Schedule	A	
Monetary	Contributions	Received

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

SCHEDULE A Statement covers period

through

4/30

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yvonne Brathwaite Burke Office Holder Account

I.D. Number

971277

					<u> </u>	2//
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: 11/17/2003	A&A Ready Mixed Concrete, Inc.	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 G 00
Rcpt Dt: 11/20/2003	Alschuler Grossman et al	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	500.00	500.00 G00
Rcpt Dt: 11/12/2003	Amalgamated Development Assn	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	500.00	500.00 G 00
Rcpt Dt: 12/12/2003	American Municipal Waste	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 G 00
Rcpt Dt: 11/17/2003	Apartment Association of Greater Los Angeles ID: 811735	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 า
			SUBTOTAL	\$	Br. Br.	

Schedule A Summary

Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) \$	69450.00
2. Amount received this period - unitemized contributions of less than \$100\$ _	50.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	69500.00

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH-Other

PTY - Political Party

Schedule A

Type or print in ink.

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Monetary	Contributions Received		nts may be rounded o whole dollars.	Statement cov	 ;	CALIFORNIA 460		
SEE INSTRUCTIO	ONS ON REVERSE			through 12/3	1/03	5/3	0	
NAME OF FILER				<u> </u>		I.D. Number		
Yvonne Brathv	waite Burke Office Holder Account					971277		
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 D CALENDAR YEA (JAN 1 - DEC 3)	IR I	ER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 12/01/2003	Larkin Arnold	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Arnold and Associates.	1000.00	1000	00	1000.00 G 00	
Rcpt Dt: 12/23/2003	Asian American Hotel Owners Association ID:	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	1000.	00	1000.00 G00	
Rcpt Dt: 12/10/2003	Associated Student Body/Compton College	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	250.	00	250.00 G 00	
Rcpt Dt: 12/01/2003	Clarence Avant	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Businessman Interior Music Corp.	500.00	500.	00	500.00 G 00	
Rcpt Dt: 12/10/2003	Richard Baker		Physician King Drew Med Cntr	250.00	250.	00	250.00	
			SUBTOTAL	\$				
1. Amount red (Include all	A Summary ceived this period - contributions of \$100 or more. I Schedule A subtotals.)	······			COM			
	ceived this period - unitemized contributions of les	ss than \$100	\$ _		PTY	- Other - Political Par	•	
3. Lotal mone	etary contributions received this period.				SCC	 Small Contr 	ibutor Committee	

Schedule	A	
Monetary	Contributions	Received

Type or print in ink.

SCHEDULE A

	Contributions Received		nts may be rounded o whole dollars.	Statement covers period from 10/1/03		FORM 460													
NAME OF FILER	•			<u></u>	· t	I.D. Nu	mber												
Yvonne Brath	waite Burke Office Holder Account					9712	77												
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ∤ 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: 12/01/2003	bd Systems, Inc.	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ \$CC		1000.00	100	0.00	1000.00 G 00												
Rcpt Dt: 12/10/2003	Wm. Benbassat	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Reliable Health Care Srvcs	500.00	500.00		500.00		500.00		500.00		500.00		500.00		500.00		500.00 G 00
Rcpt Dt: 12/10/2003	Gregory Bergman		Attomey Bergman & Dacey	1000.00	1000.00		1000.00		1000.00 G 00										
Rcpt Dt: 12/10/2003	Leah Bergman	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Deputy District Attorney Los Angeles County	1000.00	100	0.00	1000.00 G 00												
Rcpt Dt: 12/10/2003	Scott Bertzyk	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Jones, Day et al	500.00	50	0.00	500.00												
			SUBTOTAL	\$	4														
Amount red (Include all	A Summary ceived this period - contributions of \$100 or more. I Schedule A subtotals.)		·		INE														
	ceived this period - unitemized contributions of les	s than \$100	\$ <u></u>	.	PT	H - Other Y - Politica	al Party												
3. Total mone	etary contributions received this period.				sc	C- Small	Contributor Committee												

Schedule A	e or print in ink.	SCHEDU				
Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE	ts may be rounded whole dollars.	from 10/1/0 through 12/	7 179 1 18	FORM 46		
NAME OF FILER Yvonne Brathwaite Burke Office Holder Account				Number 1277		
T	 	T]	1211		

					9/12	211
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I D NUMBER)	CONTRIBUTOR	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: 11/12/2003	Carol Biondi	IND COM OTH PTY Scc	Homemaker	500.00	500.00	500.00 G00
Rept Dt: 12/08/2003	Keith Black	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	Physician Ceders Sinai	250.00	250.00	250.00 G00
Rcpt Dt: 11/25/2003	Kevin Brazile	IND COM OTH PTY SCC	Judge LA Superior Court	250.00	250.00	250.00 G00
Rcpt Dt: 11/12/2003	Eli Broad	X IND COM OTH PTY SCC	CEO Sunamerica Corp	1000.00	1000.00	1000.00 G00
Rcpt Dt: 12/10/2003	Carrie Broadus	X IND □ COM □ OTH □ PTY □ SCC	Board Member L. A. Care	500.00	500.00	500.00 Y
			SUBTOTAL	\$		

Schedule A Summaı

1.	Amou	nt rec	eive	d this p	eriod -	contri	bution	s of \$1	100 or	more.			
	(Inclu	de all	Sch	edule A	subto	tals.)	•••••				 	 \$	
_	_										 		

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

3. Total monetary contributions received this period.	•	
(Add Lines 1 and 2. Enter here and on the Summary Page	, Column A, Line 1.)	. TOTAL \$

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other

PTY - Political Party
SCC- Small Contributor Committee

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Type or print in ink

		SCHEDULE
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Monetary (Contributions Received	Amoui	o whole dollars.	from / 1//	73	CALIFORNIA 46	
SEE INSTRUCTION	NS ON REVERSE			through			
NAME OF FILER Yvonne Brathw	raite Burke Office Holder Account					1 D. Nu 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 Y (JAN 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 11/28/2003	Brown Winfield & Canzoneri	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	1000.00		1000.00 G00
Rcpt Dt: 12/10/2003	Judy Bush	IND COM OTH □ PTY □ SCC	Retired	1000.00	1000.00		1000.00 G 00
Rcpt Dt: 11/12/2003	Cahill Building Company . ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	500.00		500.00 G00
Rcpt Dt: 11/17/2003	Andy Camacho Esq	X IND COM OTH PTY SCC	Restauranteur El Paseo Inn	250.00	250.00		250.00 G 00
Rcpt Dt: 12/10/2003	Centennial Founders LLC	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00		0.00	1000.00
			SUBTOTAL	\$	8.		
(Include all	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)				INI		

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

SCC - Small Contributor Committee

PTY - Political Party

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

Statement covers period CALIFO

through

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2.00	FOR	(A) (1) (3) (4)
1.00	- N. Y.	11.77
9 PH 0		3.55

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AGD A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yvonne Brathwaite Burke Office Holder Account

I D. Number

971277

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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: 12/10/2003	Central City Assn PAC	IND COM OTH PTY scc		500.00	500.00	500.00 G00				
Rcpt Dt: 11/12/2003	William Chadwick	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Investment Banker Chadwick Saylor	500.00	500.00	500.00 G00				
Rcpt Dt: 12/01/2003	Ronald Clark	IND □ COM □ OTH □ PTY □ SCC	Gen. Mgr. Printco Graphics	1000.00	1000.00	1000.00 G00				
Rcpt Dt: 12/15/2003	Thomas Clark ID:	IND □ COM □ OTH □ PTY □ SCC	Partner Royal-Clark Dev. Co.	500.00	500.00	500.00 G00				
Rcpt Dt: 12/31/2003	Clear Channel Worldwide	IND COM SOTH PTY SCC		1000.00	1000.00	1000.00 ו				
	SUBTOTAL \$									

S	che	dul	e A	Sum	mary
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1.	. Amount received this period - contributions of \$100 or more.									
	(Include all Schedule A subtotals.)	\$								
2	Amount received this period - unitermized contributions of less than \$100	\$								

3.	Total	monetary	contr	ibutions	received	this	period
		1 · 4 -	- 10	C		- 44	A

(Ac	bb	Line	s 1	and	2.	Enter	here a	and o	n the	Summary	Page,	Column	A, Line 1.)	 TOTAL \$	_

IND	- Individual

*Contributor Codes

COM - Recipient Committee (other than PTY or SCC)

OTH- Other

PTY - Political Party

3. Total monetary contributions received this period.

Type or print in ink.
Amounts may be rounded

SCHEDULE A

Monetary	Contributions Received		to whole dollars. Statement cov			CALIFORNIA 460	
SEE INSTRUCTIO	INS ON REVERSE			through_12	31/03		10 / 30
NAME OF FILER		<u> </u>		<u> </u>		I.D. Nu	mber
Yvonne Brathv	waite 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 YI (JAN 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 11/12/2003	Cline & Duplissea	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		250.00	25	0.00	250.00 G0
Rcpt Dt: 11/25/2003	Collins Collins Muir & Stewart LLP	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	500.00		500.00 G0
Rcpt Dt: 12/10/2003	Norma Cook	X IND □ COM □ OTH □ PTY □ SCC	COO Administrative Services Kedren CMHC	250.00	250.00		250.00 G0
Rcpt Dt: 11/17/2003	Claude Davis	X IND □ COM □ OTH □ PTY □ SCC	R.E. Broker Coldwell-Banker	100.00	10	0.00	100.00 G0
Rcpt Dt: 12/10/2003	Diamond Contract Services	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	25	0.00	250.00
			SUBTOTAL	\$	The state of		
1. Amount red	A Summary ceived this period - contributions of \$100 or more. Schedule A subtotals.)		\$ _		IND	•	·
2. Amount red	ceived this period - unitemized contributions of less	than \$100	\$			H- Other Y - Politic	•

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Type or print in ink

SCHEDULE A

Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE		Amou	nts may be rounded o whole dollars.	trom	ers period 3	CALIFORNIA 460 FORM	
NAME OF FILER				.l 		I.D. Nu	ımber
Yvonne Brathw	vaite 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 YI (JAN 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/09/2003	Lawrence Dinovitz	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Developer Woodland Construction	500.00	250.00 250.00		500.00 G 00
Rcpt Dt: 12/10/2003	Harry Douglas	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Executive Charles R. Drew University	250.00			250.00 G 00
Rcpt Dt: 12/10/2003	Adrian Dove	☐ IND☐ COM☐ OTH☐ PTY☐ SCC	Consultant A.D. & Associates	250.00			250.00 G 00
Rcpt Dt: 12/04/2003	Driver Safety Schools Inc	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	100	0.00	1000.00 G00
Rcpt Dt: 11/21/2003	East Shore RV Park	IND COM OTH PTY		500.00		0.00	500.00
			SUBTOTAL	\$	3 8 7 7 7 8 9 9 9		
	A Summary serived this period - contributions of \$100 or more					ontnbutor O - Indivi	

- 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\$
- 3. Total monetary contributions received this period.

COM - Recipient Committee

(other than PTY or SCC)

OTH- Other

PTY - Political Party

Schedule	. 🛕	Ту	pe or print in ink.				SCHEDULE A
	Contributions Received	Amour	ints may be rounded o whole dollars.	Statement cow	ers period 3	ÇÂLÎ	FORNÍA 460
SEE INSTRUCTIO	ONS ON REVERSE			through 12/3/	1/03		12 / 30
NAME OF FILER						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 YI (JAN 1 - DEC	O DATE	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/01/2003	Roslyn Ellison-Blake	IND COM OTH PTY SCC	Service Specialist Colonial Life	1000.00	100	00.00	1000.00 G 00
Rcpt Dt: 12/10/2003	Emergency Ambulance Service	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	100	00.00	1000.00 G 00
Rcpt Dt: 12/02/2003	Five Star Parking	IND COM SOTH PTY SCC		500.00	50	00.00	500.00 G 00
Rcpt Dt: 11/07/2003	Forest Lawn Mortuary ID:	IND COM SOTH PTY SCC		1000.00	100	00.00	1000.00 G 00
Rcpt Dt: 12/05/2003	Alma Fowlkes	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	150.00	15	50.00	150.00
			SUBTOTAL	\$			
	A Summary ceived this period - contributions of \$100 or more.					Contributor	

(Include all Schedule A subtotals.)\$ ___

3. Total monetary contributions received this period.

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

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

COM - Recipient Committee

OTH - Other PTY - Political Party

(other than PTY or SCC)

Schedule .	A	Тур	Type or print in ink. Amounts may be rounded Statement or			O'Alma Rucus	SCHEDULE A	
Monetary	Monetary Contributions Received		to whole dollars.		m /0///0) eººº		CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through 12/3	31/07		13 / 30	
NAME OF FILER Yvonne Brathw	vaite Burke Office Holder Account					1 D. No.		
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 PE		PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 12/10/2003	Charles Francis	IND COM □ OTH □ PTY □ SCC	Physician Charles R Drew University of Med	250.00	250.00		250.00 G 00	
Rcpt Dt: 12/31/2003	Leonard Fuller	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	President L&L Fuller Inc	500.00	500.00		500.00 G 00	
Rcpt Dt: 12/01/2003	Gus Gill	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician County of Los Angeles	250.00	250.00		250.00 G00	
Rcpt Dt: 11/19/2003	Guilford Glazer ID:	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Guilford Glazer	500.00	500.00		500.00 G00	
Rcpt Dt: 12/10/2003	Goldrich & Kest	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	250		250.00 ን	
			SUBTOTAL	\$				

Schedule A Summary

- 1. 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\$
- 3. Total monetary contributions received this period.

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH- Other

PTY - Political Party

Schedule	A	
Monetary	Contributions	Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period

CALIFORNIA FORM

14 / 30

NA 460

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yvonne Brathwaite Burke Office Holder Account

through 12/31/03

ID Number

971277

					37 12	· · · · · · · · · · · · · · · · · · ·
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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: 12/08/2003	Berry Gordy ID:	IND COM OTH PTY SCC	Entrepreneur West Grand Media LLC	1000.00	1000.00	1000.00 G00
Rcpt Dt: 12/10/2003	Sarah Griffin	IND COM OTH PTY SCC	Partner Jones Day Reavis & Pogue	250.00	250.00	250.00 G00
Rcpt Dt: 12/10/2003	John Griffith ID:	IND COM OTH □ PTY □ SCC	Executive Kedren Acute Psychiatric Hospital	750.00	750.00	750.00 G 00
Rcpt Dt: 11/19/2003	Carol Gross	IND COM OTH PTY SCC	Member of City Council Culver City	500.00	500.00	500.00 G00
Rcpt Dt: 12/10/2003	Haaagen Company LLC	IND COM OTH PTY SCC		1000.00	1000.00	1000.00)
SUBTOTAL \$						

- 1. 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

3. Total monetary contributions received this period.

Type or print in ink. Amounts may be rounded SCHEDULE A

Monetary Contributions Received			nts may be rounded o whole dollars.	110m	2FO		FORNA 460	
SEE INSTRUCTIO	ONS ON REVERSE			through	31/03		15 / 30	
NAME OF FILER				<u> </u>		I.D Nu	mber	
Yvonne Brath	waite 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: 11/20/2003	Hall Ambulance Service Inc	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	50	0.00	500.00 G 00	
Rcpt Dt: 11/17/2003	Tak Hamano	IND COM OTH PTY SCC	President Umeya	250.00	25	0.00	250.00 G 00	
Rcpt Dt: 11/12/2003	Eugene Hardin	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Chairman MLK Jr Drew Medical Center	500.00	50	0.00	500.00 G 00	
Rcpt Dt: 12/10/2003	Rev. Joe Hardwick	IND COM OTH PTY SCC	Pastor Praises of Zion Baptist	250.00	25	0.00	250.00 G 00	
Rept Dt: 12/12/2003	Augustavia Haydel	X IND COM OTH PTY SCC	General Counsel L. A. Care Health Plan	250.00	25	0.00	250.00	
			SUBTOTAL	\$				
Amount red (Include all	A Summary ceived this period - contributions of \$100 or more. I Schedule A subtotals.)				INI	•		
Z. Amount let	correct this period - armeniated contributions of less				PT	Y - Politic	al Party	

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

Schedule	A	
Monetary	Contributions	Received

Type or print in ink.

Monetary Contributions Received Amounts may be rounded to whole dollars. SEE INSTRUCTIONS ON REVERSE			from 10/1/0 through 12/3	3	CALIFORNIA 460 FORM		
NAME OF FILER						I.D N	umber
	waite Burke Office Holder Account					9712	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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: 12/15/2003	Frank Higgins Jr	IND COM OTH PTY Scc	Chief Executive Offocer Triangle Christian Services	1000.00	100	0.00	1000.00 G00
Rcpt Dt: 11/17/2003	Industrial Repairs, Inc	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	50	0.00	500.00 G00
Rcpt Dt: 12/08/2003	Ruth Jemigan	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00	25	0.00	250.00 G 00
Rcpt Dt: 12/05/2003	Jerry B Epstein Mgmt Co.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	100	0.00	1000.00 G00
Rcpt Dt: 11/21/2003	Allan Jonas	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Management Jonas & Associates	500.00		0.00	500.00)
			SUBTOTAL	\$	g '0, 'g', '		
1. Amount red (Include al	A Summary ceived this period - contributions of \$100 or more. I Schedule A subtotals.)				INI		idual ipient Committee er than PTY or SCC)
3. Total mone	ceived this period - unitemized contributions of lessetary contributions received this period. 5 1 and 2. Enter here and on the Summary Page, C				PΤ	Y - Politic	

Schedule	A	
Monetary	Contributions	Received

Type or print in ink.

Monetary Contributions Received				nts may be rounded whole dollars.	Statement covers period from 10/1/03		CALIFORNIA 466	
SEE INSTRUCTIO	NIC ON DEVERSE				through	1103		17 / 30
NAME OF FILER	NO ON REVERSE				<u></u>		I.D. Ni	umber
Yvonne Brathv	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)		RIBUTOR ODE *	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: 12/01/2003	Wilbert Jordan		IND COM OTH PTY SCC	Physician King Drew Med Cntr	250.00	25	0.00	250.00 G0
Rcpt Dt: 12/10/2003	Howard Kahn		IND COM OTH PTY SCC	CEO LA Care Health Plan	250.00	25	0.00	250.00 G0
Rcpt Dt: 11/20/2003	Samuel Keesal Jr		IND COM OTH PTY SCC	Attorney Keesal Young & Logan	250.00	25	0.00	250.00 G0
Rcpt Dt: 12/01/2003	Kessel & Associates		IND COM OTH PTY SCC		500.00	50	0.00	500.00 G0
Rcpt Dt: 11/19/2003	Kohrs & Fiske		IND COM OTH PTY SCC		500.00	50	0.00	500.00
				SUBTOTAL	\$			
1. Amount red	A Summary peived this period - contributions of \$100 or more. Schedule A subtotals.)			\$ _		*C	ontributor D - Indivi DM - Rec	
2. Amount red	eived this period - unitemized contributions of les	s than \$1	00	\$			H- Other	•
3. Total mone	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, (•					Y - Politic C- Small	Contributor Committee

Schedule	A	
Monetary	Contributions	Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Monetary Contributions Received			o whole dollars.	Statement cov		CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through 12/3//	103		18 / 30
NAME OF FILER	vaite Burke Office Holder Account					1.D. N	umber
	valle 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: 12/31/2003	L. A. Arena Company	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	100	0.00	1000.00 G00
Rcpt Dt: 12/08/2003	Ed Lara	IND COM OTH PTY SCC	Retired	250.00	25	0.00	250.00 G 00
Rcpt Dt: 11/13/2003	Law Offices of Baldo M. Kristovich	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	25	0.00	250.00 G 00
Rcpt Dt: 12/30/2003	Lewis Investment Company ID:	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1000.00	100	0.00	1000.00 G00
Rcpt Dt: 12/12/2003	George Locke	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Neurosurgeon Drew University	1000.00	100	0.00	1000.00 ን
			SUBTOTAL	\$	62		
	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)		\$		IND		
2. Amount rec	eived this period - unitemized contributions of les	s than \$100	\$			H - Other	•
3. Total monet	tary contributions received this period. 1 and 2. Enter here and on the Summary Page. (Y - Politic C- Small	cal Party Contributor Committee

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE A
Statement covers period from 10/1/0 3	CALIFORNIA 4 CONTROL FORM

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Yvonne Brathwaite Burke Office Holder Account

19 / 30

I.D. Number
971277

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: 12/10/2003	Melanie Lomax ID:	IND COM OTH PTY SCC	Attorney Law Offices of Melanie E. Lomax	1000.00	1000.00	1000.00 G00
Rcpt Dt: 11/28/2003	Los Angeles Co. Physicians Comm PAC	IND COM OTH PTY SCC		500.00	500.00	500.00 G00
Rcpt Dt: 12/10/2003	Elwood Lui	IND COM OTH PTY SCC	Partner Jones Day et al	500.00	500.00	500.00 G00
Rcpt Dt: 12/01/2003	Managed Pharmacy Care/Admin Srv ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	250.00	250.00 G00
Rcpt Dt: 12/10/2003	Daniel McLoon . ID:	IND COM OTH PTY SCC	Attomey Jones, Day et al	500.00	500.00	500.00 ว
			SUBTOTAL	\$		

Schedule A Summary

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

 *Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH- Other

PTY - Political Party

Schedule	A		
Monetary	Contributions	Received	

Type or print in ink.

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20.1	761.	иJL	.c /

Monetary Contributions Received			to whole dollars. Statement confirm / / / / / / / / / / / / / / / / / / /		vers period		FORM 460	
SEE INSTRUCTIO	INS ON DEVEDSE			through 12/	31/03		20 / 30	
NAME OF FILER	NO ON REVERSE					I.D. Nu	mber	
Yvonne Brathv	waite 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: 11/19/2003	Neil Millard	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney White & Case	250.00	25	0.00	250.00 G 00	
Rcpt Dt: 12/01/2003	Luther Mitchell	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00	250.00		250.00 G 00	
Rcpt Dt: 12/10/2003	Gwen Moore	IND COM OTH PTY SCC	Consultant Gem Communications Group	500.00	50	0.00	500.00 G00	
Rcpt Dt: 11/25/2003	Michelle Moore	IND COM OTH PTY SCC	Attorney Cox Castle et al	250.00	25	0.00	250.00 G 00	
Rcpt Dt: 11/17/2003	NKP Management dba Mc Donald's	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	25	0.00	250.00	
			SUBTOTAL	\$				
1 Amount red	A Summary ceived this period - contributions of \$100 or more. I Schedule A subtotals.)		\$		INI			
2. Amount red	ceived this period - unitemized contributions of les	s than \$100	\$			H-Other		
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, 0					Y - Politic C - Small	Contributor Committee	

Schedule	A	
Monetary	Contributions	Received

Type or print in ink.
Amounts may be rounded

SCHEDULE A

Monetary Contributions Received			o whole dollars.	from 10/1/6	vers period CALIFORNIA FORM		
SEE INSTRUCTIO	INS ON REVERSE			through 12/3	1/03		21 / 30
NAME OF FILER				<u> </u>		I.D. Nu	mber
Yvonne Brathv	waite 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 DATE CALENDAR YEAR (JAN 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 11/12/2003	Keith Norris	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician King/Drew	500.00	500.00		500.00 G 00
Rcpt Dt: 12/10/2003	Oak Tree Investment Co.	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	250.00		250.00 G00
Rcpt Dt: 12/10/2003	Dotun Ogunyemi	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Charles R. Drew U. of Medicine	200.00	200.00		200.00 G00
Rcpt Dt: 12/10/2003	Berta Ortiz	X IND COM OTH PTY SCC	Psychologist Kendren CMHC & Acute Psychiatric Ho	250.00	250.00		250.00 G 00
Rcpt Dt: 12/15/2003	Paramount Pictures Group	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	100	00.00	1000.00
			SUBTOTAL	\$			
1. Amount red	A Summary ceived this period - contributions of \$100 or more I Schedule A subtotals.)		\$_		IN	(othe	
2. Amount red	ceived this period - unitemized contributions of les	ss than \$100	\$			TH- Other TY - Politic	al Party
	etary contributions received this period.	Column A Line 1) TOTAL \$		so	CC - Small	Contributor Committee

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Type or print in ink.

SCHEDULE A

Monetary Contributions Received			Amounts may be rounded to whole dollars. Statement confirm 10/1/0 through 12/			CALIFORNIA (CO) FORM 22 / 30	
SEE INSTRUCTIO	NS ON REVERSE			tinough		I D. Alv	
NAME OF FILER Yvonne Brathv	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 YE (JAN 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/05/2003	Pardee Homes	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	1000	0.00	1000.00 G00
Rcpt Dt: 11/06/2003	Patterson, Ritner et al	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500	0.00	500.00 G00
Rcpt Dt: 12/09/2003	Audrey Quarles	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	150.00	150	0.00	150.00 G 00
Rcpt Dt: 11/12/2003	Jacob Rajfer	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Harbor UCLA Med Center	250.00	250	0.00	250.00 G 00
Rcpt Dt: 11/12/2003	Doug Ring ID:	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Developer The Ring Group	1000.00	1000	0.00	1000.00
			SUBTOTAL	\$			
(Include all	eived this period - contributions of \$100 or more. Schedule A subtotals.)	••••••			CO	(othe	
2. Amount red	eived this period - unitemized contributions of les	ss than \$100	\$ _		1	H- Other ∕- Politic	al Partv
	tary contributions received this period. 1 and 2. Enter here and on the Summary Page,	Column A, Line 1.	.)TOTAL \$ _				Contributor Committee

Schedule	A	
Monetary	Contributions	Received

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

SCHEDU	II F	4
SUMEDU	LE	,

Monetary Contributions Received			whole dollars.	Statement covers period from 10/1/0 3		CALIFORNIA			
SEE INSTRUCTIO	ONS ON REVERSE			through 12/3	103		23 / 30		
NAME OF FILER		-		<u> </u>		I D. Nu	umber		
Yvonne Brathv	waite 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 DATE CALENDAR YEAR (JAN 1 - DEC 31)		CALENDAR YEAR		PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 11/12/2003	Robertson's	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	1000.00		1000.00 G00		
Rcpt Dt: 12/05/2003	Mark Saladino	IND COM OTH PTY SCC	Treas/Tax Collector Los Angeles County	100.00	100.00		100.00 G0		
Rcpt Dt: 11/07/2003	Sav-Mart, Inc	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		100.00	10	0.00	100.00 G00		
Rcpt Dt: 12/10/2003	Edward Savage	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician King Drew Med Cntr	250.00	25	0.00	250.00 G 00		
Rcpt Dt: 11/25/2003	Jeanette Shammas	X IND COM OTH PTY SCC	Executive The Shammas Group	250.00	25	0.00	250.00		
			SUBTOTAL	\$					
1. Amount red	A Summary ceived this period - contributions of \$100 or more I Schedule A subtotals.)		\$		IN				
2. Amount red	ceived this period - unitemized contributions of le	ss than \$100	\$		_	H-Other	•		
3. Total mone	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page,					Y - Politic C- Small	cal Party Contributor Committee		

Schedule	A	
Monetary	Contributions	Received

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

Statement covers period

through

24 / 30

SCHEDULE A

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yvonne Brathwaite Burke Office Holder Account

I.D. Number

971277

	_				01 12	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID 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: 12/10/2003	Shan K. Thever, Prof. Corp.	☐ IND☐ COM☐ OTH☐ PTY☐ \$CC		500.00	500.00	500.00 G00
Rcpt Dt: 12/22/2003	Shapell-Monteverde Partnership	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	1000.00	1000.00 G00
Rcpt Dt: 11/19/2003	Stanley Sheinbaum	IND COM OTH PTY SCC	Economist Stanley K Sheinbaum	250.00	250.00	250.00 G 00
Rcpt Dt: 12/10/2003	Sheppard Mullin Richter & Hampton LLP	IND COM OTH PTY SCC		500.00	500.00	500.00 G 00
Rcpt Dt: 11/17/2003	Eleanor Simmons	IND COM OTH PTY SCC	Retired	100.00	100.00	100.00
			SUBTOTAL	\$	全线 A.	

Schedule A Summa	ary	
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- 1. 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\$
- 3. Total monetary contributions received this period.

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

Schedule A

Type or print in ink.

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Monetary Contributions Received		to whole dollars.		Statement coverage from 10/1/0	ers period	CALIFORNIA 4 600	
SEE INSTRUCTIO	DNS ON REVERSE			through 12/3	1/03		25 / 30
NAME OF FILER			 	<u> </u>		I.D. No	ımber
Yvonne Brathv	waite 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: 11/28/2003	Sonnenblick-Del Rio Development Inc	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	100	0.00	1000.00 G00
Rcpt Dt: 12/15/2003	Sony Pictures Ent. Inc.	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	50	0.00	500.00 G 00
Rcpt Dt: 12/10/2003	Mariorie Speight	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Psychiatrist MLK/AFH	250.00	25	0.00	250.00 G 00
Rcpt Dt: 12/10/2003	William Speight Jr	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician King-Drew Medical Center	250.00	25	0.00	250.00 G 00
Rcpt Dt: 12/30/2003	Standard Pacific of Ventura	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	100	0.00	1000.00
			SUBTOTAL	\$			
1. Amount red	A Summary ceived this period - contributions of \$100 or more. I Schedule A subtotals.)		\$		INI		
2. Amount red	ceived this period - unitemized contributions of les	s than \$100	\$ _			H-Other	·
	etary contributions received this period. 1 and 2. Enter here and on the Summary Page,	Column A. Line 1.	.)TOTAL \$			Y - Politic C- Small	al Party Contributor Committee

Schedule A

Type or print in ink.

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Monetary Contributions Received			to whole dollars.		ers period	CALIFORNIA (1)	
SEE INSTRUCTION	INS ON REVERSE			through 12/3	31/03		26 / 30
NAME OF FILER	vaite Burke Office Holder Account			<u></u>		I.D. Nu	mber
TVOITILE DIALITY	waite 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 YI (JAN 1 - DEC.	AR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/04/2003	Belinda Stith	IND COM OTH PTY SCC	Attomey	250.00	25	0.00	250.00 G 00
Rcpt Dt: 11/17/2003	Stokes Chiropractic Clinic	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	25	0.00	250.00 G00
Rept Dt: 12/09/2003	Surtico Incorporated	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	25	0.00	250.00 G00
Rcpt Dt: 12/12/2003	SUT Limited Partnership ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	25	0.00	250.00 G00
Rept Dt: 11/12/2003	Larkin Teasley	X IND COM OTH PTY SCC	Insurance Golden State Mutual Life	250.00	250	0.00	250.00 7
			SUBTOTAL	\$		1	
1. Amount rec (Include all	A Summary evived this period - contributions of \$100 or more. Schedule A subtotals.) evived this period - unitemized contributions of less				INE CO	othe) H - Other	dual pient Committee or than PTY or SCC)
	tary contributions received this period. 1 and 2. Enter here and on the Summary Page, C	olumn A, Line 1.) TOTAL \$			/ - Politic C - Small	al Party Contributor Committee

Schedule A Monetary Contributions Received		Amounts may be rounded		Statement covers period		CALIFORNIA FOR LI	
SEE INSTRUCTION	NS ON REVERSE			through 12/3	31/07		27 / 30
NAME OF FILER Yvonne Brathw	vaite Burke Office Holder Account	, , , , ,		<u> </u>		I.D. Nu 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 3	DATE AR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 12/10/2003	Tejon Ranch	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		1000.00	1000	0.00	1000.00 G
Rept Dt: 12/10/2003	The Bedford Group	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	1000.00		1000.00 GC
Rcpt Dt: 12/05/2003	The Bridge Group	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		250.00	250.00		250.00 G
Rept Dt: 12/10/2003	The Margady Group Inc.	□ IND □ COM □ OTH □ PTY □ SCC		500.00	500	0.00	500.00 G
Rcpt Dt: 11/20/2003	The Newhall Land & Farming Company ID:	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	1000	0.00	1000.00
			SUBTOTAL	\$			

Schedule A Summary

- 1. 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\$
- 3. Total monetary contributions received this period.

**	tribe	itor	Code

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH- Other

PTY - Political Party

3. Total monetary contributions received this period.

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

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Statement covers period

				1		1,000	\$30 and 10 a
SEE INSTRUCTION	IS ON REVERSE			through 12/31	103	2	29 / 30
NAME OF FILER	raite Burke Office Holder Account					I.D. Nur	mber
Yvonne braunw	alte burke Office Holder Account		·			97127	77
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRI BUTOR (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: 12/10/2003	Madeleine Valencerina	□ IND □ COM □ OTH □ PTY □ SCC	Physician Kedren Community Mental Health	250.00	250	0.00	250.00 G 00
Rcpt Dt: 12/10/2003	Richard Velasquez	X IND COM OTH PTY SCC	Director L. A. Care Health Plan	250.00	250	0.00	250.00 G00
Rcpt Dt: 12/10/2003	Femando Villa	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Los Angeles County	500.00	500	00.00	500.00 G00
Rcpt Dt: 11/25/2003	Ira Waldman	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attorney Cox, Castle	250.00	250	0.00	250.00 G00
Rept Dt: 12/10/2003	Walton Auto Wrecking and Towing	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		200.00	200	0.00	200.00 ე
			SUBTOTAL	\$			
Schedule A 1. Amount rec (Include all	Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)		\$		IND	•	-

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

FPPC Form 460 (JUNE/01)
FPPC Toil-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

from 10/1/03	\$ 30.51 \$ 30.51 \$ 30.51
through 12/31/03	30 / 30
	I.D. Number
	071277

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Yvonne Brathwaite Burke Office Holder Account

				1 31 12	-1.1
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)
Ella Washington	IND COM OTH PTY SCC	Retired	100.00	100.00	100.00 G00
Watson Land Company	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	1000.00	1000.00 G00
Louis Weider	IND □ COM □ OTH □ PTY □ SCC	Retired	1000.00	1000.00	1000.00 G00
Frank Williams	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Physician Kedren Mental Health	250.00	250.00	250.00 G 00
	AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I D NUMBER) Ella Washington ID: Watson Land Company ID: Louis Weider ID: Frank Williams	AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I D NUMBER) Ella Washington CODE * IND COM OTH PTY SCC IND COM X OTH PTY ID: Louis Weider ID: Frank Williams CODE *	AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I D NUMBER) Ella Washington	AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER) Ella Washington X IND COM C	AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER) Solution

	SUBTOTAL \$	69450.00	
Schedule A Summary			*Contributor Codes
Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	· \$		IND - Individual COM - Recipient Committee
2. Amount received this period - unitemized contributions of less than \$100	\$		(other than PTY or SCC) OTH- Other
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$		PTY - Political Party SCC - Small Contributor Committee

Schedule A

Type or print in ink.

Monetary Contributions Received		to whole dollars.		Statement covers period from 10/1/03		CALIFORNIA A FORM		
SEE INSTRUCTIO	INS ON REVERSE			through 12/31/03		_ 28 / 30		
NAME OF FILER					<u>i</u>	I.D. Number		
Yvonne Brathwaite Burke Office Holder Account						971277		
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: 12/10/2003	Kevin Thomas	X IND COM OTH PTY SCC	Physician Westar American Anesthesiology.	500.00	500.00		500.00 G 00	
Rcpt Dt: 11/28/2003	William Tooley	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Investor Tooley Investments	250.00	250.00		250.00 G 0	
Rcpt Dt: 12/03/2003	Transamerica Broadcasting Corp.	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00		500.00 G 00	
Rcpt Dt: 12/10/2003	Edgar Twine	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Attomey Edgar H. Twine, Esq.	250.00	250	0.00	250.00 G 0	
Rcpt Dt: 11/28/2003	UAW-LETC-PAC	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		500.00	500	0.00	500.00	
SUBTOTAL \$								
Schedule A Summary 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) \$					*Contributor Codes IND - Individual COM - Recipient Committee (other than PTY or SCC)			
2. Amount red	ceived this period - unitemized contributions of les	s than \$100	\$ _			H - Other	•	
	etary contributions received this period. s 1 and 2. Enter here and on the Summary Page, (Column A, Line 1	.)TOTAL \$				cal Party I Contributor Committee	