

**Schedule A  
Monetary Contributions Received**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	Page <u>4</u> of <u>50</u>
I.D. NUMBER 1252858	

NAME OF FILER Yvonne B Burke, Burke Re-Election Committee

DATE RECEIVED	FULL NAME, STREET 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)
02/18/2004	Abell-Dedmon Inc	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	Amira Abraham	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Realtor Amira Abraham	1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	Refaat Abraham	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Refaat Abraham, M.D.	1,000.00	1,000.00	1,000.00 (G04)
02/26/2004	Ara Aghishian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Ara Aghishian, Attorney	500.00	500.00	500.00 (G04)
02/25/2004	Stuart Ahn	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Hanmi Bank	500.00	500.00	500.00 (G04)

**SUBTOTAL \$ 4,000.00**

**Monetary Contributions Summary**

- Amount received this period - contributions of \$100 or more.  
(Include all Schedule A subtotals.) ..... \$ 138,250.00
- Amount received this period - contributions of less than \$100.  
(Do not itemize.) ..... \$ 375.00
- Total monetary contributions received this period.  
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 138,625.00**

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>02/15/2004</u> through <u>06/30/2004</u>	<b>CALIFORNIA FORM 460</b>
Page <u>5</u> of <u>50</u>	I.D. NUMBER 1252858

NAME OF FILER Yvonne B Burke, Burke Re-Election Committee

DATE RECEIVED	FULL NAME, STREET 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)
02/26/2004	Al-Helou Dev Co.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
02/25/2004	Alans 4001 Corporation	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04)
02/25/2004	Orlando Alfaro	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive JR Hudson	200.00	200.00	200.00 (G04)
02/18/2004	Alliance Property Group Inc	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04)
02/17/2004	Alpine Market Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04)
02/17/2004	Alpine Village, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04)

**SUBTOTAL \$** 3,200.00

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

SCHEDULE A (cont.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	Page <u>6</u> of <u>50</u>

NAME OF FILER <u>Yvonne B Burke, Burke Re-Election Committee</u>	I.D. NUMBER <u>1252858</u>
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DATE RECEIVED	FULL NAME, STREET 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)
04/30/2004	AMCAL Multi-Housing Inc	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	Angela Reddock Esq Professional Corp	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
02/25/2004	Archeon International Group	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
02/23/2004	Athens Services	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04)
02/20/2004	Patricia Barnes	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dietitian Kedren Clinic	100.00	100.00	100.00 (G04)
02/18/2004	Allan Bates	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Investor AMB Investments	500.00	500.00	500.00 (G04)
<b>SUBTOTAL \$</b>				<b>4,100.00</b>		

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>02/15/2004</u> through <u>06/30/2004</u>	CALIFORNIA FORM <b>460</b>
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NAME OF FILER Yvonne B Burke, Burke Re-Election Committee

I.D. NUMBER  
1252858

DATE RECEIVED	FULL NAME, STREET 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)
02/20/2004	Bay Club/Marina Bay Club/Marina Legacy Partners	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04)
02/24/2004	Ronald Beavers	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dir. of Vet Affairs Positive Imagery Inc.	200.00	700.00	200.00 (G04) 500.00 (P04)
03/01/2004	Brian Bergman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Law Clerk Bergman & Wedner	1,000.00	1,000.00	1,000.00 (G04)
03/01/2004	Ronald Bingham	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President California Hospital	250.00	250.00	250.00 (G04)
02/18/2004	Kenneth Birkett	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Account Executive Fair Isaac Corp	500.00	500.00	500.00 (G04)
02/18/2004	BMW Development	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)

**SUBTOTAL \$** 3,450.00

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>02/15/2004</u> through <u>06/30/2004</u>	CALIFORNIA FORM <b>460</b> Page <u>8</u> of <u>50</u>
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NAME OF FILER <u>Yvonne B Burke, Burke Re-Election Committee</u>	I.D. NUMBER <u>1252858</u>
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DATE RECEIVED	FULL NAME, STREET 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)
03/04/2004	Allan Boodnick	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychologist  Dr Allan Boodnick	100.00	100.00	100.00 (G04)
02/18/2004	Robert Bourseau 3 Harvard Ct Rancho Mirage, CA 92270	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal  City of Angels Medical Center	1,000.00	1,000.00	1,000.00 (G04)
02/23/2004	Charlotte Bowman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  Akila Concepts, Inc.	100.00	100.00	100.00 (G04)
02/27/2004	Keith Brackpool	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  Manhattan Country Club	1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	Richard Branan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician  King/Drew Medical Center	500.00	500.00	500.00 (G04)
03/01/2004	Sarah Bream	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Occupational Therapist Special Services for Groups	500.00	500.00	500.00 (G04)

<b>SUBTOTAL \$</b>	3,200.00
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (cont.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	Page <u>9</u> of <u>50</u>
I.D. NUMBER 1252858	

NAME OF FILER Yvonne B Burke, Burke Re-Election Committee

DATE RECEIVED	FULL NAME, STREET 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)
02/23/2004	Preston Brooks	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Cox, Castle	100.00	100.00	100.00 (G04)
03/04/2004	Ron Burkle	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Managing Partner The Yucaipa Companies	500.00	500.00	500.00 (G04)
02/18/2004	Barbara Butler	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO Canon Human Services	500.00	500.00	500.00 (G04)
02/18/2004	Charles Butler	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	500.00	500.00	500.00 (G04)
02/18/2004	C & J Properties	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
03/23/2004	California Journal for Filipino Americans	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		200.00	200.00	200.00 (G04)

**SUBTOTAL \$ 2,800.00**

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (cont.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	Page <u>10</u> of <u>50</u>

NAME OF FILER Yvonne B Burke, Burke Re-Election Committee

I.D. NUMBER  
1252858

DATE RECEIVED	FULL NAME, STREET 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)
02/20/2004	Andy Camacho	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Restaurateur  El Paseo Inn	500.00	500.00	500.00 (G04) 500.00 (P04)
02/18/2004	Care Ambulance Service Inc	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
02/27/2004	Ty Carter	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	1,000.00	1,000.00	1,000.00 (G04)
03/04/2004	Rick Caruso	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  Caruso Affiliated	1,000.00	1,000.00	1,000.00 (G04)
02/23/2004	Central Citv Assn PAC	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 890198	500.00	500.00	500.00 (G04) 500.00 (P04)
02/26/2004	Michelle Chambers	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Program Analyst  City of Los Angeles	100.00	100.00	100.00 (G04)
<b>SUBTOTAL \$</b>				<b>4,100.00</b>		

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period  
 from 02/15/2004  
 through 06/30/2004

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NAME OF FILER Yvonne B Burke, Burke Re-Election Committee

I.D. NUMBER  
1252858

DATE RECEIVED	FULL NAME, STREET 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)
02/27/2004	Michael Chang	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Sles  CA Classic Sportswear	1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	Charles Pankow Builders Ltd	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (G04)
03/22/2004	Chevron/Texaco Corp	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
02/26/2004	T. Chow	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician  T. G. Chow, M.D.	500.00	500.00	500.00 (G04) 200.00 (P04)
02/18/2004	City National Corporation	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	City of Angels Emergency Medical Group Inc	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04)

**SUBTOTAL \$** 4,250.00



**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (cont.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	Page <u>12</u> of <u>50</u>

NAME OF FILER <u>Yvonne B Burke, Burke Re-Election Committee</u>	I.D. NUMBER <u>1252858</u>
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DATE RECEIVED	FULL NAME, STREET 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)
02/18/2004	Thomas Clark	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Partner  Royal Clark Dev. Co.	500.00	500.00	500.00 (G04) 500.00 (P04)
03/04/2004	Clear Channel Worldwide	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04)
03/01/2004	Timothy Collins	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Development TC Collins & Assoc	500.00	500.00	500.00 (G04)
02/18/2004	Community Family Care IPA	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
03/01/2004	Compass Group, USA Div	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
02/24/2004	John Cowles	<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	1,000.00	1,000.00	1,000.00 (G04)

<b>SUBTOTAL \$</b>	4,500.00
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (cont.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
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NAME OF FILER Yvonne B Burke, Burke Re-Election Committee

I.D. NUMBER  
1252858

DATE RECEIVED	FULL NAME, STREET 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)
02/18/2004	Crown City Mgmt. Co., Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04)
02/18/2004	Crystal Park Casino Hotel	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	CSCS Inc	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	Michael Curls	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Curls Bartling LLP	500.00	500.00	500.00 (G04)
02/18/2004	Diana Cusumano	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	1,000.00	1,000.00	1,000.00 (G04)
03/02/2004	CVE Development Inc	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)

**SUBTOTAL \$ 5,000.00**

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (cont.)

Statement covers period  
from 02/15/2004  
through 06/30/2004

CALIFORNIA  
FORM **460**

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NAME OF FILER Yvonne B Burke, Burke Re-Election Committee

I.D. NUMBER  
1252858

DATE RECEIVED	FULL NAME, STREET 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)
02/18/2004	Joya De Poon	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	City Treasurer  City of Los Angeles	500.00	500.00	500.00 (G04)
02/18/2004	Naftali Deutsch	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  Mercury Plastics	1,000.00	1,000.00	1,000.00 (G04)
02/24/2004	Karen Earl	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Director  Jenesse Center Clinic	250.00	250.00	250.00 (G04)
02/15/2004	Shirrell Edev	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant  Sunrise Services	(500.00)* *CONTRIBUTION RETURNED	0.00	1,000.00 (P04)
02/18/2004	John Edwards	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  Pacific Alliance Medical Center	1,000.00	1,000.00	1,000.00 (G04) 200.00 (P04)
02/18/2004	Nancy Ellin-Edwards	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	1,000.00	1,000.00	1,000.00 (G04)
<b>SUBTOTAL \$</b>				3,250.00		

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>02/15/2004</u> through <u>06/30/2004</u>	CALIFORNIA FORM <b>460</b> Page <u>15</u> of <u>50</u> I.D. NUMBER 1252858
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NAME OF FILER Yvonne B Burke, Burke Re-Election Committee

DATE RECEIVED	FULL NAME, STREET 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)
02/18/2004	Janet Ellis	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant JC Promotions	100.00	100.00	100.00 (G04)
02/18/2004	Emergency Ambulance Service	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
03/01/2004	John Evans	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer John E Evans R E Development	500.00	500.00	500.00 (G04) 250.00 (P04)
02/18/2004	Christopher Fahey	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer Haagen Company	500.00	500.00	500.00 (G04)
02/18/2004	John Fenton	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive City of Angels Medical Center	500.00	500.00	500.00 (G04)
02/18/2004	Fields Devereaux Architects & Engineers	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)

**SUBTOTAL \$ 3,600.00**

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (cont.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	
Page <u>16</u> of <u>50</u>	

NAME OF FILER <u>Yvonne B Burke, Burke Re-Election Committee</u>	I.D. NUMBER  <u>1252858</u>
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DATE RECEIVED	FULL NAME, STREET 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)
02/18/2004	Ramona Figueroa	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Secretary  L. A. Med Center	1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	Forest City Residential West Inc	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04)
02/18/2004	Warren Fox	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney at Law  S. M. Windjammers Yacht Club	500.00	500.00	500.00 (G04)
03/01/2004	Fred Fulcher	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant  Fulcher & Associates	500.00	500.00	500.00 (G04)
02/18/2004	William Funderburk Jr	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Stanzler Funderburk & Castellon LLP	1,000.00	1,000.00	1,000.00 (G04)
02/27/2004	Gabriel Construction Mgmt Designs	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00 (G04)
<b>SUBTOTAL \$</b>				<b>3,600.00</b>		

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (cont.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	
Page <u>17</u> of <u>50</u>	

NAME OF FILER <u>Yvonne B Burke, Burke Re-Election Committee</u>	I.D. NUMBER <u>1252858</u>
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DATE RECEIVED	FULL NAME, STREET 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)
02/23/2004	Stephanie Ginzburg	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Dir of Operations  FantaSea Yachts & Yacht Club	1,000.00	1,000.00	1,000.00 (G04)
03/01/2004	Global Investment & Development LLC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (G04)
03/29/2004	Bradley Gluckstein	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  Apex Realty	500.00	500.00	500.00 (G04)
02/18/2004	Goldrich & Kest	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04)
02/18/2004	Goldstein Kennedy & Petito	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04) 500.00 (P04)
02/18/2004	Franklin Gonzalez	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator  CA Family Care Med Grp	500.00	500.00	500.00 (G04)

<b>SUBTOTAL \$</b>	3,250.00
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Schedule A (Continuation Sheet)  
 Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>02/15/2004</u> through <u>06/30/2004</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>18</u> of <u>50</u>

NAME OF FILER Yvonne B Burke, Burke Re-Election Committee I.D. NUMBER 1252858

DATE RECEIVED	FULL NAME, STREET 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)
02/18/2004	Ed Gotschall	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive New Century	1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	Greines Martin Stein & Richards LLP	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04) 500.00 (P04)
04/30/2004	Lavonne Hall	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	500.00	500.00	500.00 (G04)
02/17/2004	Denise Hanna	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney K & R Law Group	500.00	500.00	500.00 (G04)
02/24/2004	Hannam Chain USA, Inc., #3	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04)
02/17/2004	Eugene Hardin M.D.	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician King Drew Med. Cntr.	500.00	500.00	500.00 (G04) 500.00 (P04)
<b>SUBTOTAL \$</b>				<b>3,500.00</b>		

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (cont.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	
Page <u>19</u> of <u>50</u>	

NAME OF FILER <u>Yvonne B Burke, Burke Re-Election Committee</u>	I.D. NUMBER  <u>1252858</u>
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DATE RECEIVED	FULL NAME, STREET 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)
03/01/2004	Herbert Hatanaka	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator  Special Service for Groups	500.00	500.00	500.00 (G04)
02/27/2004	Helpmates Staffing Services	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04)
02/26/2004	Cynthia Hicks	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Psychologist  Hudson Lyndsey, Psych Med., Inc.	200.00	200.00	200.00 (G04)
03/01/2004	Anita Hirsh	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate  Mercantile Center	1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	Cliff Hoffman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  CA Hospital Med Cntr	250.00	250.00	250.00 (G04)
02/18/2004	Hollywood Park Casino	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)

<b>SUBTOTAL \$</b>	3,450.00
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Schedule A (Continuation Sheet)  
 Monetary Contributions Received

SCHEDULE A (cont.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	
Page <u>20</u> of <u>50</u>	

NAME OF FILER <u>Yvonne B Burke, Burke Re-Election Committee</u>	I.D. NUMBER <u>1252858</u>
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DATE RECEIVED	FULL NAME, STREET 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)
04/01/2004	HREG Genesis Carson LLC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	1,500.00	500.00 (G04) 1,500.00 (P04)
02/18/2004	Roy Hurst	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Care First Healthcare	1,000.00	1,000.00	1,000.00 (G04)
03/15/2004	ICO Investment Group Inc	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
03/17/2004	Karla Ingraham-Kelley	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	TV Producer Freelance	1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	Intratek Computer Inc	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04) 500.00 (P04)
02/27/2004	James A. Gallo Attorney at Law	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (G04)

<b>SUBTOTAL \$</b>	<b>4,250.00</b>
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	Page <u>21</u> of <u>50</u>

NAME OF FILER <u>Yvonne B Burke, Burke Re-Election Committee</u>	I.D. NUMBER <u>1252858</u>
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DATE RECEIVED	FULL NAME, STREET 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)
02/18/2004	Walter Javasinghe	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician  L. A. Med. Cntr.	1,000.00	1,000.00	1,000.00 (G04)
03/23/2004	Jetcore Technologies Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04)
03/02/2004	Edward Johnson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant  CA State Senate	500.00	500.00	500.00 (G04)
02/18/2004	Ann Johnston	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Manager  Del Rey Shores	750.00	750.00	750.00 (G04)
02/18/2004	Robert Jordan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal  Knowledge Management Systems	1,000.00	1,000.00	1,000.00 (G04)
03/01/2004	Ronald Kageyama	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President  FK Nursery	500.00	500.00	500.00 (G04)

<b>SUBTOTAL \$</b>	<b>4,250.00</b>
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Schedule A (Continuation Sheet)  
 Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>02/15/2004</u> through <u>06/30/2004</u>	CALIFORNIA FORM <b>460</b> Page <u>22</u> of <u>50</u>
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NAME OF FILER <u>Yvonne B Burke, Burke Re-Election Committee</u>	I.D. NUMBER <u>1252858</u>
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DATE RECEIVED	FULL NAME, STREET 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)
02/18/2004	Howard Kahn	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO  LA Care Health Plan	500.00	500.00	500.00 (G04)
02/17/2004	Robert Kessel	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	Gene Kim	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Property Management GEK Inc	1,000.00	1,000.00	1,000.00 (G04)
02/27/2004	Ky Chueon Kim	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal  Intl Strategic Mgmt Institute	500.00	500.00	500.00 (G04)
03/02/2004	Shung Kim	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Optometrist  Vision Quest Optometry	1,000.00	1,000.00	1,000.00 (G04)
02/25/2004	Kim, Joo & Associates	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)

<b>SUBTOTAL \$</b>	5,000.00
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Schedule A (Continuation Sheet)  
 Monetary Contributions Received

SCHEDULE A (cont.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	Page <u>23</u> of <u>50</u>
I.D. NUMBER 1252858	

NAME OF FILER Yvonne B Burke, Burke Re-Election Committee

DATE RECEIVED	FULL NAME, STREET 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)
03/02/2004	Teri King	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  Celes King III & Assoc	250.00	250.00	250.00 (G04)
03/01/2004	William Korek	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Principal  Korek Land Co	1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	Stephen Kwan	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician  Stephen K Kwan MD	500.00	500.00	500.00 (G04)
02/18/2004	LA County Lake Lifeguard Association	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 882470	500.00	500.00	500.00 (P04)
02/18/2004	LA Metropolitan Medical Center	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
03/04/2004	LA/Orange Counties Building and Construction Trades Council PAC	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 822029	1,000.00	1,000.00	1,000.00 (G04)

**SUBTOTAL \$** 4,250.00

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (cont.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	<b>Page 24 of 50</b>

NAME OF FILER <u>Yvonne B Burke, Burke Re-Election Committee</u>	I.D. NUMBER <u>1252858</u>
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DATE RECEIVED	FULL NAME, STREET 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)
02/18/2004	Wah Lam	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse  Wah Lam RN	1,000.00	1,000.00	1,000.00 (G04)
03/01/2004	LBWTC Real Estate Partners LLC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
02/24/2004	Leader Industries	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
02/24/2004	Stanley Lee	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lobbyist  Excalibur Consulting	100.00	100.00	100.00 (G04)
02/18/2004	Howard Levine	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Howard S Levine Prof Corp	1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	Tit Sang Li	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician  Tit Sang Li MD	500.00	500.00	500.00 (G04)

<b>SUBTOTAL \$</b>	4,600.00
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (cont.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	Page <u>26</u> of <u>50</u>

NAME OF FILER Yvonne B Burke, Burke Re-Election Committee

I.D. NUMBER  
1252858

DATE RECEIVED	FULL NAME, STREET 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)
02/18/2004	Gregory McWilliams	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Newhall Land	1,000.00	1,000.00	1,000.00 (G04)
02/23/2004	Mark Meyers	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President California Hospital	500.00	500.00	500.00 (G04)
03/01/2004	Clinton Minnis	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 (G04)
02/23/2004	David Mintz	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO American Medical Response	500.00	500.00	500.00 (G04)
03/23/2004	Luther Mitchell	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired	100.00	100.00	100.00 (G04)
03/02/2004	Alexnder Moradi	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investor PE Lofts LLC	1,000.00	1,000.00	1,000.00 (G04)

**SUBTOTAL \$** 3,200.00

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

SCHEDULE A (cont.)

Statement covers period from <u>02/15/2004</u> through <u>06/30/2004</u>	<b>CALIFORNIA FORM 460</b>
	Page <u>25</u> of <u>50</u>
I.D. NUMBER 1252858	

NAME OF FILER Yvonne B Burke, Burke Re-Election Committee

DATE RECEIVED	FULL NAME, STREET 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)
03/09/2004	Kenneth Lombard	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Johnson Development Corp	1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	George Ma	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician George Weekeng Ma MD	500.00	500.00	500.00 (G04)
02/18/2004	Marriott Intl, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04) 500.00 (P04)
02/24/2004	Martha Maynard	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Board President Mini Twelve Step House, Inc.	200.00	200.00	200.00 (G04)
03/02/2004	La Doris McClaney	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Investor La Doris McClaney	1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	Marcia McPhee	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Manager Del Rey Shores	750.00	750.00	750.00 (G04)

**SUBTOTAL \$** 3,950.00

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

SCHEDULE A (cont.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	<b>Page</b> <u>27</u> <b>of</b> <u>50</u>
I.D. NUMBER 1252858	

NAME OF FILER Yvonne B Burke, Burke Re-Election Committee

DATE RECEIVED	FULL NAME, STREET 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)
03/01/2004	Stuart Morkun	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Vice President  Koll Development Co	1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	Carl Mov	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician  Carl K Moy MD	1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	Karen Mov	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Office Manager  Carl K Moy MD	1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	MTC Construction Company	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04)
02/24/2004	Steven Murphy	<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	1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	Nadel Architects Inc	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (G04) 500.00 (P04)

**SUBTOTAL \$** 4,750.00



**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (cont.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	Page <u>28</u> of <u>50</u>
I.D. NUMBER 1252858	

NAME OF FILER Yvonne B Burke, Burke Re-Election Committee

DATE RECEIVED	FULL NAME, STREET 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)
03/26/2004	National Association of Industrial/Office Properties	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 950520	1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	Andrew Natker	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Developer Natker & Assoc	500.00	500.00	500.00 (G04)
02/18/2004	New Century Financial Corp	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
03/01/2004	Thomas Nolan Jr	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Advisor AEW Capital Management LP	1,000.00	1,000.00	1,000.00 (G04)
02/20/2004	Keith Norris	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician King/Drew	500.00	500.00	500.00 (G04) 1,000.00 (P04)
02/18/2004	Oak Tree Investment Co.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04)
<b>SUBTOTAL \$</b>				4,500.00		

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

SCHEDULE A (cont.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	<b>Page</b> <u>29</u> <b>of</b> <u>50</u>
I.D. NUMBER 1252858	

NAME OF FILER Yvonne B Burke, Burke Re-Election Committee

DATE RECEIVED	FULL NAME, STREET 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)
03/02/2004	Emmanuel Okolo	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Traffic & Lighting LA County	500.00	500.00	500.00 (G04)
02/18/2004	Gerard Orozco	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Real Energy	500.00	500.00	500.00 (G04)
02/20/2004	Arthur Otero	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive American Housing Construction	1,000.00	1,000.00	1,000.00 (G04)
02/20/2004	Carol Otero	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accounting Mgr. American Housing Construction	1,000.00	1,000.00	1,000.00 (G04)
02/20/2004	Robin Otero	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Office Mgr. American Housing Construction	1,000.00	1,000.00	1,000.00 (G04)
02/24/2004	Randel Owen	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive American Medical Response	500.00	500.00	500.00 (G04)

**SUBTOTAL \$** 4,500.00

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

SCHEDULE A (cont.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	
Page <u>30</u> of <u>50</u>	
I.D. NUMBER	
1252858	

NAME OF FILER Yvonne B Burke, Burke Re-Election Committee

DATE RECEIVED	FULL NAME, STREET 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)
02/18/2004	Pacific Alliance Medical Group	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04) 1,000.00 (P04)
02/18/2004	PAMC Ltd	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	Paragon Partners Ltd	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04) 750.00 (P04)
02/26/2004	Pedus Building Services, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
02/25/2004	Planned Parenthood L.A. Action Fund	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 123456	250.00	250.00	250.00 (G04)
02/18/2004	Platinum Advisors LLC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)

<b>SUBTOTAL \$</b>	4,750.00
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (cont.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	Page <u>31</u> of <u>50</u>

NAME OF FILER <u>Yvonne B Burke, Burke Re-Election Committee</u>	I.D. NUMBER <u>1252858</u>
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DATE RECEIVED	FULL NAME, STREET 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)
02/24/2004	Positive Imagery Foundation, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		300.00	300.00	300.00 (G04)
03/09/2004	Starlett Quarles	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Marketing Director Bedford Group	500.00	500.00	500.00 (G04)
02/18/2004	Frieda Rentie	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Finance FR Financial	500.00	500.00	500.00 (G04)
02/18/2004	Robert G. Splawn, M.D., Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
03/01/2004	Donna Robinson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Assistant Treasurer LA County Metropolitan Trans Author	500.00	500.00	500.00 (G04)
02/25/2004	RSS Development, Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
<b>SUBTOTAL \$</b>				<b>3,800.00</b>		

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (cont.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	Page <u>32</u> of <u>50</u>
I.D. NUMBER 1252858	

NAME OF FILER Yvonne B Burke, Burke Re-Election Committee

DATE RECEIVED	FULL NAME, STREET 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)
02/24/2004	Rudra Sabaratnam	<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.	1,000.00	1,000.00	1,000.00 (G04)
02/24/2004	William Sanger	<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	1,000.00	1,000.00	1,000.00 (G04)
02/17/2004	Schuler & Brown	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
03/09/2004	Drasan Scranton	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Project Manager  Bedford Group	500.00	500.00	500.00 (G04)
03/17/2004	SEIU Local 347	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 780512	500.00	500.00	500.00 (G04)
03/01/2004	SEIU Local 535	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 911354	250.00	250.00	250.00 (G04)

**SUBTOTAL \$ 4,250.00**

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (cont.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	Page <u>33</u> of <u>50</u>
I.D. NUMBER 1252858	

NAME OF FILER Yvonne B Burke, Burke Re-Election Committee

DATE RECEIVED	FULL NAME, STREET 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)
02/24/2004	Gregory Senegal	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Consultant  Senegal and Associates	200.00	200.00	200.00 (G04)
03/05/2004	Kalid Shah	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive Director  Stop the Violence	1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	Belet Shahbazian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	1,000.00	1,000.00	1,000.00 (G04)
02/26/2004	Burj Shahbazian	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Owner  Colony Mortgage	1,000.00	1,000.00	1,000.00 (G04)
02/20/2004	Ann Simons	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Executive  Zeide Dev Co.	500.00	500.00	500.00 (G04)
02/20/2004	Smith Kaufman LLP	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		250.00	250.00	250.00 (G04)
<b>SUBTOTAL \$</b>				3,950.00		

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (cont.)

Statement covers period  
from 02/15/2004  
through 06/30/2004

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NAME OF FILER Yvonne B Burke, Burke Re-Election Committee

I.D. NUMBER  
1252858

DATE RECEIVED	FULL NAME, STREET 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)
02/23/2004	Douglas Snyder	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Cox, Castle	100.00	100.00	100.00 (G04)
02/18/2004	Joshua Song	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	General Manager Premier Building Maintenance	1,000.00	1,000.00	1,000.00 (G04)
03/01/2004	Jonathan Spound	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Advisor AEW Capital Management LP	1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	Shirani Stanislaus	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	R. E. Dev. Metro Medical Mall	1,000.00	1,000.00	1,000.00 (G04)
03/01/2004	Jarvis Stewart	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	President Stewart Partners Inc	200.00	200.00	200.00 (G04)
03/18/2004	Eric Taylor	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Judge LS Superior Court	100.00	100.00	100.00 (G04)

**SUBTOTAL \$ 3,400.00**

Schedule A (Continuation Sheet)  
 Monetary Contributions Received

SCHEDULE A (cont.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	Page <u>35</u> of <u>50</u>

NAME OF FILER <u>Yvonne B Burke, Burke Re-Election Committee</u>	I.D. NUMBER <u>1252858</u>
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DATE RECEIVED	FULL NAME, STREET 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)
02/17/2004	The Maxima Group LLC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04) 500.00 (P04)
03/02/2004	The Williams Group	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	Filiz Thever	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker	500.00	500.00	500.00 (G04)
02/18/2004	Kevin Thomas	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician Westar American Anesthesiology.	1,000.00	1,000.00	1,000.00 (G04)
02/20/2004	Thomas J. Tsou, M.D., Inc.	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04)
02/18/2004	Ann Tran	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Accountant Care 1st Health Plan	1,000.00	1,000.00	1,000.00 (G04)

**SUBTOTAL \$** 4,500.00



**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (cont.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	Page <u>36</u> of <u>50</u>

NAME OF FILER <u>Yvonne B Burke, Burke Re-Election Committee</u>	I.D. NUMBER <u>1252858</u>
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DATE RECEIVED	FULL NAME, STREET 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)
02/18/2004	Maureen Tyson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrator Crown City Med Grp.	1,000.00	1,000.00	1,000.00 (G04)
03/01/2004	Allen Ude	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Civil Engineer LA County	1,000.00	1,000.00	1,000.00 (G04)
04/14/2004	United Food & Commercial Workers Union Local 770	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 921242	1,000.00	1,000.00	1,000.00 (G04)
03/01/2004	United Teachers Los Angeles PACE	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 743686	1,000.00	1,000.00	1,000.00 (G04)
02/24/2004	VM Brooks Consulting Services	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		100.00	100.00	100.00 (G04)
02/23/2004	Ira J. Waldman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney Cox, Castle	100.00	100.00	100.00 (G04) 100.00 (P04)

<b>SUBTOTAL \$</b>	4,200.00
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**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

SCHEDULE A (cont.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	Page <u>37</u> of <u>50</u>
I.D. NUMBER 1252858	

NAME OF FILER Yvonne B Burke, Burke Re-Election Committee

DATE RECEIVED	FULL NAME, STREET 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)
03/01/2004	Mr. Michael Walker	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Truck Driver  CWX	1,000.00	1,000.00	1,000.00 (P04)
02/18/2004	Mark Waterman	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Attorney  Bergman & Dacey	250.00	250.00	250.00 (G04)
02/18/2004	Delina Watson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Admin. Assistant  New Century Mortgage Co.	100.00	100.00	100.00 (G04)
02/18/2004	Phyllis Weiss	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Epidemiologist  LACDHS/IVPP	250.00	250.00	250.00 (G04)
02/25/2004	Wetherly Capital Group	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04)
02/17/2004	Jason Williams	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Financial Advisor  AXA Advisors LLC	400.00	500.00	400.00 (G04) 100.00 (P04)

<b>SUBTOTAL \$</b>	2,500.00
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**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

SCHEDULE A (cont.)

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	Page <u>38</u> of <u>50</u>

NAME OF FILER <u>Yvonne B Burke, Burke Re-Election Committee</u>	I.D. NUMBER <u>1252858</u>
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DATE RECEIVED	FULL NAME, STREET 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)
02/24/2004	Doris Wilson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Social Worker  Palms Residential Care	500.00	500.00	500.00 (G04)
02/23/2004	Wilma Wilson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	R. N.  Peace and Joy Care Center	100.00	100.00	100.00 (G04)
03/05/2004	Women's Political Committee	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 770995	1,000.00	1,000.00	1,000.00 (G04)
02/25/2004	Marlo Wong	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Teacher  LAUSD	1,000.00	1,000.00	1,000.00 (G04)
02/18/2004	Shi Yin Wong	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Physician  Shi Yin Wong, M.D.	1,000.00	1,000.00	1,000.00 (G04) 200.00 (P04)
03/17/2004	Clarence Woods Jr	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Orthopedic Surgeon  LA County MLK Drew Medical Center	300.00	300.00	300.00 (G04) 500.00 (P04)
<b>SUBTOTAL \$</b>				3,900.00		

**Schedule A (Continuation Sheet)  
Monetary Contributions Received**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>02/15/2004</u>	
through <u>06/30/2004</u>	Page <u>39</u> of <u>50</u>

NAME OF FILER <u>Yvonne B Burke, Burke Re-Election Committee</u>	I.D. NUMBER <u>1252858</u>
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DATE RECEIVED	FULL NAME, STREET 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)
02/18/2004	Woody's Bar-B-Que #1	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	500.00 (G04)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

<b>SUBTOTAL \$</b>	500.00
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