

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

Date Stamp: 12/31/2005 5:00 PM
 CAMPAIGN FINANCE DISCLOSURE STATEMENT

CALIFORNIA FORM **460**

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Statement covers period
 from 01/01/2005
 through 06/30/2005

Date of Election if applicable:
 (Month, Day, Year)
12/31/2005

1. Type of Recipient Committee:

Officeholder, Candidate Controlled Committee
 State Candidate Election Committee
 Recall

General Purpose Committee
 Sponsored
 Small Contributor Committee
 Political Party/Central Committee

Ballot Measure Committee
 Primarily Formed
 Controlled
 Sponsored

Primarily Formed Candidate Officeholder Committee

2. Type of Statement:

Pre-election Statement
 Semi-annual Statement
 Termination Statement
 Amendment (Explain below)

Quarterly Statement
 Special Odd-Year Report
 Supplemental Pre-election Statement - Attach Form 495

To correct Schedule F + Summary

3. Committee Information

I.D. NUMBER: 971277

COMMITTEE NAME
Yvonne Brathwaite Burke Office Holder Account

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 04/20/2006 DATE By Jan Wasson SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 04/20/2006 DATE By Yvonne Brathwaite Burke SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on 04/20/2006 DATE By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on 04/20/2006 DATE By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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

NAME OF OFFICEHOLDER OR CANDIDATE
Yvonne B Burke
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
County Supervisor, District 2, District
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER	JURISDICTION	<input type="checkbox"/> SUPPORT
		<input type="checkbox"/> OPPOSE

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.*

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
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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	

7. Primarily Formed Committee

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

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	