

Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200 - 84216.5)

Date Stamp
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LOS ANGELES COUNTY
2007 AUG -1 AM 11:19A
CAMPAIGN FINANCE
DISCLOSURE SECTION

CALIFORNIA FORM 460

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9A For Official Use Only

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

Date of Election If applicable:
(Month, Day, Year)

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)
 To add street address to Sch.1

Quarterly Statement
 Special Odd-Year Report
 Supplemental Pre-election Statement - Attach Form 495

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

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 7/30/07 By Mary Ellen Padilla
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 7/30/07 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