

**Statement of Organization
Recipient Committee**

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LOS ANGELES COUNTY
Date Stamp
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CAMPAIGN FINANCE
DISCLOSURE SECTION
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Statement Type Initial
Not yet qualified

**SEMI-ANNUAL
ORIGINAL**

Termination - See Part 5
List I.D. number:

12522858

08 / 18 / 04
Date of Termination

_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

1. Committee Information

NAME OF COMMITTEE

Burke Re-Election Committee

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING ADDRESS (IF DIFFERENT)

OPTIONAL: FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Los Angeles

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Jan Wasson

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein 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 8/18/04
DATE

Executed on 8/18/04
DATE

Executed on _____
DATE

Executed on _____
DATE

By Jan Wasson
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Gene Burke
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

By _____
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT