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

| | SCHEDULE |
|--------|----------|
| FORMIA | 400 |

| SEE INSTRUCT | TONS ON REVERSE | from | | from 10/1/0 | vers period | CALIFORNIA 460 | |
|-------------------------------|---|---|--|-----------------------------------|--|---------------------------------------|--|
| NAME OF FILER Burke Re-Ele | R ection Committee | | | through 1243 | 31/03 | 4 | / 47 |
| | | | | | | I.D. Numb | per |
| DATE | FULL NAME, MAILING ADDRESS | | IT AND THE STATE OF THE STATE O | | T | 125285 | 8 |
| RECEIVED Rcpt Dt: 12/10/2003 | 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 D CALENDAR YEA (JAN. 1 - DEC. 31 | R | PER ELECTION TO DATE (IF REQUIRED) |
| | Alpha Laser Services ID: | ☐ IND☐ COM☐ OTH☐ PTY☐ SCC | | 1000.00 | 1000.00 | | 1000.00 P 04 |
| Rept Dt: 11/25/2003 | Awin Management Inc ID: | ☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC | | 1000.00 | | | 1000.00 P 04 |
| Rcpt Dt: 10/08/2003 | Ashley Baker ID: | | Administrator Research/Education Institute | 100.00 | | | 100.00 P 04 |
| Rcpt Dt: 10/08/2003 | Stephan Baranov | IND □ COM □ OTH | Administrator | 250.00 | 250.00 | 0 | 250.00 P 04 |
| Rcpt Dt: 10/08/2003 | ID: | D PTY SCC | REI | | | | |
| | Arnold Bayer | □ COM □ OTH | Physician Harbor UCLA Med Cntr | 250.00 | 250.00 |) | 250.00 4 |
| chedule A | Summary | | SUBTOTAL \$ | , , | and the property of the confe | Profession (| and the second |
| Amount rece (Include all S | eived this period - contributions of \$100 or more. Schedule A subtotals.) | | \$ | 24200.00 | IND - In | utor Codes dividual ecipient Co | |
| Total moneta (Add Lines 1 | ived this period - unitemized contributions of less t ary contributions received this period. and 2. Enter here and on the Summary Page, Co | lnan \$100 lumn A, Line 1.) | TOTAL \$ | 150.00 24350.00 | OTH - Oti PTY - Po | other than ner litical Party | PTY or SCC) |

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE A

Statement covers period

CALIFORNIA **FORM** SEE INSTRUCTIONS ON REVERSE 5/47 NAME OF FILER I.D. Number Burke Re-Election Committee 1252858 FULL NAME, MAILING ADDRESS DATE IF AN INDIVIDUAL, ENTER **AMOUNT CUMULATIVE TO DATE** CONTRIBUTOR PER ELECTION AND ZIP CODE OF CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED RECEIVED THIS CALENDAR YEAR TO DATE CODE * (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF SELF-EMPLOYED, ENTER NAME **PERIOD** (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) Rcpt Dt: 12/10/2003 X IND Homemaker 1000.00 1000.00 1000.00 P 04 Priti Bhakta COM OTH PTY ID: SCC Rcpt Dt: 10/08/2003 IND Owner 1000.00 1000.00 1000.00 P 04 Shantaben Bhakta COM OTH PTY **Lodging Services** SCC Rcpt Dt: 10/08/2003 IND 1000.00 1000.00 1000.00 P 04 Building Solutions Group COM X OTH PTY ID: □ scc Rcpt Dt: 10/08/2003 X IND Retired 1000.00 1000.00 1000.00 P 04 Judy Bush COM OTH PTY ID: SCC Rcpt Dt: 10/08/2003 X IND Physician 500.00 500.00 500.00 Phyllis Cannom COM OTH Phyllis R. Monroe Cannom-PTY SCC **SUBTOTAL \$** Schedule A Summary *Contributor Codes 1. Amount received this period - contributions of \$100 or more. IND - Individual (Include all Schedule A subtotals.) COM - Recipient Committee (other than PTY or SCC) 2. Amount received this period - unitemized contributions of less than \$100\$ OTH-Other 3. Total monetary contributions received this period. PTY - Political Party SCC - Small Contributor Committee

> FPPC Form 460 (JUNE/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A

Type or print in ink.

SCHEDULE A

| Monetary Contributions Received | | Amounts may be rounded to whole dollars. | | Statement covers period from 10/1/0 3 | | CALIFORNIA 460 | |
|---------------------------------|---|--|--|---------------------------------------|---|--------------------------|--|
| SEE INSTRUCTIO | ONS ON REVERSE | | | through 12/3 | 31/03 | | 6 / 47 |
| NAME OF FILER | 4i Oiu | | | | | I.D. Nu | ımber |
| | ction Committee | | | | | 1252 | 858 |
| 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) |
| Rcpt Dt: 10/08/2003 | Mary Casaburi | IND COM OTH PTY SCC | Homemaker | 200.00 | 200.00 | | 200.00 P 0 |
| Rcpt Dt: 10/08/2003 | Mary Ellen Criley | X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Homemaker | 250.00 | 250.00 | | 250.00 P 0 |
| Rcpt Dt: 12/05/2003 | *** TYPE: Returned *** Dakota Communications ID: | ☐ IND☐ COM☐ OTH☐ PTY☐ SCC | | -250.00 | 0.00 | | 0.00 P 0 |
| Rcpt Dt: 10/29/2003 | Edward Camille Brazile Group | ☐ IND☐ COM☐ OTH☐ PTY☐ SCC | | 500.00 | 500.00 | | 500.00 P 04 |
| Rcpt Dt: 10/08/2003 | John Edwards M.D. | X IND COM OTH PTY SCC | Physician Harbor UCLA Med Cntr | 500.00 | . 50 | 00.00 | 500.00 |
| | | | SUBTOTAL | \$ | or Gotton ass | | |
| (Include all | eived this period - contributions of \$100 or more. Schedule A subtotals.) | | | | IN | | |
| 3. Total mone | eived this period - unitemized contributions of lestary contributions received this period. 1 and 2. Enter here and on the Summary Page, | | | | PT | H- Other Y - Politica | |

FPPC Form 460 (JUNE/01) FPPC Toll-Free Helpline:866/ASK-FPPC

Schedule A

Type or print in ink. Amounts may be rounded

SCHEDULE A

Monetary Contributions Received Statement covers period CALIFORNIA to whole dollars. **FORM** 7 / 47 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. Number Burke Re-Election Committee 1252858 IF AN INDIVIDUAL, ENTER FULL NAME, MAILING ADDRESS **AMOUNT CUMULATIVE TO DATE** PER ELECTION DATE CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS AND ZIP CODE OF CONTRIBUTOR CALENDAR YEAR TO DATE RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **PERIOD** (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) Rcpt Dt: 10/08/2003 IND 1000.00 1000.00 P 04 1000.00 Faculty Society Harbor/UCLA Med Cntr □ сом X OTH ☐ PTY □ scc Rcpt Dt: 10/08/2003 1000.00 1000.00 1000.00 P 04 Fundament & Associates, Inc. COM X OTH PTY ☐ scc Rcpt Dt: 10/08/2003 X IND Businesswoman 100.00 100.00 100.00 P 04 Martha Gamble COM L OTH Gamble Puppets ☐ PTY ☐ SCC ID: Rcpt Dt: 10/02/2003 ☐ IND 1000.00 1000.00 1000.00 P 04 GC Services COM X OTH PTY ☐ scc Rcpt Dt: 10/08/2003 IND 1000.00 1000.00 1000.00 Hani Networks USA COM X OTH PTY □ scc **SUBTOTAL \$** Schedule A Summary *Contributor Codes 1. Amount received this period - contributions of \$100 or more. IND - Individual (Include all Schedule A subtotals.) COM - Recipient Committee (other than PTY or SCC) 2. Amount received this period - unitemized contributions of less than \$100\$ OTH-Other PTY - Political Party 3. Total monetary contributions received this period. SCC-Small Contributor Committee

> FPPC Form 460 (JUNE/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

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

SCHEDULE A

| Monetary Contributions Received | | to whole dollars. | | Statement covers period from 10/1/03 | | CALIFORNIA 460 | |
|---|---|-------------------------------------|--|--------------------------------------|---|----------------|---|
| SEE INSTRUCTIO | ONS ON REVERSE | | | through 12/31/03 | | 8 / 47 | |
| NAME OF FILER | | | | | | I.D. Nu | mber |
| Burke Re-Elec | ction Committee | | | | | 1252 | 858 |
| 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: 10/08/2003 | Adam Jonas ID: | IND COM OTH PTY SCC | Physician Harbor UCLA Medical Center | 100.00 | 100.00 | | 100.00 P 04 |
| Rcpt Dt: 12/10/2003 | KMK Imports Inc | ☐ IND☐ COM☐ OTH☐ PTY☐ SCC | | 1000.00 | 1000.00 | | 1000.00 P 04 |
| Rcpt Dt: 10/08/2003 | Fred Kunik | X IND COM OTH PTY SCC | Executive Continental Currency Srvc | 500.00 | 500.00 | | 500.00 P 04 |
| Rcpt Dt: 10/08/2003 | Rosemary Leake | IND COM OTH PTY SCC | Retired | 100.00 | 100.00 | | 100.00 P 0 |
| Rcpt Dt: 10/08/2003 | Richard Learned | X IND COM OTH PTY SCC | Executive Fifty Street Associates | 150.00 | 1 | 50.00 | 150.00 - 04 |
| | | | SUBTOTAL | \$ | | | a de la consumera de la Consumera de la consumera de l |
| Amount red (Include all Amount red | A Summary ceived this period - contributions of \$100 or more. I Schedule A subtotals.) ceived this period - unitemized contributions of less | | | | 0 | | dual pient Committee er than PTY or SCC) |
| 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. |)TOTAL \$ | | | | Contributor Committee |

FPPC Form 460 (JUNE/01) FPPC Toll-Free Helpline:866/ASK-FPPC

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

SCHEDULE A

Statement, coyers period

| Monetary Contributions Received | | to whole dollars. | | statement covers period from 10/1/0 3 | | CALIFORNIA 460 | |
|---|--|-------------------------------------|---|---------------------------------------|---|----------------|--|
| SEE INSTRUCTIO | ONS ON REVERSE | | | through 12/3 | 1/03 | | 9/47 |
| NAME OF FILER | | | | | | I.D. Nu | mber |
| Burke Re-Elec | ction Committee | | | | | 1252 | 858 |
| 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) |
| Rcpt Dt: 10/08/2003 | Keh-Ming Lin | IND COM OTH PTY SCC | Physician Harbor UCLA Med Cntr | 400.00 | 400.00 | | 400.00 P 04 |
| Rcpt Dt: 10/08/2003 | Charles McKay | X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Physician Harbor UCLA TO MALAS | 500.00 | 500.00 | | 500.00 P 04 |
| Rcpt Dt: 10/08/2003 | Mark Mehringer | X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Physician Harbor UCLA Med Cntr | 100.00 | 100.00 | | 100.00 P 04 |
| Rcpt Dt: 10/08/2003 | Harriett Miller | X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC | Retired | 200.00 | 200.00 | | 200.00 P 04 |
| Rcpt Dt: 10/08/2003 | Olga Mohan | X IND COM OTH PTY SCC | Physician Harbor UCLA Med Cntr | 500.00 | 500.00 | | 500.0℃ 14 |
| | | | SUBTOTAL | \$ | | | |
| Amount red (Include all Amount red | A Summary ceived this period - contributions of \$100 or more I Schedule A subtotals.) ceived this period - unitemized contributions of le | | | | C | | dual pient Committee er than PTY or SCC) |
| | etary contributions received this period. | Column A Line 1 |) TOTAL & | | S | CC- Small | Contributor Committee |

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

SCHEDULE A

| ionetary contributions Received | | to whole dollars. | | | CALIFORNIA 460 | | |
|---|--|--|--|--|--|---|--|
| NS ON REVERSE | | | through 12/31, | 103 | | 10 / 47 | |
| ction Committee | | | 1 | | I.D. Nu | ımber | |
| | | | | | 1252 | 858 | |
| 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) | |
| Mack Oliver | IND COM OTH PTY SCC | Administrator Medical Foundation, Inc. | 500.00 | 500.00 | | 500.00 P 0 | |
| Marion Paulson | X IND COM OTH PTY SCC | Sales Rep The Carlisle Collection | 300.00 | 300.00 | | 300.00 P 0 | |
| Patty Pickles ID: | X IND COM OTH PTY SCC | Artist Patty Pickles | 250.00 | 250.00 | | 250.00 P 0 | |
| Jacob Rajfer Colling Fills ID: | IND □ COM □ OTH □ PTY □ SCC | Physician Harbor UCLA Med Center | 500.00 | 500.00 | | 500.00 P 0 | |
| Saiful/Boquet Consulting Structural Engineers Inc | IND COM OTH PTY SCC | | 1000.00 | 1000 | 0.00 | 1000.00 - 9 | |
| | | SUBTOTAL | \$ | | | | |
| eived this period - unitemized contributions of less t | han \$100 | \$ | | IND COM OTH PTY | - Individ I - Recip (other I - Other - Politica | ual ient Committee r than PTY or SCC) | |
| | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Mack Oliver ID: Marion Paulson ID: Jacob Rajfer ID: Saiful/Boquet Consulting Structural Engineers Inc ID: Summary eived this period - contributions of \$100 or more. Schedule A subtotals.) eived this period - unitemized contributions of less that ye contributions received this period | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) Mack Oliver Marion Paulson Ma | NS ON REVERSE tion Committee FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER) Mack Oliver Mack Oliver Mack Oliver Marion Paulson Marion Pau | To which dollars. It would be provided through by the provided that the provided th | NS ON REVERSE STATE Committee Commi | Through 2 3 0 3 1 1 1 1 1 1 1 1 1 | |

FPPC Form 460 (JUNE/01) FPPC Toll-Free Helpline:866/ASK-FPPC

3. Total monetary contributions received this period.

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

SCHEDULE A

Statement covers period CALIFORNIA FORM 11/47 SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. Number Burke Re-Election Committee 1252858 IF AN INDIVIDUAL, ENTER FULL NAME, MAILING ADDRESS **AMOUNT** CUMULATIVE TO DATE PER ELECTION DATE CONTRIBUTOR AND ZIP CODE OF CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED THIS CALENDAR YEAR TO DATE RECEIVED CODE * (IF SELF-EMPLOYED, ENTER NAME (IF COMMITTEE, ALSO ENTER I.D. NUMBER) **PERIOD** (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) Rcpt Dt: 10/08/2003 X IND Executive 250.00 250.00 P 04 250.00 Jay Schoenau COM OTH REI PTY Scc Rcpt Dt: 10/08/2003 X IND Retired 100.00 100.00 P 04 100.00 Roger Schultz COM OTH PTY SCC Rcpt Dt: 10/08/2003 X IND Consultant 1000.00 1000.00 P 04 1000.00 Marilyn Solomon COM OTH The Solomon Group PTY ☐ SCC Rcpt Dt: 10/08/2003 X IND Homemaker 1000.00 1000.00 1000.00 P 04 Pamela Sonnenblick COM OTH PTY SCC Rcpt Dt: 10/08/2003 X IND Executive 1000.00 1000.00 74 1000.00 Robert Sonnenblick COM OTH Sonnenblick-Del Rio PTY SCC SUBTOTAL \$ Schedule A Summary *Contributor Codes 1. Amount received this period - contributions of \$100 or more. IND - Individual (Include all Schedule A subtotals.) COM - Recipient Committee (other than PTY or SCC) 2. Amount received this period - unitemized contributions of less than \$100\$

FPPC Form 460 (JUNE/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

SCC- Small Contributor Committee

OTH-Other PTY - Political Party

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

SCHEDULE A

| 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) |
|------------------------|---|---------------------------|---|-----------------------------------|---|--|
| Rcpt Dt: 10/08/2003 | Ronald Swerdloff ID: | X IND COM OTH PTY | Physician Harbor UCLA Research & Education IN | 500.00 | 500.00 | 500.00 P 04 |
| Rcpt Dt: 10/08/2003 | Kouichi Tanaka | X IND COM OTH PTY SCC | Retired | 250.00 | 250.00 | 250.00 P 04 |
| Rcpt Dt: 10/08/2003 | TMAD Engineers Inc | ☐ IND☐ COM☐ OTH☐ PTY☐ SCC | | 1000.00 | 1000.00 | 1000.00 P 04 |
| Rcpt Dt: 10/08/2003 | Robert Torin | X IND COM OTH PTY SCC | Physician Harbor UCLA Med Cntr | 100.00 | 100.00 | 100.00 P 04 |
| Rcpt Dt: 10/08/2003 | Kenneth Trevett | X IND COM OTH PTY SCC | President/CEO Harbor UCLA Research & Education In | 500.00 | 500.00 | 500.00 7 14 |
| | | | SUBTOTAL | \$ 24200.00 | | |

 *Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH- Other

PTY - Political Party

SCC- Small Contributor Committee