Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200 - 84216.5)

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LO3	ANGELES COUNTY	

california 460 FORM

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Statement covers period Date of Election if applicable: MAY 26 PM 12: 33

from 03/18/2006 (Month, Day, Year) CAMPAIGN FINANCE
through 05/20/2006 DISCLOSUPE SECTION

	through <u>05/20/2006</u>	—————DIS CLOSURE SI	ECTON	
. Type of Recipient Committee:		2. Type of Statement:		
O Recall O Con O Spo General Purpose Committee O Sponsored Primari	narily Formed trolled	☐ Pre-election Statement ☐ Semi-annual Statement ☐ Termination Statement ☐ Amendment (Explain below) ————————————————————————————————————	□ Spe □ Sup	rterly Statement cial Odd-Year Report plemental Pre-election ement - Attach Form 495
3. Committee Information	I.D. NUMBER 962917	Treasurer(s)		
COMMITTEE NAME Yaroslavsky for Government Reform		NAME OF TREASURER Mary Ellen Padilla MAILING ADDRESS		
STREET ADDRESS (NO P.O. BOX)		CITY	STATE ZIP CO	DE AREA CODE/PHONE
CITY STATE ZIPO	CODE AREA CODE/PHONE	AME OF ASSISTANT TREASURER, IF ANY		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	· .	MAILING ADDRESS		
CITY STATE ZIPO	CODE AREA CODE/PHONE	CITY	STATE ZIP CO	DE AREA CODE/PHONE
OPTIONAL: FAX/E-MAIL ADDRESS () - /		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	5-25-06		
Executed on	5 - 25 - 06		
Excedied off	DATE		
Executed on			
Executed on	DATE		
Executed Oil	DATE		

Bv	Maris Ch Tadella
,	SIGNATURE OF TREASURER OR ASSISTANT TREASURER
Ву	Lugarolly
,	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR
Bv	

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

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CALIFO FORM	ORNIA 4	60
Dage	2 of	4

. Officeholder or Candidate Controlled Committee		6. Primarily Formed Ballot Measure Committee			
NAME OF OFFICEHOLDER OF CANDIDATE		NAME OF BALLOT MEASUR			
Zev Yaroslavsky					
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLIC	ABLE)	BALLOT NO. OR LETTER	JURISDICTION		SUPPORT
Board of Supervisors, District 3, Coun	ty				OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP CODE		Identify the controlling officeholder, candidate, or state measure proponent, if any.			
<u> </u>		NAME OF OFFICEHOLDER,	CANDIDATE, OR PROPO	NENT	
Related Committees Not Included in this Statement: not included in this consolidated statement that are controlled by the formed to receive contributions or to make expenditures on behal	you or which are primarily	OFFICE SOUGHT OR HELD		DISTF	RICT NO. IF ANY
COMMITTEE NAME	I.D. NUMBER				
Yaroslavsky In'98	963101	7. Primarily Forn	ed Candidate	e/Officeholder Comm	ittee
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
Mary Ellen Padilla	,				OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	-	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
					OPPOSE
CITY STATE ZIP CO	DE AREA CODE/PHONE	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
					l <u>—</u>
			,		OPPOSE
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD	OPPOSE SUPPORT
	I.D. NUMBER 983499	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD	
COMMITTEE NAME Supervisor Yaroslavsky Officeholder NAME OF TREASURER		NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
Supervisor Yaroslavsky Officeholder NAME OF TREASURER	983499	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
Supervisor Yaroslavsky Officeholder	983499	NAME OF OFFICEHOLDER	OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
Supervisor Yaroslavsky Officeholder NAME OF TREASURER Mary Ellen Padilla	983499 CONTROLLED COMMITTEE?	-	OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT