

Late Contribution Report

AMENDMENT

Print in ink.
Rounded to whole dollars.

Received by
Lynn County

LATE CONTRIBUTION REPORT

NAME OF FILER Burke Re-Election Committee		This Filing <u>05/18/2005</u>	Date Stamp <u>2 11 17</u>	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1252858			
STREET ADDRESS		<input checked="" type="checkbox"/> Amendment to Report No. <u>01</u> (explain below)	No. of Pages <u>3</u>	1 / 3
CITY	STATE			

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
02/24/2004 	John Cowles ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CFO City of Angels Med Center	1000.00
02/24/2004 	Leader Industries ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1000.00
02/24/2004 	Steven Murphy ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	V. P. Govt Affairs American Medical Response	1000.00

***Contributor Codes**

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: Deleted Delaware North
Contribution

AMENDMENT

Late Contribution Report

ars.

LATE CONTRIBUTION REPORT

NAME OF FILER Burke Re-Election Committee		Date of This Filing _____	Date Stamp	CALIFORNIA FORM 497 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1252858	Report No. _____	3 / 3	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ <small>(explain below)</small>		
CITY	STATE	ZIP CODE		
		No. of Pages _____		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR <small>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)</small>	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER <small>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)</small>	AMOUNT RECEIVED
02/24/2004 	Rudra Sabaratnam ID: _____	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician R. Sabaratnam, M.D., Inc.	1000.00
02/24/2004 	William Sanger ID: _____ Ref: <input type="checkbox"/>	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	National CEO American Medical Response	1000.00

***Contributor Codes**

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment: _____