

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200 - 84216.5)

COVER PAGE

Date Stamp  
Los Angeles Coun

2006 MAR 24 PM 4:11

Campaign Finance  
Disclosure Section

**CALIFORNIA FORM 460**

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A For Official Use Only

<b>Statement covers period</b> from <u>01/01/2006</u> through <u>03/17/2006</u>	<b>Date of Election if applicable:</b> (Month, Day, Year) <u>06/06/2006</u>
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## 1. Type of Recipient Committee:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Officeholder, Candidate Controlled Committee<br><input type="checkbox"/> State Candidate Election Committee<br><input type="checkbox"/> Recall<br><br><input type="checkbox"/> General Purpose Committee<br><input type="checkbox"/> Sponsored<br><input type="checkbox"/> Small Contributor Committee<br><input type="checkbox"/> Political Party/Central Committee | <input type="checkbox"/> Ballot Measure Committee<br><input type="checkbox"/> Primarily Formed<br><input type="checkbox"/> Controlled<br><input type="checkbox"/> Sponsored<br><br><input type="checkbox"/> Primarily Formed Candidate Officeholder Committee |
|--|---|

## 2. Type of Statement:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Pre-election Statement<br><input type="checkbox"/> Semi-annual Statement<br><input type="checkbox"/> Termination Statement<br><input checked="" type="checkbox"/> Amendment (Explain below) | <input type="checkbox"/> Quarterly Statement<br><input type="checkbox"/> Special Odd-Year Report<br><input type="checkbox"/> Supplemental Pre-election Statement - Attach Form 495 |
|---|--|

To Add Original Signature to Filed Report.

## 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 <u>3/24/06</u>	By <u>Mary Ellen Padilla</u>
DATE	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Executed on <u>3/24/06</u>	By <u>[Signature]</u>
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