

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

**SEMI-ANNUAL
ORIGINAL**

COVER PAGE

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Statement covers period
from 07/01/2004
through 08/14/2004

Date of election if applicable:
(Month, Day, Year) 2004 11/02/2004

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

2. Type of Statement:

- | | |
|---|--|
| <input type="checkbox"/> Pre-election Statement | <input type="checkbox"/> Quarterly Statement |
| <input type="checkbox"/> Semi-annual Statement | <input type="checkbox"/> Special Odd-Year Report |
| <input checked="" type="checkbox"/> Termination Statement | <input type="checkbox"/> Supplemental Preelection
Statement - Attach Form 405 |
| <input type="checkbox"/> Amendment (Explain below) | |

3. Committee Information

I.D. NUMBER
1252858

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
Burke Re-Election Committee

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

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 08/16/2004 By Jan Wasson
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 08/16/2004 By Yvonne B Burke
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPOSER

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Recipient Committee Campaign Statement Cover Page - Part 2

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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: Board of Supervisors City <u>5</u>			
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 Yvonne Brathwaite Burke Office Holder Account	I.D. NUMBER 971277
NAME OF TREASURER Jan Wasson	CONTROLLED COMMITTEE? <input checked="" 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		
BALLOT NO. OR LETTER	JURISDICTION	<input checked="" type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
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	

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