

**Amendment to
Campaign Disclosure Statement**

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AMENDMENT

*Overnight
Express
10/25/05*

Amendment Run Date: 10/17/2005

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

AMENDMENT
CALIFORNIA FORM 405
A For Official Use Only
*010566
104909

I Name of Filer

NAME OF FILER: Yaroslavsky In'98		LD. NUMBER (IF APPLICABLE) 963101
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
- 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 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 Yaroslavsky
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, L. A. 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

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

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

Yaroslavsky for Government Reform

I.D. NUMBER

962917

NAME OF TREASURER

Mary Ellen Padilla

CONTROLLED COMMITTEE?

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

CITY STATE ZIP CODE AREA CODE/PHONE

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

Supervisor Yaroslavsky Officeholder

I.D. NUMBER

983499

NAME OF TREASURER

Mary Ellen Padilla

CONTROLLED COMMITTEE?

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

CITY STATE ZIP CODE AREA CODE/PHONE

Friends of Zev Yaroslavsky ID#1233881
 Mary Ellen Padilla (Treasurer)