

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200 - 84216.5)

COVER PAGE

|   |                            |
|---|----------------------------|
| Date Stamp<br><br>MAY 12 2006<br>10:00 AM | <b>CALIFORNIA FORM 460</b> |
| Page <u>1</u> of <u>5</u>                 |                            |
| A For Official Use Only                   |                            |

|   |   |
|---|---|
| <b>Statement covers period</b><br><br>from <u>01/01/2006</u><br><br>through <u>03/17/2006</u> | <b>Date of Election if applicable:</b><br><br>(Month, Day, Year)<br><br>_____ |
|---|---|

### 1. Type of Recipient Committee:

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

### 3. Committee Information

I.D. NUMBER  
962917

COMMITTEE NAME  
Yaroslavsky for Government Reform

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 <u>3/21/06</u><br>DATE | By <u>Mary Ellen Padilla</u><br>SIGNATURE OF TREASURER OR ASSISTANT TREASURER  |
| Executed on <u>3/22/06</u><br>DATE | By <u>[Signature]</u><br>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR |
| Executed on _____<br>DATE          | By _____<br>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT  |
| Executed on _____<br>DATE          | By _____<br>SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT  |

Recipient Committee  
 Campaign Statement  
 Cover Page - Part 2

**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE  
Zev Yaroslavsky  
 OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  
Board of Supervisors, District 3, County  
 RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE

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

|  |                              |
|--|------------------------------|
| COMMITTEE NAME<br><u>Supervisor Yaroslavsky Officeholder</u> | I.D. NUMBER<br><u>983499</u> |
| NAME OF TREASURER<br><u>Mary Ellen Padilla</u>               | CONTROLLED COMMITTEE?        |
| COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)               |                              |
| CITY STATE ZIP CODE AREA CODE/PHONE                          |                              |

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE

|                      |              |                                  |
|----------------------|--------------|----------------------------------|
| BALLOT NO. OR LETTER | JURISDICTION | <input 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 Candidate/Officeholder Committee**

|                                   |                       |                                  |
|-----------------------------------|-----------------------|----------------------------------|
| 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

Yaroslavsky in 2006  
 ID# 1278548