

Recipient Committee Campaign Statement

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Received by Los Angeles County 4 AUG -2 PM 1:55 Campaign Finance Disclosure Section

CALIFORNIA 2001/02 FORM 460

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SEMI-ANNUAL ORIGINAL

Statement covers period from 01/01/2004 through 06/30/2004

Date of election if applicable: 06/04/2002

- 1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4. [X] Officeholder, Candidate Controlled Committee... [] General Purpose Committee...

- 2. Type of Statement: [] Pre-election Statement [X] Semi-annual Statement [] Termination Statement [] Amendment... [] Quarterly Statement [] Special Odd-Year Report [] Supplemental Preelection Statement...

3. Committee Information: COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE) FRIENDS OF ZEV YAROSLAVSKY. I.D. NUMBER 1233881. 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 Seymour Lauretz. 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... Executed on 07/27/2004 By Seymour Lauretz... Executed on 07/27/2004 By ZEV YAROSLAVSKY... Executed on DATE By SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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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) Held: County Supervisor County 3			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME SUPERVISOR YAROSLAVSKY OFFICEHOLDER	I.D. NUMBER 983499
NAME OF TREASURER SEYMOUR LAURETZ	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME YAROSLAVSKY FOR GOVERNMENT REFORM	I.D. NUMBER 962917
NAME OF TREASURER Seymour LauretZ	CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.BOX)
CITY	STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE		
BALLOT NO. OR LETTER	JURISDICTION	<input checked="" 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 Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

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

Attach continuation sheets if necessary

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5. Officeholder or Candidate Controlled Committee

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COMMITTEE NAME YAROSLAVSKY IN '98		I.D. NUMBER 963101	
NAME OF TREASURER		CONTROLLED COMMITTEE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O.BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE