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Padilla & Associates  
Feb 07 06 11:53P

Recipient Committee  
Campaign Statement

SEMI-ANNUAL  
ORIGINAL

AMENDMENT

RECEIVED BY  
Date Stamp  
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CALIFORNIA FAIR POLITICAL PRACTICES DISCLOSURE STATEMENT

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Statement covers period  
from 01/01/2005  
through 12/31/2005

Date of Election if applicable:  
(Month, Day, Year)  
06/06/2006

1. Type of Recipient Committee:

Officeholder, Candidate Controlled Committee  
 State Candidate Election Committee  
 Recall  
 Ballot Measure Committee  
 Primarily Formed  
 Controlled  
 Sponsored  
 General Purpose Committee  
 Sponsored  
 Small Contributor Committee  
 Political Party/Central Committee  
 Primarily Formed Candidate Officeholder Committee

2. Type of Statement:

Pre-election Statement  
 Semi-annual Statement  
 Termination Statement  
 Amendment (Explain below)  
 Quarterly Statement  
 Special Odd-Year Report  
 Supplemental Pre-election Statement - Attach Form 495

To amend reporting period to 1/1/05-12/31/05 and to indicate returned contributions.

3. Committee Information

I.D. NUMBER  
1278548

COMMITTEE NAME  
Yaroslavsky in 2006

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  
Mary Ellen Padilla

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 2/7/06 DATE  
 Executed on Feb. 7, 2006 DATE  
 Executed on \_\_\_\_\_ DATE  
 Executed on \_\_\_\_\_ DATE

By Mary Ellen Padilla SIGNATURE OF TREASURER OR ASSISTANT TREASURER  
 By [Signature] SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR  
 By \_\_\_\_\_ SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT  
 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)

County Supervisor,

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

**6. Primarily Formed Ballot Measure Committee**

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	I.D. NUMBER
Yaroslavsky In'98	963101
NAME OF TREASURER	CONTROLLED COMMITTEE?
Mary Ellen Padilla	
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	
CITY STATE ZIP CODE AREA CODE/PHONE	

**7. Primarily Formed Candidate/Officeholder Committee**

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	

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

Friends of Zev Yaroslavsky  
 ID#1233881

Supervisor Yaroslavsky Officeholder  
 ID#983499