTY SCC		500.00		500.00		
10/06/2005	Alschuler Grossman et al	IND COM OTH PTY SCC		500.00		500.00		
			SUBTOTAL \$	3,000.00				
Monetary C	Contributions Summary							
1. Amount re (Include a 2. Amount re (Do not ite 3. Total mon	eceived this period - contributions of \$100 or more. Il Schedule A subtotals.)		\$ <u> </u>	125.00				

	dule A (Continuation Sheet) etary Contributions Received			from07/01	s period /2005	CALIFORNIA 460		
				through $\frac{12/31}{}$	/2005	Page	<u>5</u> of	48
NAME OF FILER	Yvonne B Burke, Yvonne Brathwait	e Burke Of	fice Holder Account			97127	ER	
DATE RECEIVED	FULL NAME, STREET 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 CUMULATIVE THIS PERIOD CALENDAR (JAN 1 - DE		RYEAR ,	PER ELE TO D (IF REQ	ATE
09/20/2005	Amalgamated Development Assn	IND COM COM PTY SCC		1,000.00	1,0	00.00		
11/08/2005	American College of Med Tech	IND COM OTH PTY SCC		1,000.00	1,0	000.00		
10/17/2005	American Medical Response	IND COM OTH PTY SCC		1,000.00	1,	000.00		
10/27/2005	Apartment Association CA Southern Cities IPPAC	IND COM OTH PTY SCC	ID# 782117	500.00		500.00		
09/22/2005	Athens Services	IND COM OTH PTY SCC		500.00		500.00	·	
11/17/2009	5 Awin Management Inc	IND COM OTH PTY SCC		1,000.0	1,	000.00		
			SUBTOTAL \$	5,000.00				

Schedule A (Continuation Sheet) Monetary Contributions Received

california 460

NAME OF FILER Yvonne B Burke, Yvonne Brathwaite Burke Office Holder Account

1.D. NUMBER
971277

DATE RECEIVED	FULL NAME, STREET 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)
10/17/2005	Beach Art, Inc.	IND COM OTH PTY SCC		250.00	250.00	
09/14/2005	Leslie Bellamy	IND COM OTH PTY SCC	Real Estate Broker Bellamy Real Estate	250.00	250.00	
10/06/2005	Bergman & Dacey, Inc.	IND COM OTH PTY SCC		1,000.00	1,000.00	
11/04/2005	Scott D. Bertzyk	IND COM OTH PTY SCC	Attorney Jones, Day et al	250.00	250.00	
09/19/2009	Donna R. Black	IND COM OTH PTY SCC	Attorney Morrison & Foerster	1,000.00	1,000.00	
10/06/200	Bob Blake & Associates	IND COM OTH PTY SCC		500.00	500.00	

SUBTOTAL \$

3,250.00

NAME OF FILER Yvonne B Burke, Yvonne Brathwaite Burke Office Holder Account 971277 IF AN INDIVIDUAL, ENTER CONTRIBUTOR AMOUNT RECEIVED CUMULATIVE TO DATE PER ELECTION DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OCCUPATION AND EMPLOYER THIS PERIOD RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE . (IF SELF-EMPLOYED ENTER NAME CALENDAR YEAR TO DATE (JAN 1 - DEC 31) (IF REQUIRED) OF BUSINESS) Founder 1,000.00 1,000.00 09/09/2005 Eli Broad IND COM отн The Broad $\overline{\Box}$ PTY Foundations □ scc President 200.00 200.00 10/06/2005 Robert W. Brown Esq IND СОМ ОТН U. of W. L. A. ☐ PTY School of Law SCC Consultant 500.00 500.00 10/06/2005 Judy Bush * IND COM ОТН Judy L. Bush ☐ PTY □ scc 1,000.00 1,000.00 09/12/2005 Barbara Butler CEO IND COM ОТН Canon Human PTY SCC Services 1,000.00 09/12/2005 Charles Butler Retired 1,000.00 IND □ сом □ отн ☐ PTY □ scc 1,000.00 1,000.00 09/30/2005 CA Assn. of Professional Employees ☐ cov СОМ ₩ OTH ☐ PTY ☐ scc

SUBTOTAL \$

4,700.00

Schedule A (Continuation Sheet) Monetary Contributions Received				Statement covers period from07/01/2005		CALIFORNIA 460		
				through 12/31	/2005_	Page	8 of	48
NAME OF FILER	Yvonne B Burke, Yvonne Brathwait	e Burke Of	fice Holder Account			I.D. NUMBI		
						97127	7	
DATE RECEIVED	FULL NAME, STREET 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 I CALENDAR (JAN 1 - DE	YEAR .	PER ELECT TO DATE (IF REQUIR	E
10/06/2005	CA Commerce Club, Inc.	IND COM OTH PTY SCC		1,000.00	1,00	00.00		
10/06/2005	Caregivers LLC	IND COM OTH PTY SCC		500.00	5	00.00		
10/06/2005	Annmarie Carney	IND COM OTH PTY SCC	Homemaker	1,000.00	1,0	00.00		
10/04/2005	Rick Caruso	IND COM OTH PTY SCC	Executive Caruso Affiliated	500.00		00.00		
09/29/2005	Central City Association PAC	IND SCOM OTH PTY SCC	ID# 890198	250.00	2	50.00		
09/21/2005	Charles J Banks Co	IND COM OTH PTY SCC		1,000.00	1,0	00.00		
			SUBTOTAL \$	4,250.00				

Schedule	A (Continuation	on Sheet)
Monetary	Contributions	Received

 Statement covers period
 CALIFORNIA 461

 from 07/01/2005
 Page 9 of 4

NAME OF FILER Yvonne B Burke, I.D. NUMBER Yvonne Brathwaite Burke Office Holder Account 971277 IF AN INDIVIDUAL, ENTER DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CONTRIBUTOR OCCUPATION AND EMPLOYER AMOUNT RECEIVED CUMULATIVE TO DATE PER ELECTION RECEIVED CODE * (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF SELF-EMPLOYED ENTER NAME THIS PERIOD CALENDAR YEAR TO DATE OF BUSINESS) (IF REQUIRED) (JAN 1 - DEC 31) 12/29/2005 Chevron/Texaco Corp IND 500.00 500.00 □ сом * OTH PTY □ scc 09/09/2005 Ronald Clark Gen. Mgr. 1,000.00 1,000.00 IND СОМ □ отн Printco Graphics ☐ PTY □ scc 09/09/2005 Thomas Clark **₩** IND Partner 250.00 250.00 □ сом □ отн Royal Clark Dev. PTY SCC Co. 09/30/2005 Robert C. Cline **₩** IND Consultant 250.00 250.00 □ сом □ отн Cline & Duplissea ☐ PTY □ scc 09/09/2005 Coleman & Associates ☐ IND ☐ COM 500.00 500.00 **₩** OTH ☐ PTY ☐ scc Dentist 250.00 250.00 09/30/2005 Timothy Collins **₩** IND □ сом □ отн L. A. Co. ☐ PTY ☐ scc

SUBTOTAL \$

2,750.00

Schedule A (Continuation Sheet)	Statement covers period	CALIFORNIA 460
Monetary Contributions Received	from07/01/2005	FORM TU
	through 12/31/2005	Page10 of4
NAME OF FILER Yvonne B Burke, Yvonne Brathwaite Burke Office Holder Account		I.D. NUMBER

						· ·
DATE RECEIVED	FULL NAME, STREET 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)
09/14/2005	Community Family Care IPA	IND COM OTH PTY SCC		500.00	500.00	
09/15/2005	Concourse Gift & News, Inc.dbaConcourse Concessions	IND COM OTH PTY SCC		500.00	500.00	
09/27/2005	Kita S. Curry	IND COM OTH PTY SCC	Executive Didi Hirsch Comm M. H. Cntr	500.00	500.00	
10/06/2005	Davina, Inc.	IND COM SE OTH PTY SCC		1,000.00	1,000.00	
10/13/2005	Del Rey Shores	IND COM SE OTH PTY SCC		500.00	500.00	
10/13/2009	Del Rey Shores North	IND COM OTH PTY SCC		500.00	500.00	

SUBTOTAL \$

3,500.00

Schedule A (Continuation Sheet) Monetary Contributions Received

Statement covers period from $\frac{07/01/2005}{}$

CALIFORNIA 460

through 12/31/2005

ne 11 of 48

NAME OF FILER Yvonne B Burke, Yvonne Brathwaite Burke Office Holder Account

I.D. NUMBER
971277

DATE RECEIVED	FULL NAME, STREET 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)
09/26/2005	Diamond Contract Services	IND COM OTH PTY SCC		500.00	500.00	
09/28/2005	Dick Davis and Associates	IND COM OTH PTY SCC		250.00	250.00	
10/05/2005	Driver Safety Schools Inc.	IND COM OTH PTY SCC		250.00	250.00	
09/30/2005	John Evans	IND COM OTH PTY SCC	Real Estate Developer John E Evans R E Development	250.00	250.00	
10/01/2009	Excel Property Mgmt Srvc	IND COM OTH PTY SCC		1,000.00	1,000.00	
09/30/200	Five Star Parking	IND COM SE OTH PTY SCC		500.00	500.00	

SUBTOTAL \$

2,750.00

Schedule A (Continuation Sheet) Monetary Contributions Received

Statement covers period from 07/01/2005

california 460

through 12/31/2005

ge___<u>12</u> of ____48

NAME OF FILER Yvonne B Burke, Yvonne Brathwaite Burke Office Holder Account

1.D. NUMBER
971277

DATE RECEIVED	FULL NAME, STREET 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)
10/12/2005	Forest Lawn Mortuary	IND COM OTH PTY SCC		1,000.00	1,000.00	
10/03/2005	Alma Fowlkes	IND COM OTH PTY SCC	Retired	125.00	125.00	
10/06/2005	GC Services	IND COM BE OTH PTY SCC		750.00	750.00	
10/05/2005	Daniel Ginzburg	IND COM OTH PTY SCC	Small business owner Fantasea Yachts & Yacht Club	500.00	500.00	
10/06/2005	GKK Corporation	□ IND □ COM ■ OTH □ PTY □ SCC		500.00	500.00	
09/06/2009	Guilford Glazer	IND COM OTH PTY SCC	Real Estate Guilford Glazer	500.0	500.00	

SUBTOTAL \$

3,375.00

	chedule A (Continuation Sheet) onetary Contributions Received			Statement cover	/2005	CALIFORNIA 460		
				through 12/31	/2005	Page	13 of 48	
NAME OF FILER	Yvonne B Burke, Yvonne Brathwaite	Burke Of	fice Holder Account			I.D. NUME 9712	BER	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE CALENDAR (JAN 1 - DE	TO DATE	PER ELECTION TO DATE (IF REQUIRED)	
10/06/2005	Goldrich & Kest	IND COM OTH PTY SCC		250.00	2	50.00		
09/06/2005	Goldstein & Petito	□ IND □ COM ■ OTH □ PTY □ SCC		500.00	5	00.00		
10/05/2005	Greines Martin Stein & Richards LLE	IND COM OTH PTY SCC		500.00	5	500.00		
10/06/2005	John Griffith	IND COM OTH PTY SCC	Executive Kedren Acute Psychiatric Hospital	250.00		250.00		
10/06/2005	Said Hakim	IND COM OTH PTY SCC	Businessman HMH	250.00		250.00		
09/26/2005	Eugene Hardin M.D.	IND COM OTH PTY SCC	Physician King Drew Med. Cntr.	500.0	0	500.00		
			SUBTOTAL \$	2,250.00				

Schedule A (Continuation Sheet) Statement covers period CALIFORNIA / Monetary Contributions Received **FORM** from ___07/01/2005 through $\frac{12/31/2005}{}$ Page_ NAME OF FILER Yvonne B Burke, I.D. NUMBER

Yvonne Brathwaite Burke Office Holder Account

971277 IF AN INDIVIDUAL, ENTER CONTRIBUTOR CUMULATIVE TO DATE DATE FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR OCCUPATION AND EMPLOYER AMOUNT RECEIVED PER ELECTION CALENDAR YEAR RECEIVED (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE * (IF SELF-EMPLOYED ENTER NAME THIS PERIOD TO DATE (IF REQUIRED) (JAN 1 - DEC 31) OF BUSINESS) General Counsel 250.00 09/14/2005 Augustavia J. Haydel **₩** IND 250.00 COM OTH L. A. Care Health ☐ PTY Plan ☐ scc 1,000.00 1,000.00 09/12/2005 HCL Inglewood Village LLC DIND COM **₩** OTH ☐ PTY □ scc 10/12/2005 Helpmates Staffing Services ☐ IND 500.00 500.00 СОМ * OTH ☐ PTY ☐ scc 1,000.00 1,000.00 09/28/2005 Hinderliter, de Llamas & Assoc. IND COM * OTH PTY SCC 11/04/2005 Hollywood Park Casino 1,000.00 1,000.00 IND СОМ * OTH ☐ PTY ☐ scc 250.00 250.00 09/14/2005 Integrated Health Systems IND COM * ОТН □ PTY □ scc

SUBTOTAL \$

4,000.00

	edule A (Continuation Sheet) letary Contributions Received			Statement cover		CALIFORNIA 460		50
				from $\frac{07/01}{12/31}$	/2005	Page	15 of	48
NAME OF FILER	Yvonne B Burke, Yvonne Brathwait	e Burke Of	fice Holder Account			D. NUMBI	ER	
DATE RECEIVED	FULL NAME, STREET 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 ELECTI TO DATE (IF REQUIRE	
09/30/2005	International Realty & Investments, Inc.	IND COM OTH PTY SCC		250.00	- 25	0.00		
09/26/2005	J. W. Apartments	□ IND □ COM ■ OTH □ PTY □ SCC		200.00	20	0.00		
09/27/2005	Gail N. Jackson	IND COM OTH PTY SCC	Physician Gail N. Jackson, M.D.	250.00	25			
09/26/2005	Ella R. Jones	IND COM OTH PTY SCC	Retired	750.00	75	50.00	_	
10/06/2005	K Havnanian Homes	IND COM OTH PTY SCC		1,000.00	1,00	00.00		
10/11/2009	Byoung Kim	IND COM OTH PTY SCC	President Premier Building Materials	1,000.00	1,00	00.00		
			SUBTOTAL \$	3,450.00				

Schedule A (Continuation Sheet)
Monetary Contributions Received

Statement covers period
from __07/01/2005

through __12/31/2005

SCHEDULE A (cont.)

CALIFORNIA __460

Page ___16 of __48

NAME OF FILER Yvonne B Burke, Yvonne Brathwaite Burke Office Holder Account Page 16 of 48

1.D. NUMBER

971277

				3/12//			
DATE RECEIVED	FULL NAME, STREET 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)	
10/06/2005	Gene Kim	IND COM OTH PTY SCC	Property Management GEK Inc	500.00	500.00		
10/06/2005	Ky Chueon Kim	IND COM OTH PTY SCC	Principal Intl Strategic Mgmt Institute	250.00	250.00		
09/16/2005	Cora King	IND COM OTH PTY SCC	Retired	500.00	500.00		
09/06/2005	Kohrs & Fiske	IND COM OTH PTY SCC		500.00	500.00		
10/06/2005	L G Gatus Medical Group Inc.	IND COM OTH PTY SCC		500.00	500.00		
10/06/2005	L. A. Arena Company	□ IND □ COM 圖 OTH □ PTY □ SCC		1,000.00	1,000.00		

SUBTOTAL \$

3,250.00

Schedule A (Continuation Sheet) Monetary Contributions Received Statement covers period from 07/01/2005 through 12/31/2005 Page 17

NAME OF FILER Yvonne B Burke, Yvonne Brathwaite Burke Office Holder Account 971277

DATE RECEIVED	FULL NAME, STREET 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)
10/06/2005	Lan Technology Inc.	IND COM OTH PTY SCC		500.00	500.00	
10/06/2005	Law Offices of Julia E Sylva	IND COM OTH PTY SCC		250.00	250.00	
10/06/2005	Law Offices of Renee L Campbell	IND COM OTH PTY SCC		250.00	250.00	
10/26/2005	Debra P. Lewis	IND COM OTH PTY SCC	Retired	1,000.00	1,000.00	
10/17/2009	Lewis Investment Company	IND COM OTH PTY SCC		1,000.00	1,000.00	
10/06/200	5 Redmond Logan	IND COM OTH PTY SCC	President IDDC Inc	500.00	500.00	
			SUBTOTAL \$	3,500.00		

Schedule A (Continuation Sheet) Monetary Contributions Received

Statement covers period from 07/01/2005

CALIFORNIA 460

through 12/31/2005

18 of 48

NAME OF FILER Yvonne B Burke, Yvonne Brathwaite Burke Office Holder Account

I.D. NUMBER 971277

DATE RECEIVED	FULL NAME, STREET 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)
10/18/2005	Los Angeles County Lifeguard Association PAC	IND COM OTH PTY SCC	ID# 930134	500.00	500.00	
12/30/2005	Gene A. Lucero	IND COM OTH PTY SCC	Attorney Latham & Watkins	500.00	500.00	
11/04/2005	Elwood Lui	■ IND □ COM □ OTH □ PTY □ SCC	Partner Jones Day et al	250.00	250.00	
10/06/2005	Lyon Management Group, Inc.	IND COM OTH PTY SCC		1,000.00	1,000.00	
10/06/2005	Magnolia on Lake Partners L. P.	IND COM OTH PTY SCC		1,000.00	1,000.00	• •
11/04/2005	Thomas Malcolm	IND COM OTH PTY SCC	Attorney Jones, Day	250.0	250.00	

SUBTOTAL \$

3,500.00

						SCHEDULE A (cont.)
	A (Continuation Sh	•			Statement covers period	CALIFORNIA 460
Monetary	Contributions Rece	eived			from07/01/2005	FORM 400
		•	• *		through 12/31/2005	Page19 of48
NAME OF FILER	Yvonne B Burke,	Yvonne Brathwaite	e Burke Of	fice Holder Account		I.D. NUMBER
						971277
DATE RECEIVED		AND ZIP CODE OF CONTRIBUTOR DENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME	THIS PERIOD CALEND	VE TO DATE PER ELECTION AR YEAR TO DATE

DATE RECEIVED	FULL NAME, STREET 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)
10/06/2005	Managed Career Solutions, Inc.	IND COM OTH PTY SCC		500.00	500.00	
09/07/2005	Helen Mars	IND COM OTH PTY SCC	Owner CA Litho Arts	1,000.00	1,000.00	
11/04/2005	Daniel McLoon	IND COM OTH PTY SCC	Attorney Jones Day et al	250.00	250.00	
10/06/2005	Joan Y. Mobley	IND COM OTH PTY SCC	Realtor Joan Mobley Realty	600.00	600.00	:
09/22/2005	Motion Picture Assn./America Local PAC	IND COM OTH PTY SCC	ID# 1234676	1,000.00	1,000.00	
10/04/2005	MTC Construction Company	IND COM OTH PTY SCC		250.00	250.00	

SUBTOTAL \$

3,600.00

				•			
			•			sc	HEDULE A (cont.)
	A (Continuation Sheet)			Statement cover	s period	CALIFO	
Monetary	Contributions Received			from07/01	/2005_	FORM	700
				through 12/31	/2005	Page_	20 of48
NAME OF FILER	Yvonne B Burke, Yvonne Brathwait	e Burke Of	fice Holder Account			I.D. NUM	BER
		<u> </u>	<u> </u>			9712	77
DATE RECEIVED	FULL NAME, STREET 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 CALENDAI (JAN 1 - D	RYEAR ,	PER ELECTION TO DATE (IF REQUIRED)
09/09/2005	NKP Management dba Mc Donald's	IND COM OTH PTY SCC		500.00		500.00	
09/06/2005	Old Town Development Company	IND COM OTH PTY SCC		1,000.00	1,(000.00	
10/05/2005	PacifiCare	IND COM OTH PTY SCC		500.00		500.00	
10/17/2005	Paramount Pictures Group	IND COM SE OTH PTY SCC		1,000.00	1,	000.00	

IND COM OTH PTY SCC

IND COM
OTH
PTY
SCC

10/17/2005 Pardee Homes

09/26/2005 Parker Milliken Clark O'Hara &

Samuelian

SUBTOTAL \$

5,000.00

1,000.00

1,000.00

1,000.00

1,000.00

Schedule A (Continuation Sheet) Monetary Contributions Received

NAME OF FILER Yvonne B Burke, Yvonne Brathwaite Burke Office Holder Account I.D. NUMBER 971277

DATE RECEIVED	FULL NAME, STREET 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)
09/26/2005	Patricia Matthews Properties	IND COM OTH PTY SCC		250.00	250.00	
09/30/2005	Patterson, Ritner et al	IND COM BE OTH PTY SCC		500.00	500.00	
10/03/2005	Elizabeth W. Pfromm	BE IND COM OTH PTY SCC	CEO L. A. Child Guidance Clinic	100.00	100.00	
09/22/2005	Nadia Powers	IND COM OTH PTY SCC	Commissioner LA County	250.00	250.00	
09/22/2005	Audrey Quarles	IND COM OTH PTY SCC	Retired	100.00	100.00	
10/11/200	Kimberly S. Rakis	IND COM OTH PTY SCC	Executive Premier Bldg. Maintenance Srvcs	1,000.0	0 1,000.00	

SUBTOTAL \$

2,200.00

Schedule A (Continuation Sheet) Monetary Contributions Received

Statement covers period from 07/01/2005

CALIFORNIA 460

through 12/31/2005

. 22 40

NAME OF FILER Yvonne B Burke, Yvonne Brathwaite Burke Office Holder Account

I.D. NUMBER

971277

				9712	, ,
FULL NAME, STREET 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)
Dan Richardson	IND COM OTH PTY SCC	Executive Care Ambulance	1,000.00	1,000.00	
Nina Richardson	IND □ COM □ OTH □ PTY □ SCC	Homemaker	500.00	500.00	
Rick W. Richardson	IND COM OTH PTY SCC	Partner/CEO Care Ambulance	1,000.00	1,000.00	
Doug Ring	IND COM OTH PTY SCC	Developer The Ring Group	1,000.00	1,000.00	
Robert G. Splawn, M.D., Inc.	IND COM OTH PTY SCC		500.00	500.00	
Lawrence D. Roberts	IND COM OTH PTY SCC	Retired	250.00	250.00	
	Dan Richardson Nina Richardson Rick W. Richardson Doug Ring Robert G. Splawn, M.D., Inc.	Dan Richardson Dan Richardson Nina Richardson Nina Richardson Rick W. Richardson Doug Ring Doug Ring Robert G. Splawn, M.D., Inc. Lawrence D. Roberts Lawrence D. Roberts Lawrence D. Roberts Dan Richardson Rick IND COM OTH PTY SCC Rick W. Richardson Rick W. Ric	FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER) Dan Richardson Main ND COM CO	FULL NAME. STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (OF COMMITTEE, ALSO ENTER I.D. NUMBER) Dan Richardson	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR CODE* COD

SUBTOTAL \$

4,250.00

Schedule A (Continuation Sheet) Monetary Contributions Received

Statement covers period CALIFORNIA 4 from ___07/01/2005 12/31/2005

				through 12/31	72005	Page	of48
NAME OF FILER	Yvonne B Burke, Yvonne Brathwait	e Burke Of	fice Holder Account			I.D. NUMB	ER
						97127	77
DATE RECEIVED	FULL NAME, STREET 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 CALENDAI (JAN 1 - D	R YEAR .	PER ELECTION TO DATE (IF REQUIRED)
09/14/2005	Robertson's	□ IND □ COM ■ OTH □ PTY □ SCC		1,000.00	1,(00.00	
10/06/2005	Curtis Sanchez	■ IND □ COM □ ÖTH □ PTY □ SCC	Accountant The Afriat Consulting Group	250.00		250.00	
09/20/2005	Edward W. Savage	IND COM OTH PTY SCC	Physician King Drew Med Cntr	250.00		250.00	
09/20/2005 09/20/2005	Schaefer Ambulance Service	IND COM TH OTH SCC		150.00 100.00	1	250.00	
10/06/2005	Schuler & Brown	IND COM OTH PTY SCC		750.00	1,	000.00	
10/05/2005	Jeanette Shammas	IND COM OTH PTY SCC	Executive Felix Chevrolet/Cadilla	500.00		500.00	
			SURTOTAL \$	3 000 00			

	A (Continuation Sheet)			Statement cover	s period	SCHED CALIFORNI FORM	ULE A (cont
Monetary	Contributions Received			from07/01 through12/31			48 of 48
NAME OF FILER	Yvonne B Burke, Yvonne Brathwait	e Burke Of	fice Holder Account			I.D. NUMBER 971277	
DATE RECEIVED	FULL NAME, STREET 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 CALENDA (JAN 1 - D	R YEAR	ER ELECTION TO DATE REQUIRED)

DATE RECEIVED	FULL NAME, STREET 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)
10/06/2005	Shan K. Thever, Prof. Corp.	IND COM OTH PTY SCC		500.00	500.00	
09/07/2005	Yvonne Shepard	■ IND COM OTH PTY SCC	V. P. Vermont Village Plaza	500.00	500.00	
10/06/2005	Southern Building Maintenance Inc	IND COM OTH PTY SCC		500.00	500.00	
10/17/2005	Standard Pacific of Bakersfield	IND COM OTH PTY SCC		1,000.00	1,000.00	
10/05/2005	Belinda Stith	IND COM OTH PTY SCC	Attorney	250.00	250.00	
09/20/2005	Elwood J. Streeter DDS	IND COM OTH PTY SCC	Dentist Elwood Streeter, DDS	750.00	750.00	

SUBTOTAL \$

3,500.00

Schedule A (Continuation Sheet) Monetary Contributions Received Statement covers period from ___07/01/2005

NAME OF FILER Yvonne B Burke,

california 460

through 12/31/2005

Page 25 of 48

Yvonne Brathwaite Burke Office Holder Account

I.D. NUMBER

971277

	·					<u> </u>
DATE RECEIVED	FULL NAME, STREET 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)
10/17/2005	Tejon Ranch	IND COM OTH PTY SCC		1,000.00	1,000.00	
10/06/2005	The Bedford Group	IND COM OTH PTY SCC		1,000.00	1,000.00	
10/05/2005	The Newhall Land & Farming Company	IND COM OTH PTY SCC		1,000.00	1,000.00	
10/12/2005	James A. Thomas	IND COM OTH PTY SCC	Executive Thomas Properties Group	250.00	250.00	,
09/06/2005	William L. Tooley	IND COM OTH PTY SCC	Investor Tooley Investments	500.00	500.00	
09/19/2005	Transamerica Broadcasting Corp.	IND COM OTH PTY SCC		1,000.00	1,000.00	

SUBTOTAL \$

4,750.00

Schedule A (Continuation Sheet) Monetary Contributions Received

Statement covers period from $\frac{07/01/2005}{}$

california 460

through 12/31/2005

Page 26 of 48

NAME OF FILER Yvonne B Burke, Yvonne Brathwaite Burke Office Holder Account

I.D. NUMBER

					97127	<u> </u>
DATE RECEIVED	FULL NAME, STREET 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)
09/06/2005	Kenneth Trevett	IND COM OTH PTY SCC	President/CEO Los Angeles Biomedical Research Ins	250.00	250.00	
10/06/2005	Edgar H. Twine	IND COM OTH PTY SCC	Attorney Edgar H. Twine, Esq.	250.00	250.00	
10/05/2005	UAW Region 5 Western States PAC	IND COM OTH PTY SCC	ID# 743787	500.00	500.00	
09/13/2005	UAW-LETC-PAC	IND SE COM OTH PTY SCC	ID# 123456	750.00	750.00	
09/08/2005	Fernando Villa	IND COM OTH PTY SCC	Physician Long Beach Comprehensive Health Cnt	1,000.00	1,000.00	
09/08/2005	5 Sharon Villa RN	IND COM OTH PTY SCC	Registered Nurse Memorial Care	1,000.00	0 1,000.00	

SUBTOTAL \$

3,750.00

Schedule A (Continuation Sheet) Monetary Contributions Received				Statement covers period from07/01/2005_		CALIFORNIA 460		
	·			through 12/31	/2005_		27 of	48
NAME OF FILER Yvonne B Burke, Yvonne Brathwaite Burke Office Holder Account				I.D. NUMBER		ER		
						9712	<u> </u>	
DATE RECEIVED	FULL NAME, STREET 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)	
09/26/2005	Walton Auto Wrecking and Towing	IND COM OTH PTY SCC		150.00		150.00		
09/30/2005	Watson Land Company	IND COM OTH PTY SCC		1,000.00	1,	000.00		
09/08/2005	Westmed Ambulance, Inc.	IND COM OTH PTY SCC		1,000.00	1,	000.00		
12/26/2005	William A. Witte	IND COM OTH PTY SCC	Partner Related Companies	1,000.00	1,	000.00		
10/04/2005	WL Homes, Inc.	IND COM OTH PTY SCC		1,000.00	1,	000.00		
		IND COM OTH PTY SCC	ſ					
			SUBTOTAL \$	4,150.00				