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

SCHEDULE A

Statement covers period

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from		california 460	
				through			4 / 35
NAME OF FILER	NS ON REVERSE					I.D. Nur	nber
	tion Committee					12528	58
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 CALENDAR (JAN. 1 - DE	YEAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 01/30/2004	24123 Ventura Blvd. LLC	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		1000.00	10	00.00	1000.00 P 04
Rept Dt: 02/04/2004	Essie Adams	X IND COM OTH PTY SCC	Dir. of Nursing Kedren Community Health Center	500.00	5	00.00	500.00 P 04
Rcpt Dt: 02/13/2004	Albright, Yee & Schmit	IND COM SOTH PTY SCC		1000.00	10	00.00	1000.00 P 04
Rcpt Dt: 01/29/2004	Richard Alexander	IND COM OTH PTY SCC	Owner Alexander & Associates	1000.00	10	00.00	1000.00 P 04
Rcpt Dt: 01/22/2004	Sheila Alexander	X IND COM OTH PTY SCC	CPA Weiss, Jones et al	250.00	2	250.00	250.00 P 04
			SUBTOTAL	\$			Man and
1. Amount red (Include all	A Summary ceived this period - contributions of \$100 or more I Schedule A subtotals.)			60700.00 150.00		(othe	
	ceived this period - unitemized contributions of le	ss than \$100	\$ _	100.00	n in in	OTH - Other PTY - Politic	
3. Total mone (Add Lines	etary contributions received this period. 1 and 2. Enter here and on the Summary Page,	Column A, Line 1	.) TOTAL \$ _	60850.00	Ŀ		C Form 460 (ILINE/01)

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

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001		

Statement covers period

				from		FORM 40U
SEE INSTRUCTIO	ONS ON REVERSE			through		5 / 35
NAME OF FILER Burke Re-Elec	ction Committee					. Number 252858
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: 01/28/2004	Alschuler Grossman et al	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 P 04
Rcpt Dt: 01/29/2004	Monica Ambrester	IND COM OTH PTY SCC	Retired	500.00	500.00	500.00 P 04
Rcpt Dt: 01/28/2004	Daphne Anneet	IND COM OTH PTY SCC	Attorney Bergman & Dacey	500.00	500.00	500.00 P 04
Rcpt Dt: 02/06/2004	Leonard Apenahier	IND COM OTH PTY SCC	Instructor LACCD/L.A. SW College	150.00	150.00	150.00 P 04
Rept Dt: 02/04/2004	Betty Amette	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	150.00	150.00	150.00 P 04
			SUBTOTAL	\$		一种数据
1. Amount rec (Include all	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)				IND - Ind COM - Re	ecipient Committee other than PTY or SCC)
3. Total monet	ary contributions received this period. 1 and 2. Enter here and on the Summary Page,				PTY - Pol	itical Party all Contributor Committee

Type or print in ink.
Amounts may be rounded

Monetary Contributions Received		Amounts may be rounded to whole dollars.		Statement covers period from		CALIFORNIA 460	
SEE INSTRUCTIO	NS ON REVERSE			through			6 / 35
NAME OF FILER	tion Committee					I.D. Nu	mber
Durke Re-Elec	tion Committee					1252	858
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 1 CALENDAR \() (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 02/12/2004	Clarence Avant	IND COM OTH PTY SCC	Businessman Interior Music Corp.	500.00	5	00.00	1000.00 P 04
Rcpt Dt: 01/30/2004	Robert Avery	IND COM OTH PTY SCC	Attorney Jones, Day et al	500.00	500.00		500.00 P 04
Rept Dt: 01/30/2004	Enrico Balcos MD	IND COM OTH PTY SCC	Physician Kedren Mental Health Center	300.00	30	00.00	300.00 P 04
Rcpt Dt: 01/30/2004	BBSI Global, Inc.	IND COM OTH PTY		500.00	50	00.00	500.00 P 04
Rept Dt: 02/05/2004	Ronald Beavers	IND COM OTH PTY SCC	Dir. of Vet Affairs Positive Imagery Inc.	500.00	50	00.00	500.00 P 04
			SUBTOTAL	\$	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		建筑建筑
Schedule A 1. Amount reco	Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)		\$		IN		
2. Amount rece	eived this period - unitemized contributions of les	ss than \$100	\$	A LIBRARY		TH- Other	
	ary contributions received this period. 1 and 2. Enter here and on the Summary Page,	Column A, Line 1.) TOTAL \$			Y - Politica CC- Small (Contributor Committee

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

SCHEDULE /

CALIFORNIA ACO

Statement covers period

				from	F	ORM 400
SEE INSTRUCTION	NS ON REVERSE			through		7 / 35
NAME OF FILER Burke Re-Elect	tion Committee					lumber 2858
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: 02/13/2004	Leslie Bellamy	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Real Estate Broker Bellamy Real Estate	500.00	500.00	750.00 P 0
Rept Dt: 02/04/2004	Adrian Black ID:	IND COM OTH PTY SCC	Procurement Mgr. Northrop Grumman Space Tech	100.00	100.00	100.00 P 04
Rcpt Dt: 02/10/2004	Charles Blake	IND COM OTH PTY SCC	Minister West Angeles Church	1000.00	1000.00	1000.00 P 04
Rept Dt: 01/26/2004	Arthur Blech	IND COM OTH PTY SCC	Investor Commonwealth Enterprises	500.00	500.00	500.00 P 04
Rept Dt: 02/03/2004	Eli Broad	IND COM OTH PTY SCC	CEO Sunamerica Corp	1000.00	1000.00	1000.00 P 04
			SUBTOTAL			
(Include all S	eived this period - contributions of \$100 or more. Schedule A subtotals.)				(oth	idual ipient Committee er than PTY or SCC)
3. Total moneta	eived this period - unitemized contributions of les ary contributions received this period. I and 2. Enter here and on the Summary Page,				OTH- Other PTY - Politic SCC- Small	

Type or print in ink.

Amounts may be rounded to whole dollars.

SCHEDULE /

IWONEtary	onetary Contributions Received		to whole dollars.		vers period	FORM 460	
SEE INSTRUCTIO	NS ON REVERSE			through			8 / 35
NAME OF FILER	tion Committee					I.D. Nu	mber
Darke Ne-Liec	T					1252	858
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. 3	AR	PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 02/04/2004	Eugene Bryant	IND COM OTH PTY SCC	Pastor New Philadelpha Missionary Bapt Ch	100.00	100	0.00	100.00 P 0
Rcpt Dt: 02/02/2004	Tracy Burr	IND COM OTH PTY SCC	Executive Burrtec Waste	500.00	500	0.00	500.00 P 0
Rept Dt: 02/04/2004	C & R Maintenance/Cleaning	IND COM OTH PTY SCC		500.00	500	0.00	500.00 P 0
Rept Dt: 01/29/2004	Cahill Building Company	IND COM OTH PTY SCC		1000.00	1000	0.00	1000.00 P 0
Rept Dt: 02/02/2004	Charles J Banks Co	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	500	0.00	1000.00 P 04
			SUBTOTAL	\$			
Schedule A 1. Amount rec (Include all	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)		\$		IND		
3. Total monet	eived this period - unitemized contributions of les ary contributions received this period. 1 and 2. Enter here and on the Summary Page,				PTY	I- Other '- Politica	

Schedule A

Type or print in ink.

SCHEDULE A

Monetary	Contributions Received		nts may be rounded o whole dollars.	Statement covers period from		CALIFORNIA 4	60
SEE INSTRUCTIO	ONS ON REVERSE			through		9 / 35	
NAME OF FILER	NO ON REVERSE					I.D. Number	
Burke Re-Elec	ction Committee					1252858	
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 I CALENDAR YEA (JAN. 1 - DEC. 3	AR TO DAT	Έ
Rcpt Dt: 02/09/2004	Coleman & Associates	IND COM OTH PTY SCC		500.00	500	.00 1000.	.00 P 04
Rept Dt: 01/22/2004	Bridget Collins-Byrd	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Designer Le Fleur	1000.00	1000	.00 1000.	.00 P 04
Rcpt Dt: 02/10/2004	Constance Pinkerman, M.D.	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500	.00 500.	.00 P 04
Rept Dt: 01/27/2004	Norma Cook	IND COM OTH PTY SCC	COO Administrative Services Kedren CMHC	500.00	500	.00 750.	.00 P 04
Rcpt Dt: 01/28/2004	David Cunningham III	X IND COM OTH PTY SCC	Attorney David Cunningham III Esq	500.00	500	.00 500.	.00 P 04
			SUBTOTAL	\$			
1. Amount red	A Summary ceived this period - contributions of \$100 or more l Schedule A subtotals.)		\$ _		IND	ntributor Codes Individual Recipient Committe	
3. Total mone	ceived this period - unitemized contributions of le etary contributions received this period. 1 and 2. Enter here and on the Summary Page,			Tree.	PTY	- Other - Political Party - Small Contributor Co	

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

SCHEDULE A

Monetary Contributions Received		to whole dollars.		from		FORM 460	
SEE INSTRUCTIO	NS ON REVERSE			through		1	10 / 35
NAME OF FILER						I.D. Num	nber
Burke Re-Elec	tion Committee					12528	58
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)
Rept Dt: 02/04/2004	Kitty Davis	X IND COM OTH PTY SCC	PR/Res Mgr Kedren Comm Health Cente-	500.00	500	0.00	500.00 P 04
Rcpt Dt: 01/22/2004	Richard Davis	IND COM OTH PTY SCC	Labor Relations Dick Davis & Assoc.	500.00	500.00		500.00 P 04
Rept Dt: 02/03/2004	Dickerson Employee Benefits	IND COM OTH PTY SCC		500.00	500	0.00	750.00 P 04
Rept Dt: 02/10/2004	Harry Douglas	IND COM OTH PTY SCC	Charles R. Drew University	200.00	200	0.00	200.00 P 04
Rept Dt: 01/22/2004	Shirrell Edey	IND COM OTH PTY SCC	Consultant Sunrise Services	500.00	500	0.00	1500.00 P 04
			SUBTOTAL S				
(Include all	eived this period - contributions of \$100 or more. Schedule A subtotals.)				IND		
3. Total monet	eived this period - unitemized contributions of less tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Co				PTY	I - Other - Political	

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

SCHEDULE #

Statement covers period

			o whole dollars.	from		FORM 40U
SEE INSTRUCTIO	ONS ON REVERSE			through		11 / 35
NAME OF FILER Burke Re-Elec	ction Committee					Number 52858
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: 01/30/2004	Fleetwood Psychological Services	IND COM OTH PTY SCC		500.00	500.00	500.00 P 04
Rept Dt: 01/20/2004	Fobi Health System	☐ IND ☐ COM ☒ OTH ☐ PTY ☐ SCC		500.00	500.00	500.00 P 04
Rcpt Dt: 02/09/2004	Alma Fowlkes ID:	IND COM OTH PTY SCC	Retired	100.00	100.00	100.00 P 04
Rept Dt: 02/04/2004	Tashanda Fredrick	IND COM OTH PTY	Police Srv Rep City of Los Angeles	100.00	100.00	100.00 P 04
Rcpt Dt: 02/11/2004	Gus Gill	IND COM OTH PTY SCC	Physician County of Los Angeles	500.00	500.00	750.00 P 04
			SUBTOTAL	\$		图 数路 建
1. Amount red	A Summary ceived this period - contributions of \$100 or more Schedule A subtotals.)		\$		IND - Ind COM - Re	ecipient Committee
	ceived this period - unitemized contributions of les	ss than \$100	\$		OTH- Oth	other than PTY or SCC) ner itical Party
Total mone (Add Lines	tary contributions received this period. 1 and 2. Enter here and on the Summary Page,	Column A, Line 1.	.)TOTAL \$			all Contributor Committee
					E	PPC Form 460 / ILINE/01)

	SCHEDULE
54	

Schedule A Type or print in ink. **Monetary Contributions Received** Amounts may be rounded Statement covers period to whole dollars. CALIFORNIA from_ FORM SEE INSTRUCTIONS ON REVERSE 12/35 through_ NAME OF FILER **Burke Re-Election Committee** I.D. Number 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 CODE * TO DATE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) (IF SELF-EMPLOYED, ENTER NAME PERIOD (JAN. 1 - DEC. 31) (IF REQUIRED) OF BUSINESS) Rcpt Dt: 01/27/2004 X IND Real Estate 1000.00 Guilford Glazer 1000.00 1000.00 P 04 COM OTH PTY **Guilford Glazer** SCC Rcpt Dt: 02/04/2004 X IND Project Mgr. 100.00 Tyrone Glover 100.00 100.00 P 04 COM OTH PTY Trend Western AFB TD: SCC Rcpt Dt: 02/09/2004 IND Retired Dorothy Goodrich 200.00 200.00 200.00 P 04 COM OTH PTY SCC Rcpt Dt: 01/28/2004 IND CPA 500.00 Marjorie Grant 500.00 1000.00 P 04 COM OTH PTY MR Grant CPA

Realtor

South Bay Brokers

SCC

IND

COM OTH

PTY JSCC

SUBTOTAL \$		

1000.00

Schedule A Summary

Rcpt Dt: 01/22/2004

ID:

Alicia Greene

- 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)

1000.00 P 04

OTH-Other

1000.00

PTY - Political Party

SCC- Small Contributor Committee

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

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_	_	_	_	_	_	_	-

Statement covers period

		to whole dollars.		from		FORM 46U	
SEE INSTRUCTION	NS ON REVERSE			through		13 / 35	
NAME OF FILER Burke Re-Elect	tion Committee					Number 52858	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRI BUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR OCCUPATION AND EMPLOYER RECEIVED		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 01/29/2004	Sarah Griffin	IND COM OTH PTY SCC	Partner Jones Day Reavis & Pogue	250.00	250.00	250.00 P 04	
Rept Dt: 02/05/2004	Ethel Hardwick	IND COM OTH PTY SCC	CPA Personal Involvement Center	400.00	400.00	400.00 P 04	
Rept Dt: 02/05/2004	Rev. Joe Hardwick	IND COM OTH PTY SCC	Pastor Praises of Zion Baptist	1000.00	1000.00	1000.00 P 04	
Rcpt Dt: 01/22/2004	Charles Henry	IND COM OTH PTY SCC	Administrator County of Los Angeles	500.00	500.00	1000.00 P 04	
Rept Dt: 02/05/2004	HREG Genesis Carson LLC	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1000.00	1000.00	1500.00 P 04	
MI PARILY			SUBTOTAL	\$	genome and a second		
Schedule A 1. Amount rece (Include all	Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)		\$		The state of the s		
	eived this period - unitemized contributions of les	ss than \$100	\$		OTH- Oth		
3. Total moneta (Add Lines	ary contributions received this period. 1 and 2. Enter here and on the Summary Page,	Column A, Line 1.) TOTAL \$			all Contributor Committee	

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

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Monetary Contributions Received		<u> </u>	to whole dollars.		ers period	FORM 460		
SEE INSTRUCTIO	ONS ON REVERSE			through		14 / 35		
NAME OF FILER	ction Committee			100	10 1 10	I.D. Nui 12528		
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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)		PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 02/13/2004	Integrated Health Systems	IND COM OTH PTY SCC	COM OTH PTY		00.00	1000.00 P 04		
Rcpt Dt: 02/03/2004	Paul Jacobs	IND COM OTH PTY SCC	Attorney Richard Hamlin Attorneys	500.00	500.00		500.00 P 04	
Rept Dt: 01/27/2004	Ronald Jefferson MD	IND COM OTH PTY SCC	Physician Kedren Mental Health Center	500.00	500.00		500.00 P 04	
Rept Dt: 02/04/2004	Virgil Jones	IND COM OTH PTY SCC	Pastor Calvary Baptist Church	1000.00	100	0.00	1000.00 P 04	
Rcpt Dt: 02/05/2004	Kamel & Maxwell	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		500.00	50	0.00	1000.00 P 04	
YOUR DE			SUBTOTAL	\$				
(Include all	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)	•••••••••••••••••••••••••••••••••••••••			INI			
3. Total monet	ary contributions received this period. 1 and 2. Enter here and on the Summary Page, (PT	Y - Politica	l Party Contributor Committee	

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

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Burke Re-Election Committee

I.D. Number 1252858

				A STATE OF THE PARTY OF THE PAR	12020	000
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: 01/20/2004	Karol L. Bowens, M.D. Med Corp.	IND COM OTH PTY SCC		1000.00	1000.00	1000.00 P 04
Rcpt Dt: 01/27/2004	Dorothy Knawls		Food Srvc Dir Kedren Mental Health	500.00	500.00	500.00 P 04
Rept Dt: 01/22/2004	Rita Koger	IND COM OTH PTY SCC	Counselor Palms Residential Care	500.00	500.00	500.00 P 04
Rcpt Dt: 01/22/2004	Literacy Dynamics	IND COM SOUTH PTY SCC		1000.00	1000.00	1000.00 P 04
Rcpt Dt: 02/03/2004	Hallie Lomax	X IND COM OTH PTY SCC	Retired	1000.00	1000.00	1000.00 P 04
			SUBTOTAL	\$		A PRINCE

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\$

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH- Other

PTY - Political Party

SCC- Small Contributor Committee

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

SCHEDULE A

Monetary Contributions Received			o whole dollars.	Statement covers period from		CALIFORNIA 460	
SEE INSTRUCTION	NS ON REVERSE			through			16 / 35
NAME OF FILER Burke Re-Elec	tion Committee					I.D. Nu	mber
						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 CALENDAR (JAN. 1 - DEC	YEAR	PER ELECTION TO DATE (IF REQUIRED)
Rept Dt: 02/13/2004	Elwood Lui	☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Partner Jones Day et al	500.00	500.00		500.00 P 04
Rcpt Dt: 01/27/2004	Charles Lyons Jr.	IND COM OTH PTY SCC	Investor Charles J. Lyons, Jr.	500.00	500.00		500.00 P 04
Rept Dt: 01/27/2004	Madeleine M Valencerina MD Inc	IND COM OTH PTY SCC		500.00	500.00		750.00 P 04
Rcpt Dt: 02/13/2004	Majestic Realty Co.	□ IND □ COM ⊠ OTH □ PTY □ SCC		1000.00	1000.00		1000.00 P 04
Rept Dt: 02/04/2004	Gloria Marigny	IND COM OTH PTY	Retired	100.00	10	00.00	100.00 P 04
			SUBTOTAL S	ATTACEN			
Schedule A				FOR THE PARTY.		ontributor C	
1. Amount rece (Include all S	eived this period - contributions of \$100 or more. Schedule A subtotals.)		\$ <u></u>		IN	D - Individ	
	ived this period - unitemized contributions of les						than PTY or SCC)
3. Total moneta	ary contributions received this period. and 2. Enter here and on the Summary Page,				PT	Y - Politica	l Party Contributor Committee

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

SCHEDULE Statement covers period CALIFORNIA

FORM from. 17 / 35 through

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Burke Re-Election Committee

I.D. Number

1252858

					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: 02/05/2004	Eric Marts	X IND COM OTH PTY SCC	Admin. L. A. County	100.00	100.00	100.00 P 04
Rcpt Dt: 01/20/2004	Cheryl Mason	IND COM OTH PTY SCC	Attorney City of Los Angeles	300.00	300.00	300.00 P 04
Rcpt Dt: 01/26/2004	Robert Mason III	IND COM OTH PTY SCC	Attorney Bergman & Dacey	500.00	500.00	500.00 P 04
Rept Dt: 01/30/2004	Luverne Maye	IND COM OTH PTY SCC	Pharmacist Central City Hosp. Pharmacy	1000.00	1000.00	1000.00 P 04
Rept Dt: 02/13/2004	Daniel McLoon	IND COM OTH PTY SCC	Attorney Jones, Day et al	500.00	500.00	1000.00 P 04
The Training			SUBTOTAL	\$		大学 (1)

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.

PTY - Political Party

OTH-Other

*Contributor Codes IND - Individual

SCC-Small Contributor Committee

(other than PTY or SCC)

COM - Recipient Committee

Schedule A

Monetary Contributions Received		Amou	ints may be rounded o whole dollars.	Statement covers period from		CALIFORNIA 460		
	ONS ON REVERSE			through		18/3	35	
NAME OF FILER Burke Re-Elec	ction Committee					I.D. Number 1252858		
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 YEAI (JAN. 1 - DEC. 31	ATE PE	R ELECTION TO DATE REQUIRED)	
Rcpt Dt: 01/30/2004	Wakelin McNeel ID:	X IND COM OTH PTY SCC	Physician Kedren Mental Health Center	500.00	500.0	00	500.00 P 04	
Rept Dt: 01/28/2004	Marc Mills	IND COM OTH PTY SCC	CEO Pacific Rim Associates	500.00	500.0	00	500.00 P 04	
Rept Dt: 01/27/2004	Marcia Mills	IND COM OTH PTY SCC	Forensic Psychologist Marcia C. Mills, Ph.D.	500.00	500.0	00	500.00 P 04	
Rcpt Dt: 01/26/2004	Mitsubishi Cement Corp.	IND COM OTH PTY SCC		1000.00	1000.0	00	1000.00 P 04	
Rept Dt: 02/04/2004	Cynthia Nails	IND COM OTH PTY SCC	Med Records Dir. King/Drew Med Cntr	100.00	100.0	00	100.00 P 04	
			SUBTOTAL S					
. Amount rece (Include all	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)				IND -	ibutor Codes Individual - Recipient Co (other than F		
. Total monet	eived this period - unitemized contributions of les ary contributions received this period. 1 and 2. Enter here and on the Summary Page, (Other Political Party		

SCHEDULE /

Monetary Contributions Received			Amounts may be rounded Statement covers to whole dollars.			california 46		
EE INSTRUCTIONS O	N REVERSE			through			19 / 35	
NAME OF FILER Burke Re-Election	THE RESIDENCE OF THE PARTY OF T					I.D. Nu 12528		
DATE	FULL NAME, MAILING ADDRESS	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER	AMOUNT	CUMULATIVE		PER ELECTION	

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 DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 02/03/2004	NPK Management, DBA McDonalds	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		500.00	500.00	500.00 P 04
Rcpt Dt: 01/22/2004	Peter O'Mallev	X IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired	250.00	250.00	250.00 P 04
Rcpt Dt: 02/05/2004	Bobbi Owens	IND COM OTH PTY SCC	Executive Director Mini Twelve Step House, Inc.	300.00	300.00	300.00 P 04
Rcpt Dt: 02/05/2004	Victor Parker	IND COM OTH PTY SCC	CEO Myers Stevenson	500.00	500.00	500.00 P 04
Rcpt Dt: 02/04/2004	Patricia Samuels, M.D., Inc.	IND COM OTH PTY SCC		500.00	500.00	500.00 P 04
			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

SCC- Small Contributor Committee

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

	SCHEDULE	
-		

Statement covers period

Monetary Contributions Received			to whole dollars.		Statement covers period from		FORM 460	
	ONS ON REVERSE				through			20 / 35
NAME OF FILER Burke Re-Ele	ection Committee						I.D. Nu	mber
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		RIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	AMOUNT CUMULATIVE TO DATE RECEIVED THIS CALENDAR YEAR		PER ELECTION TO DATE (IF REQUIRED)
Rcpt Dt: 02/04/2004	Thomas Patterson		IND COM OTH PTY SCC	Retired	100.00			100.00 P 0
Rcpt Dt: 01/29/2004	Patterson, Ritner et al		IND COM OTH PTY SCC		500.00			500.00 P 04
Rept Dt: 02/13/2004	Joe Perez		IND COM OTH PTY SCC	Travel Cuba Travel Services	1000.00			1000.00 P 04
Rept Dt: 01/22/2004	Margarita Perez	X	IND COM OTH PTY SCC	Facility Mgr. Summit Motel	1000.00			1000.00 P 04
Rcpt Dt: 02/10/2004	Elizabeth Pfromm		IND COM OTH PTY SCC	Mental Health Dir. L. A. Child Guidance	100.00	100	.00	200.00 P 04
				SUBTOTAL \$		水 建铁 霉		有效数率型
. Amount rece	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)			 \$		IND	tributor Co	odes al ant Committee
. Amount rece . Total monet	eived this period - unitemized contributions of less ary contributions received this period. 1 and 2. Enter here and on the Summary Page, C	than \$10	0	·····\$		OTH- PTY	(other to Other Political	han PTY or SCC)
						FPPC Toll-I	FPPC F	Form 460 (JUNE/01) line:866/ASK-FPPC

Schedule A		Ту	pe or print in ink.				SCHEDULE
Monetary Contributions Received			Amounts may be rounded to whole dollars.		ers period	CALIFORNIA 460	
SEE INSTRUCTIONS (ON REVERSE			through		-	21 / 35
NAME OF FILER						I.D. Nu	ımber
Burke Re-Election	n Committee					1252	
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 Y (JAN. 1 - DEC.	D DATE EAR	PER ELECTION TO DATE (IF REQUIRED)
	Veronica Pickett	IND COM OTH PTY SCC	Homemaker	1000.00	1000.00		1000.00 P 0
	Ethel Rasdale	IND COM OTH PTY SCC	Support Srvc Mgr. Kedren Health Center	500.00	500.00		500.00 P 0
	Lawrence Roberts	IND	Retired	500.00	500.00		750.00 P 0
	Kimberly Robinson	IND COM OTH PTY SCC	Designer Kowate Companies	1000.00	100	0.00	1000.00 P 0
	Mark Saladino	IND COM OTH PTY SCC	Treas/Tax Collector Los Angeles County	100.00	10	0.00	100.00 P 0
			SUBTOTAL	\$			
Schedule A S 1. Amount receive (Include all Sch	ed this period - contributions of \$100 or more. hedule A subtotals.)		\$		INC		dual pient Committee
2. Amount receive	ed this period - unitemized contributions of les	ss than \$100	\$		ОТ	otne) H - Other	er than PTY or SCC)
3. Total monetary	contributions received this period. and 2. Enter here and on the Summary Page,					Y - Politica C- Small	al Party Contributor Committee

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

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CALIFORNIA 460

Statement covers period

AME OF FILER Burke Re-Elect	ion Committee				I.D. No. 1252	
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: 02/02/2004	Vidal Sassoon	IND COM OTH PTY SCC	Businessman Vidal Sasson	500.00	500.00	500.00 P 04
Rcpt Dt: 01/28/2004	Sav-Mart, Inc	☐ IND☐ COM☐ OTH☐ PTY☐ SCC		100.00	100.00	100.00 P 04
Rcpt Dt: 02/04/2004	Arnold Savage MD	IND COM OTH PTY SCC	Physician Western Health Care	500.00	500.00	500.00 P 04
Rcpt Dt: 02/11/2004	Jeanette Shammas	IND COM OTH PTY SCC	Executive The Shammas Group	500.00	500.00	500.00 P 04
Rcpt Dt: 02/06/2004	Wesley Sholes	IND COM OTH PTY SCC	Retired	500.00	500.00	500.00 P 04
			SUBTOTAL	\$		
. Amount rec (Include all	a Summary eived this period - contributions of \$100 or more Schedule A subtotals.)				(oth	idual dipient Committee ner than PTY or SCC)
	eived this period - unitemized contributions of le cary contributions received this period.	ss than \$100	\$ <u>_</u>		OTH - Othe PTY - Politi	

Schedule A

Type or print in ink.

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Monetary Contributions Received SEE INSTRUCTIONS ON REVERSE				from		CALIFORNIA 460 FORM 23 / 35	
NAME OF FILER	INS ON REVERSE			through			
Burke Re-Elec	tion Committee					1.D. Number 1252858	
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 D. CALENDAR YEAI (JAN. 1 - DEC. 31	ATE PER ELE	ATE
Rcpt Dt: 01/26/2004	Sikand Engineering Assoc	IND COM OTH PTY SCC	OF BOSINESS)	500.00	500.0	00 50	00.00 P 0
Rept Dt: 01/22/2004	Stephen Simon	IND COM OTH PTY SCC	Attorney City of Los Angeles	100.00	100.0	00 10	00.00 P 0
Rept Dt: 01/22/2004	Ronald Smith	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	R. Smith & Assoc.	1000.00	1000.0	00 100	0.00 P 04
Rcpt Dt: 02/04/2004	Ross Stromberg	IND COM OTH PTY SCC	Attorney Jones Day.	100.00	100.0	00 100	0.00 P 04
Rcpt Dt: 01/28/2004	John Tamborelli	IND COM OTH PTY SCC	Attorney Bergman & Dacey	500.00	500.0	500	0.00 P 04
			SUBTOTAL \$	go Vertil			
(Include all and all and all and all and all and all and all all and all all all all all all all all all al	Summary eived this period - contributions of \$100 or more. Schedule A subtotals.) eived this period - unitemized contributions of lessary contributions received this period.				IND - COM - OTH-C PTY-F	ibutor Codes Individual Recipient Committ (other than PTY or Other Political Party Small Contributor Co	SCC)

Schedule A		Type or print in ink. Amounts may be rounded					SCHEDULE	
Monetary	Contributions Received		to whole dollars.		vers period	CALIFORNIA 460		
SEE INSTRUCTIO	NS ON REVERSE			through		2	24 / 35	
NAME OF FILER	tion Committee	4 (I.D. Nun 12528		
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	PER ELECTION TO DATE (IF REQUIRED)	
Rcpt Dt: 02/04/2004	Romalis Taylor SR	X IND COM OTH PTY SCC	Retired	100.00	100.00		100.00 P 04	
Rcpt Dt: 02/13/2004	Temple Community Hospital	☐ IND ☐ COM ☑ OTH ☐ PTY ☐ SCC		1000.00	1000.00		1000.00 P 04	
Rept Dt: 01/22/2004	William Tooley	IND COM OTH PTY SCC	Investor Tooley Investments	250.00	250	0.00	250.00 P 04	
Rept Dt: 01/28/2004	Milton Tyre	IND COM OTH PTY SCC	Attomey Tyre, Kamins, et al	200.00	200	0.00	450.00 P 04	
Rept Dt: 02/04/2004	UAW-LETC-PAC ID: 123456	☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		1000.00	1000	0.00	1000.00 P 04	
			SUBTOTAL	\$				
I. Amount rec	A Summary eived this period - contributions of \$100 or more. Schedule A subtotals.)		\$		IND			
3. Total monet	eived this period - unitemized contributions of lestary contributions received this period. 1 and 2. Enter here and on the Summary Page,				PTY	i - Other - Political		

Type or print in ink.
Amounts may be rounded

SCHEDULE A

Statement covers period

			o whole donars.	from		FORM 46U
SEE INSTRUCTION	NS ON REVERSE			through		25 / 35
NAME OF FILER Burke Re-Elect	ion Committee					. Number 252858
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: 02/04/2004	Lillie Voss	X IND □ COM □ OTH □ PTY □ SCC	Dir, Med Records Kendren Community Health Center	500.00	500.00	500.00 P 0
Rept Dt: 02/03/2004	Mary Walker	IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Ofc Mgr Bergman & Dacey	1000.00	1000.00	1000.00 P 0
Rept Dt: 02/09/2004	Walton Auto Wrecking and Towing	IND COM SOTH PTY SCC		200.00	200.00	450.00 P 04
Rept Dt: 02/05/2004	Conrad Watson	IND COM OTH PTY SCC	Exec. Dir. Harbor Light Salvation Army	200.00	200.00	200.00 P 0
Rcpt Dt: 01/22/2004	Edna Williams	IND COM OTH PTY SCC	Retired	1000.00	1000.00	1000.00 P 0
			SUBTOTAL	\$		Proping Commence of the Commen
(Include all § 2. Amount rece	eived this period - contributions of \$100 or more Schedule A subtotals.)	•••••			IND - Ind COM - R (0 OTH- Oth	ecipient Committee other than PTY or SCC)
3. Total moneta (Add Lines 1	ary contributions received this period. 1 and 2. Enter here and on the Summary Page,	Column A, Line 1) TOTAL \$		SCC- Sm	nall Contributor Committee

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

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

SCHEDULE A Statement covers period CALIFORNIA 4

26 / 35

I.D. Number

from_

through.

Burke Re-Elect	ion Committee					1252858
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 DA CALENDAR YEAR (JAN. 1 - DEC. 31)	TO DATE (IF REQUIRED)
Rcpt Dt: 01/22/2004	Erika Williams	IND COM OTH PTY	Exec Office Mgr. Palms Residential Care	1000.00	1000.0	00 1000.00 P 0
Rcpt Dt: 01/20/2004	Erank Williams	IND COM OTH PTY SCC	Physician Kedren Mental Health	500.00	500.0	00 500.00 P 0
Rcpt Dt: 02/03/2004	Jason Williams	X IND COM OTH PTY SCC	Financial Advisor AXA Advisors LLC	100.00	100.0	00 100.00 P 0

	SUBTOTAL \$	60700.00	10.00 (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B
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 received this period - unitemized contributions of less than \$100	\$		OTH- Other PTY - Political Party
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$		SCC- Small Contributor Committee