

**Recipient Committee  
Campaign Statement**

(Government Code Sections 84200 - 84216.5)

**PRIMARY  
3<sup>rd</sup> FILING  
ORIGINAL**

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CAMPAIGN FINANCE  
DISCLOSURE SECTION

**COVER PAGE - LONG FORM**

CALIFORNIA  
FORM **460**

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For Official Use Only  
**009446**  
**CO 6518**

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

Date of Election if applicable:  
(Month, Day, Year)  
03/02/2004

**1. Type of Recipient Committee:**

Officeholder, Candidate Controlled Committee  Ballot Measure Committee  
 State Candidate Election Committee  Primarily Formed  
 Recall  Controlled  
 Sponsored

General Purpose Committee  Primarily Formed Candidate Officeholder Committee  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee

**2. Type of Statement:**

Pre-election Statement  Quarterly Statement  
 Semi-annual Statement  Special Odd-Year Report  
 Termination Statement  Supplemental Pre-election Statement - Attach Form 495  
 Amendment (Explain below)

**3. Committee Information**

I.D. NUMBER  
1252858

COMMITTEE NAME  
Ruske Re-Election Committee

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

STREET 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

STREET ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF ASSISTANT TREASURER, IF ANY

STREET 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 07/31/2004 By \_\_\_\_\_  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/31/2004 By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on 07/31/2004 By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on 07/31/2004 By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Recipient Committee  
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 Cover Page - Part 2

**5. Officeholder or Candidate Controlled Committee**   **6. Ballot Measure Committee**

NAME OF OFFICEHOLDER OF CANDIDATE

Yvonne B Burke

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Board of Supervisors, District 5,

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

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

SUPPORT

OPPOSE

**Identify the controlling officeholder, candidate, or state measure proponent, if any.**

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT

**Related Committees Not Included in this Statement:** *List any committees not included in this consolidated statement that are controlled by you or which are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.*

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

COMMITTEE NAME

Yvonne Brathwaite Burke Office Holder Account

I.D. NUMBER

971277

NAME OF TREASURER

Jan Wasson

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS   STREET ADDRESS (NO P.O. BOX)

CITY   STATE   ZIP CODE   AREA CODE/PHONE

**7. Primarily Formed Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

COMMITTEE ADDRESS   STREET ADDRESS (NO P.O. BOX)

CITY   STATE   ZIP CODE   AREA CODE/PHONE