

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200 - 84216.5)

CALIFORNIA FORM 460

Date Stamp RECEIVED BY LOS ANGELES COUNTY 2007 AUG -1 AM 11:10 CAMPAIGN FINANCE DISCLOSURE SECTION

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Statement covers period from 05/21/2006 through 06/30/2006

Date of Election if applicable: (Month, Day, Year)

- 1. Type of Recipient Committee: Officeholder, Candidate Controlled Committee, Ballot Measure Committee, State Candidate Election Committee, Recall, General Purpose Committee, etc.

- 2. Type of Statement: Pre-election Statement, Semi-annual Statement, Termination Statement, Amendment, Quarterly Statement, Special Odd-Year Report, Supplemental Pre-election Statement - Attach Form 495

3. Committee Information: COMMITTEE NAME Yaroslavsky In '98, STREET ADDRESS, CITY, STATE, ZIP CODE, ARFA CODE/PHONE, MAILING ADDRESS, etc.

Treasurer(s): NAME OF TREASURER Mary Ellen Padilla, MAILING ADDRESS, CITY, STATE, ZIP CODE, AREA CODE/PHONE, etc.

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.

Executed on 7/30/07, Executed on 7/30/07, Executed on, Executed on

By Mary Ellen Padilla, By Yaroslavsky, By, By

Recipient Committee
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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, District 3, L. A. County

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

COMMITTEE NAME	I.D. NUMBER
Supervisor Yaroslavsky Officeholder	983499
NAME OF TREASURER	CONTROLLED COMMITTEE?
Mary Ellen Padilla	
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

Yaroslavsky in 2006
ID# 1278548

Friends of Zev Yaroslavsky
ID# 1233881