

**Schedule A  
Monetary Contributions Received**

|   |                            |
|---|----------------------------|
| <b>Statement covers period</b><br>from <u>01/01/2006</u><br>through <u>06/30/2006</u> | <b>CALIFORNIA FORM 460</b> |
|   | Page <u>4</u> of <u>13</u> |
| I.D. NUMBER<br>971277   |                            |

NAME OF FILER Yvonne B Burke, Yvonne Brathwaite Burke Office Holder Account

| DATE RECEIVED      | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR<br>(JAN 1 - DEC 31) | PER ELECTION TO DATE<br>(IF REQUIRED) |
|--------------------|---|---|--|-----------------------------|--|---------------------------------------|
| 04/10/2006         | Jacob Rajfer  | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Physician<br><br>Los Angeles County  | 500.00                      | 500.00   | 500.00 (G05)                          |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |  |                                       |
|                    |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |  |                             |  |                                       |
| <b>SUBTOTAL \$</b> |   |   |  | 500.00                      |  |                                       |

**Schedule A Summary**

|   |                 |               |
|---|-----------------|---------------|
| 1. Amount received this period - itemized monetary contributions.<br>(Include all Schedule A subtotals.) .....                            | \$              | <u>500.00</u> |
| 2. Amount received this period - unitemized monetary contributions of less than \$100.<br>.....   | \$              | <u>0.00</u>   |
| 3. Total monetary contributions received this period.<br>(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... | <b>TOTAL \$</b> | <u>500.00</u> |