Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200 - 84216.5)

CALIFORNIA FORM 460

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LOS ANGELES COUNTY
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CAMPAIGN FINANCE
DISCLOSURE SECTION

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Statement covers period	Date of Election If applicable:
from 03/18/2006	(Month, Day, Year)
through 05/20/2006	

1. Type of Recipient Committee:

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

☐ General Purpose Committee
  ○ Sponsored   ☐ Primarily Formed Candidate
  ○ Small Contributor Committee   Officeholder 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
☒ Amendment (Explain below)   Statement - Attach Form 495

To adds street addresses to Sch. E&I.

3. Committee Information

I.D. NUMBER 1233881

COMMITTEE NAME

Friends of Zev Yaroslavsky

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 7/30/07
    DATE
By _____ SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/30/07
    DATE
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____
    DATE
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____
    DATE
By _____ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT