

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200 - 84216.5)

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COVER PAGE

CALIFORNIA  
FORM **460**

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<b>Statement covers period</b>	<b>Date of Election if applicable:</b>
from <u>01/01/2006</u>	(Month, Day, Year)
through <u>03/17/2006</u>	<u>06/06/2006</u>

Campaign Finance  
Disclosure Section

## 1. Type of Recipient Committee:

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee | <input type="checkbox"/> Ballot Measure Committee                          |
| <input type="checkbox"/> State Candidate Election Committee                      | <input type="checkbox"/> Primarily Formed                                  |
| <input type="checkbox"/> Recall  | <input type="checkbox"/> Controlled  |
|  | <input type="checkbox"/> Sponsored   |
| <input type="checkbox"/> General Purpose Committee                               | <input type="checkbox"/> Primarily Formed Candidate Officeholder Committee |
| <input type="checkbox"/> Sponsored   |  |
| <input type="checkbox"/> Small Contributor Committee                             |  |
| <input type="checkbox"/> Political Party/Central Committee                       |  |

## 2. Type of Statement:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Pre-election Statement    | <input type="checkbox"/> Quarterly Statement                                   |
| <input type="checkbox"/> Semi-annual Statement                | <input type="checkbox"/> Special Odd-Year Report                               |
| <input type="checkbox"/> Termination Statement                | <input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
| <input checked="" type="checkbox"/> Amendment (Explain below) |  |
- To amend Schedule F and Summary Page.

## 3. Committee Information

I.D. NUMBER  
1278548

COMMITTEE NAME

Yaroslavsky in 2006

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

MAILING 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

Mary Ellen Padilla

MAILING ADDRESS

CITY STATE ZIP CODE AREA CODE/PHONE ( )

NAME OF ASSISTANT TREASURER, IF ANY

MAILING 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 6/5/06  
DATE

Executed on 6/05/06  
DATE

Executed on \_\_\_\_\_  
DATE

Executed on \_\_\_\_\_  
DATE

By Mary Ellen Padilla  
SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By Yaroslavsky  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent OR RESPONSIBLE OFFICER OF SPONSOR

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

By \_\_\_\_\_  
SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROponent

Recipient Committee  
 Campaign Statement  
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**5. Officeholder or Candidate Controlled Committee**

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

**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.*

COMMITTEE NAME	I.D. NUMBER
<u>Yaroslavsky In'98</u>	<u>963101</u>
NAME OF TREASURER	CONTROLLED COMMITTEE?
<u>Mary Ellen Padilla</u>	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

COMMITTEE NAME	I.D. NUMBER
<u>Yaroslavsky for Government Reform</u>	<u>962917</u>
NAME OF TREASURER	CONTROLLED COMMITTEE?
<u>Mary Ellen Padilla</u>	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

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

**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

**7. Primarily Formed Candidate/Officeholder 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

Friends of Zev Yaroslavsky  
 ID#1233881

Supervisor Yaroslavsky Officeholder  
 ID#983499