

Amendment to  
Campaign Disclosure Statement

**SEMI-ANNUAL  
ORIGINAL**

**AMENDMENT**

10/25/05

Date: 10/17/2005

6.5, and must be  
amend a  
form 502. Use

gn statement.

Date Stamp  
LOS ANGELES COUNTY  
OCT 26 PM 3:45  
CAMPAIGN FINANCE  
DISCLOSURE SECTION

AMENDMENT

CALIFORNIA  
FORM **405**  
A For Official Use Only  
010 Sole  
CO 5906

The information required in Part I must correspond to the information in the

**I Name of Filer**

NAME OF FILER:		LD. NUMBER (IF APPLICABLE)
Friends of Zev Yaroslavsky		1233881
STREET ADDRESS OF FILER: (NO. AND STREET)		
CITY	STATE	ZIP CODE
AREA CODE/DAYTIME PHONE		
NAME OF TREASURER IF RECIPIENT COMMITTEE:		
Mary Ellen Padilla		
PERMANENT ADDRESS OF TREASURER: (IF APPLICABLE) (NO. AND STREET)		
CITY	STATE	ZIP CODE
AREA CODE/DAYTIME PHONE		

**II Amendment Information**

A. The following information amends campaign disclosure statement, Form No. 460,  
executed on 08/01/2005 for the period 01/01/2005 through 06/30/2005  
(MO.,DAY,YR.) (MO.,DAY,YR.) (MO.,DAY,YR.)

B. The amended information affects items on the:  
 Cover Page     Allocation Page     Summary Page  
 Schedule(s)     Part(s) Part 5

C. Describe the changes below. Include in detail all information you wish to become a part of  
your official campaign statement. Please attach a cover page, summary page and/or  
appropriate schedule(s) to this Form 405 if necessary for clarification. Include  
additional information on appropriately labeled continuation sheets.  
(Number of sheets attached 2.)

To amend Related Committees not included in the  
statement.

**III Verification**

I have used all reasonable diligence in preparing this statement. I have reviewed the 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 10/24/05 At Los Angeles, CA By Mary Ellen Padilla  
DATE CITY AND STATE SIGNATURE OF TREASURER OR FILER

Officeholder, candidate, state measure proponent, or sponsored committee responsible officer verification: I have used all reasonable diligence and to the best of my knowledge the  
treasurer has used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein is true and  
complete. I certify under penalty or perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/24/05 At Los Angeles, CA By [Signature]  
DATE CITY AND STATE SIGNATURE OF OFFICEHOLDER, CANDIDATE, PROPONENT, OR RESPONSIBLE OFFICER

Executed on \_\_\_\_\_ At \_\_\_\_\_ By \_\_\_\_\_  
DATE CITY AND STATE SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

Executed on \_\_\_\_\_ At \_\_\_\_\_ By \_\_\_\_\_  
DATE CITY AND STATE SIGNATURE OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

Recipient Committee  
 Campaign Statement  
 Cover Page - Part 2

Amendment Run Date: 10/17/2005

**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)

County Supervisor, District 3, Los Angeles County

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

SUPPORT

OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE OR, PROPONENT

**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.

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

COMMITTEE NAME

Yaroslavsky In' 98

NAME OF TREASURER

Mary Ellen Padilla

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

I.D. NUMBER

963101

CONTROLLED COMMITTEE?

**7. Primarily Formed Committee**

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

SUPPORT

OPPOSE

COMMITTEE NAME

Yaroslavsky for Government Reform

NAME OF TREASURER

Mary Ellen Padilla

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

I.D. NUMBER

962917

CONTROLLED COMMITTEE?

Supervisor Yaroslavsky Officeholder ID# 983499  
 Mary Ellen Padilla (Treasurer)