

**Recipient Committee  
Campaign Statement**  
(Government Code Sections 84200-84216.5)

**2<sup>nd</sup> FILING  
ORIGINAL**

COVER PAGE

Date Stamp <i>Pm 1-12</i>	CALIFORNIA 2001/02 FORM <b>460</b>
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	For Official Use Only <i>009446</i> <i>* CD 5030</i>

Statement covers period  
from 10/01/2003  
through 12/31/2003

Date of election if applicable:  
(Month, Day, Year)  
11/07/2000

SEE INSTRUCTIONS ON REVERSE

**1. Type of Recipient Committee:** All Committees - Complete Parts 1,2,3, and 4.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br>(Also Complete Part 5)   | <input type="checkbox"/> Ballot Measure Committee<br><input type="checkbox"/> Primary Formed<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br>(Also Complete Part 6) |
| <input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Primary Formed Candidate/<br>Officeholder Committee<br>(Also Complete Part 7.)   |

**2. Type of Statement:**

- |   |  |
|---|--|
| <input type="checkbox"/> Pre-election Statement           | <input type="checkbox"/> Quarterly Statement                                   |
| <input checked="" type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report                               |
| <input type="checkbox"/> Termination Statement            | <input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 1 |
| <input type="checkbox"/> Amendment (Explain below)        |  |

**3. Committee Information**

I.D. NUMBER  
971277

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
Yvonne Brathwaite Burke Office Holder Account

STREET ADDRESS (NO P O BOX)  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P O BOX  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

OPTIONAL FAX/E-MAIL ADDRESS  
( )

**Treasurer(s)**

NAME OF TREASURER  
Jan Wasson

MAILING ADDRESS  
[REDACTED]

CITY STATE ZIP CODE AREA CODE/PHONE  
[REDACTED]

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL FAX/E-MAIL ADDRESS

**4. Verification**

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/10/2004 By Jan Wasson  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 01/10/2004 By Yvonne B Burke  
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

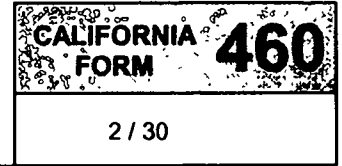
Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICER, CANDIDATE, STATE MEASURE PROPONENT

**Recipient Committee  
Campaign Statement  
Cover Page - Part 2**

Type or print in ink.

COVER PAGE - PART 2



**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Yvonne B Burke

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Held: County Supervisor  
County 2

RESIDENTIAL/BUSINESS ADDRESS (NO AND STREET) CITY STATE ZIP  
[REDACTED] [REDACTED] [REDACTED] [REDACTED]

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME Burke Re-Election Committee	I.D NUMBER 1252858
NAME OF TREASURER Jan Wasson	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS [REDACTED]	STREET ADDRESS (NO P O BOX) [REDACTED]
CITY [REDACTED]	STATE ZIP CODE AREA CODE/PHONE [REDACTED] [REDACTED] [REDACTED]
COMMITTEE NAME	I.D NUMBER
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P O BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

**6. Ballot Measure Committee**

NAME OF BALLOT MEASURE

BALLOT NO OR LETTER	JURISDICTION	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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Identify the controlling officeholder, candidate, or state measure proponent, if any

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD	DISTRICT NO IF ANY
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**7. Primarily Formed Committee**

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary