

Recipient Committee Campaign Statement

(Government Code Sections 84200 - 84216.5)

Date Stamp
 2005-06-30 09:23

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)

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 983499

COMMITTEE NAME
 Supervisor Yaroslavsky Officeholder

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
 Mary Ellen Padilla

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 7/30/05
 DATE

Executed on 7/30/05
 DATE

Executed on _____
 DATE

Executed on _____
 DATE

By Mary Ellen Padilla
 SIGNATURE OF TREASURER OR ASSISTANT TREASURER

By [Signature]
 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 6. Ballot Measure Committee

NAME OF OFFICEHOLDER OF CANDIDATE
Zev Yaroslavsky

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Board of Supervisors, District 3, L. A. COUNTY

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

COMMITTEE NAME <u>Yaroslavsky In'98</u>	I.D. NUMBER <u>963101</u>
NAME OF TREASURER <u>Mary Ellen Padilla</u>	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 <u>Yaroslavsky for Government Reform</u>	I.D. NUMBER <u>962917</u>
NAME OF TREASURER <u>Mary Ellen Padilla</u>	CONTROLLED COMMITTEE?
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	