

**Recipient Committee  
Campaign Statement**

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**SEMI-ANNUAL  
ORIGINAL**

|  |   |
|--|---|
| Date Stamp<br>4 Los Angeles County<br>2004 AUG -2 PM 1: 54<br>Campaign Finance<br>Disclosure Section | CALIFORNIA<br>2001/02<br>FORM <b>460</b>                        |
|  | 1/5<br>For Official Use Only<br><b>B10566</b><br><b>#L05451</b> |

|  |  |
|--|--|
| Statement covers period<br>from <u>01/01/2004</u><br>through <u>06/30/2004</u> | Date of election if applicable:<br>(Month, Day, Year)<br><u>06/01/1998</u> |
|--|--|

**1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br>(Also Complete Part 5.)<br><input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Ballot Measure Committee<br><input type="checkbox"/> Primary Formed<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br>(Also Complete Part 6.)<br><input type="checkbox"/> Primary Formed Candidate/<br>Officeholder Committee<br>(Also Complete Part 7.) |
|---|---|

**2. Type of Statement:**

- |  |  |
|--|--|
| <input type="checkbox"/> Pre-election Statement<br><input checked="" type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br><input type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Preelection<br>Statement - Attach Form 497 |
|--|--|

**3. Committee Information**

I.D. NUMBER  
983499

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)  
SUPERVISOR YAROSLAVSKY OFFICEHOLDER

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 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 07/27/2004 By SEYMOUR LAURETZ  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/27/2004 By ZEV YAROSLAVSKY  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

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

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

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COVER PAGE - PART 2

**CALIFORNIA  
FORM 460**

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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: Board of Supervisors **Los Angeles 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<br>FRIENDS OF ZEV YAROSLAVSKY | I.D. NUMBER<br>1233881 |
|--|------------------------|

|                                      |  |
|--------------------------------------|--|
| NAME OF TREASURER<br>Seymour Lauretz | CONTROLLED COMMITTEE?<br><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<br>YAROSLAVSKY FOR GOVERNMENT REFORM | I.D. NUMBER<br>962917 |
|---|-----------------------|

|                                      |  |
|--------------------------------------|--|
| NAME OF TREASURER<br>Seymour Lauretz | CONTROLLED COMMITTEE?<br><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<br><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<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

|                                   |                       |   |
|-----------------------------------|-----------------------|---|
| NAME OF OFFICEHOLDER OR CANDIDATE | OFFICE SOUGHT OR HELD | <input type="checkbox"/> SUPPORT<br><input type="checkbox"/> OPPOSE |
|-----------------------------------|-----------------------|---|

Attach continuation sheets if necessary

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**5. Officeholder or Candidate Controlled Committee**

**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 make expenditures on behalf of your candidacy.

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