

**Schedule A  
Monetary Contributions Received**

Statement covers period  
 from 01/01/2006  
 through 03/17/2006

**CALIFORNIA  
FORM 460**

Page 4 of 9

NAME OF FILER Zev Yaroslavsky, Supervisor Yaroslavsky Officeholder

I.D. NUMBER  
983499

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/10/2006	AICP-PAC	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		500.00	500.00	
03/02/2006	CAP-MPT State PAC	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 760951	500.00	500.00	
03/16/2006	Local 770 United Food & Commerical Workers Union PAC	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 921242	500.00	500.00	
03/06/2006	Los Angeles County Physician's Committee	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 744123	1,000.00	1,000.00	
03/06/2006	O'Melveny & Myers PAC	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	ID# 802120	500.00	500.00	

**SUBTOTAL \$ 3,000.00**

**Schedule A Summary**

- 1. Amount received this period - itemized monetary contributions.  
 (Include all Schedule A subtotals.) ..... \$ 5,000.00
- 2. Amount received this period - unitemized monetary contributions of less than \$100.  
 ..... \$ 0.00
- 3. Total monetary contributions received this period.  
 (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) ..... **TOTAL \$ 5,000.00**

**Schedule A (Continuation Sheet)**  
**Monetary Contributions Received**

<b>Statement covers period</b>	<b>CALIFORNIA FORM 460</b>
from <u>01/01/2006</u>	
through <u>03/17/2006</u>	Page <u>5</u> of <u>9</u>

NAME OF FILER Zev Yaroslavsky, Supervisor Yaroslavsky Officeholder I.D. NUMBER 983499

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
01/20/2006	Anne Samson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Homemaker n/a	1,000.00	1,000.00	
01/20/2006	Lee C. Samson	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	CEO SNF Management	1,000.00	1,000.00	
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

**SUBTOTAL \$** 2,000.00