

**SEMI-ANNUAL  
ORIGINAL**

11216-41

Date Stamp RECEIVED FEB 10 PM 3:01 CAMPAIGN FINANCE	CALIFORNIA 2001/02 FORM <b>460</b>
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	For Official Use Only <b>009446</b> <b>CO 5030</b>

**AMENDMENT**

SEE I

statement covers period  
 from 01/01/2005  
 through 06/30/2005

Date of election if applicable:  
 (Month, Day, Year)

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

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

**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 4 |
| <input checked="" type="checkbox"/> Amendment (Explain below)<br>Cover page correction |  |

**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)

CITY STATE ZIP CODE AREA CODE/PHONE

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

CITY STATE ZIP CODE AREA CODE/PHONE

OPTIONAL: FAX/E-MAIL ADDRESS  
( )

**Treasurer(s)**

NAME OF TREASURER  
Jan Wasson

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

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 02/06/2006 By Jan Wasson  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 02/06/2006 By Yvonne B Burke  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

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

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

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

**CALIFORNIA  
FORM 460**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Yvonne B Burke

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

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RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

**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	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

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

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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

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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