

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200 - 84216.5)

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CALIFORNIA
FORM **460**

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Page 1 of 6

Campaign Finance
Disclosure Section

A For Official Use Only

Statement covers period from <u>01/01/2006</u> through <u>03/17/2006</u>	Date of Election If applicable: (Month, Day, Year) _____
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1. Type of Recipient Committee:

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

2. Type of Statement:

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

To Add Original Signature to Filed Report.

3. Committee Information

I.D. NUMBER
1233881

COMMITTEE NAME
Friends of Zev Yaroslavsky

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
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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
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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 3/24/06 By Mary Ellen Padilla
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 3/24/06 By Zev Yaroslavsky
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT